

**INMATES' HEALTH SEEKING BEHAVIOUR AND WELL-BEING IN SELECTED  
PRISONS IN SOUTH-WESTERN NIGERIA.**

BY

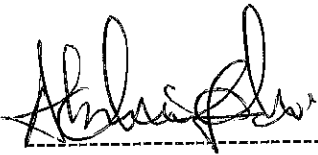
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SCIENCES, FEDERAL UNIVERSITY OYE EKITI, EKITI STATE. IN PARTIAL  
FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF  
SCIENCE {B.SC.} DEGREE IN SOCIOLOGY

**SEPTEMBER, 2016**


**CERTIFICATION**

I certify that this project was carried out and submitted by Duyilemi Damilola Eunice under my supervision.

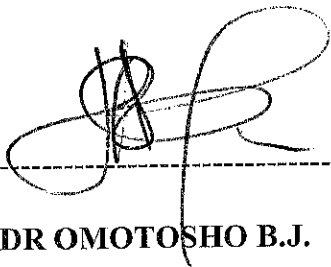


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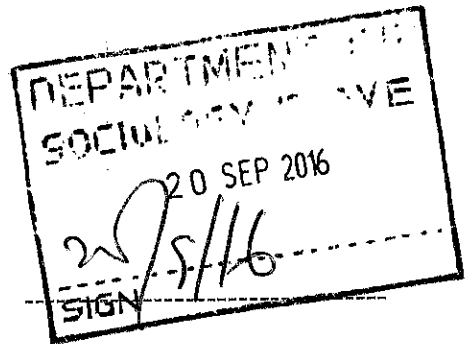


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**DATE**

## **DEDICATION**

This project is dedicated to my loving parents, MR and MRS DUYILEMI O.O for both their financial and emotional supports. I will also not forget their spiritual and moral encouragement throughout my stay in school.

## **Acknowledgement**

The compilation and documentation of this project will not be completed if I fail to acknowledge the assistance of Almighty God, who enriched me with good health, human resources and material resources throughout the period I was carrying out this study.

My immeasurable appreciation goes to my project supervisor, Dr Abrifor C.A. who took his time to read through and correct this work thoroughly, ensuring that I did a perfect work. Thanks sir for your strict and intelligent supervision. Through this medium, I also give thanks to my inestimable lecturers in the Department of Sociology and other cognate department for their contribution to my academic career in one way or the other, special thanks to the H.O.D Dr Omotosho B.J, Prof. Wole Atere, Prof. Metiboba, Dr. Fasonronti, Dr Kolawole Taiwo, Mr. Temitayo Fasonranti, Rev. Adebayo, Miss Adeoye, and Mrs Oriola. I pray, that the Lord shall reward you all abundantly in Jesus Name, Amen.

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## ABSTRACT

This study examines Inmates' Health Seeking Behaviour and their corresponding Well-Being in selected prisons in South-Western Nigeria. This is with the view of identifying Inmates' Health challenges and other factors that affecting their Health Seeking Behaviour and Inmates' Well-Being. Both primary and secondary data were used for the study. For the primary data, the questionnaire survey and In-depth Interview were used. While for the secondary data, Text Books, Internet, Nigerian Prisons Annual Reports were used. Descriptive and exploratory research designs were adopted. The proportionate sampling technique was employed and 45% of the inmates in each of the selected prisons were selected. Both qualitative and quantitative data was generated. The qualitative data was analysed using ZY Index table, while the quantitative data was analysed using SPSS version 20.

Findings from the study revealed that the Inmates' Socioeconomic characteristic is a strong determinant and influences Inmates' Health Seeking Behaviour and subsequently their Well-Being. Also, the study revealed that other factors like prison conditions, non availability of adequate Health Care Facilities and Medical Personnel affects Inmates' Health Seeking Behaviour and Well-Being.

The study concludes that Inmates in custody requires adequate attention from the Government, the Prison Officials, Family and other Stake Holders involved in Inmates' Reformation, Rehabilitation, and Inmates' subsequent Re-integration into the society.



## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of the study

Health seeking behaviour can be defined as an individual's deeds to the promotion of maximum wellbeing, recovery, and rehabilitation; this could happen with or without health concerns and within a range of potentials to real health concerns. (Chinn P.L cited in Pootarghi et.al) it is clear that people differ in their willingness to seek help from health care services. Some go readily for treatment, others only go when in great pain and in advanced state of ill health, some wants to seek treatment but are hindered by some obstacles beyond their own control.

An inmate, according to the oxford dictionary refers to the people living in an institution such as a prison or a mental hospital. However, this study is focussed on the prison inmates. Prison, on the other hand is a facility in which inmates are forcibly confined and denied a variety of freedoms under the authority of the state as a form of punishment. Prison is a part of the criminal justice system, in which individuals officially charged with or convicted of crimes are confined until they are either brought to trial to determine their guilt or complete the period of incarceration they were sentenced to after being found guilty at their trial. The main aim of establishing the prison institution in all parts of the world including Nigeria is to provide rehabilitation and correctional facilities for those who have violated the rules and regulation of their society. However, to what extent this premise is true in practice remain controversial. Evidence has shown that in reality the prison system has not been able to live up to its expected role in Nigeria. Instead of performing its original role of rehabilitation, the prison itself has become an avenue for crime due to the poor condition it has been subjected to. Some sources have described the Nigerian prison condition as "atrocious" (Sunday times. 15 march, 2004), "inhuman", "very poor" "cruel and life threatening" (country reports 2003, 25 Feb.) The Nigerian prisons have become a breeding ground for different types of diseases. The prevalence of diseases, malnutrition,

mental illness and general ill health among the global prison population provides overwhelming evidence that prison is very bad for one's health.

Overcrowding, lack of necessary facilities, deprivation of access to adequate health facilities, inability to lead a healthy life style in the prison have all contributed to prisoners' poor health. Most prison yards in Nigeria are overcrowded beyond designed population (Ifeomu et al. cited in Obioha 1995). Most prisons are holding more population of inmates than they were originally meant to accommodate, which in turn overstretches available infrastructure beyond their limits of function due to human pressure. This problem of congestion in the Nigerian prison is discovered to be the major cause of outbreak and spread of different kinds of diseases. To worsen the situation, there are no standard hospitals, drugs and qualified medical personnel to take care of the sick inmates (Ishaka and Apkovwa 1986; Igbeare 1987).

Most prisons have small clinics or sick bays which lack medicines. In many prisons inmates have to pay for their own medicines. Prison guards frequently demand that inmates pay bribes for such privileges as visiting the hospital. The prison even lack vehicles to convey sick prisoners to hospitals even in case of emergencies. The prison lacks good source of water and even drugs for the inmates, often sick inmates that are taken to the hospitals are returned untreated. (Yongo 2000).

These and many more of such conditions daily plague the lives of the inmates and made it difficult to build a good health seeking behaviour. The health seeking behaviour of prison inmates determines how they make use of health services. Being imprisoned limits one access and ability to utilize health facilities.

A key determinant of health seeking behaviour of the Nigerian prison inmates is the organisation of the prison health care system itself. In the Nigerian prison health care system, underfunding of the health sector / poor sanitation facilities, poor drinking water, limited knowledge on illness and wellbeing, limited access to the available facilities have an enormous impact on health indicator.

These challenges also affect the health seeking practices of prison inmates. The absence of adequate health facilities in the prison leads to undesirable health behaviour among the prison inmates. Previous studies show that majority of incarcerated women who are infected with STIs and/or HIV are unwilling to seek medical help. (Kane & Dibartolo 2002) even those that are willing to seek medical help do not get it. The consequences of these poor condition of the Nigerian prisons and poor health management among the inmates includes widespread of communicable diseases and high mortality rate among the prisoners.

## **1.2 Statement of the problem**

The living conditions of Nigerian Prisons are in a really bad state and are nothing to write home about. Prisoners have been faced with a lot of challenges and difficulties, especially when it comes to health issues. Prison inmates battle with several illness, both physical and mental illness. Diseases that are rampant among inmates in the prison include mental disorder, skin infections, malaria, tuberculosis, sexually transmitted diseases such as HIV&AIDS, Syphilis, Gonorrhoea to mention but a few

Inmates often fall ill, and some die from lack of adequate medical treatment. Medical facilities are severely limited. Investigations have shown that even the available health facilities are said to be used more by the officials rather than the intended inmates. The sanitary situation is not only repulsive but frightenly demeaning and exposes the inmates to health hazards. Poor conditions of detention are compounded by the unavailability of timely or appropriate health care facilities. Prison health care is typically accorded low priority within prison systems, a problem that is not confined to low income countries. In affirmation to the above observation, Reyes cited in Ukaumunna (2015) said “even states with adequate resources do not invest in prison health and neglect the public health issues that flourish inside them” and Halimova (2004) revealed that in some countries, such as Tajikistan, prisoners have to pay for their own medication.

To be more precise, Nigerian prisons are in a state that contributes threat to health and yet have limited access to adequate health services and facilities. Due to this, concerns have risen as to how the prisoners has been able to cope with their health issues, what pattern and style have they employed in addressing their health issues. For this reason, this research has been raised.

### **1.3 Research question**

The following are the research question for the study

- i. What are the health challenges faced by prison inmates in Nigerian prisons?
- ii. What is the association between the mental and physical health of the inmates in Nigerian prisons and the prevalence of health care services?
- iii. Are structural characteristics of the prison health care services associated with the prevalence of health care service use?
- iv. How does the prison inmates in the selected Nigerian prison go seek and get treatment for their ailments?
- v. What is the health seeking behavioural practices among the selected prisons in the south western Nigeria
- vi. What are the factors that affects health seeking behavioural practices among Nigerian prison inmates?
- vii. Is there any relationship between the health seeking behaviour of prison inmates and their wellbeing?

#### **1.3.1 Research objectives**

The general objective of this study is to examine the health seeking behaviour and inmates' Well-Being in selected prisons in south western Nigeria. The specific objectives are to;

- i. examine the health challenges faced by inmates in the selected Nigerian prisons;
- ii. identify the social economic characteristics of inmates that seeks heath attention;

- iii. investigate how inmates manages their health and get treated; and
- iv. identify the different dimensions and patterns by which inmates seek medical health care.

#### **1.4 Research hypotheses**

The following are the research hypotheses

- i. There is no significant relationship between inmate's socioeconomics characteristics and their health seeking behaviour.
- ii. There is no significant relationship between the health seeking behaviour of prison inmates and their wellbeing.
- iii. There is no significant relationship between the prison condition and the inmates' wellbeing.
- iv. There is no significant relationship between the health seeking behaviour of prison inmates and the availability of health infrastructures.

#### **1.5 Significance of the study**

This study contributes to the existing literature and theoretical framework on the Inmates Health Seeking Behaviour and Well-Being. Also, the study provided information and data for policy implementation, for prison administrations, social workers, and other stake holders in the areas of Inmates' Reformation, Rehabilitation and their subsequent Re-integration back into the society. However, this study is of great importance in determining Inmates' Health Seeking Behaviour and also to determine their general Well-Being.

#### **1.7 Operational definition of terms**

##### **Health seeking behaviour**

This means the pattern of health care utilization and health seeking behaviour by inmates, showing the style and pattern employed to address their health challenges.

## **Wellbeing**

Well-being, in this study refers to the condition of inmates, for example their social, economic, psychological, spiritual or medical state; a high level of well-being means in some sense the inmates' experience is positive, while low well-being is associated with negative happenings.

## **Inmates**

The word inmate in this study refers to a person confined to an institution called prison. They are often referred to as Inmates, prisoner, also known as a detainee, they are often deprived of liberty against their own will by confinement, captivity, or by forcible restraint. The term applies particularly to those on trial or serving a prison sentence in a prison.

## **Prison**

A prison is a correctional facility in which inmates are forcibly confined and denied a variety of freedoms under the authority of the state as a form of punishment. The most common use of prisons is within a criminal justice system. People charged with crimes may be imprisoned until they are brought to trial; those pleading or being found guilty of crimes at trial may be sentenced to a specified period of imprisonment.

### **1.6 Limitation of the study**

This study is limited to assessing the health seeking behaviour and inmates' wellbeing in selected prisons in South Western-Nigeria.

### **1.7 Ethical issues**

In the course of carrying out this study, no personal information of or names of the respondents was disclosed. Participants received a written and an oral explanation of the study and of the purpose of the study in their mother tongue. Before participation in the study or in any follow-up action, all

participants was given informed and written consent. Participation was voluntary and participants could withdraw at any time without consequences. Personal details and the collected data were stored completely anonymous.

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### Introduction

This chapter is concerned with the review of prior and existing literature and theoretical framework on the Health Seeking Behaviour and Well-Being of Prison Inmates. The literature review is thematised as follow:

1. Health seeking behaviour
2. Nigerian Inmates' health seeking behaviour.
3. The socioeconomic characteristics of inmates that seek health attention.
4. Health challenges faced by inmates in Nigerian prisons.
5. Factors affecting inmates' health seeking behaviour in Nigerian prisons.
6. Theoretical framework.

#### 2.1 Health Seeking Behaviour

The term health seeking behaviour can be defined as a series of action undertaken by an individual in order to correct or rectify perceived illness. It could be further defined as what people do in order to maintain health and/or return to health, ranging from individual behaviour to collective behaviour. It concerns specific steps taken and what is done and why. It is a general term used to explain the pattern of health care utilization among any population or group. Health seeking behaviour can be basically defined as any action undertaken by individuals who perceive themselves to be ill for the purpose of finding an appropriate remedy (Ward, Mertens and Thomas, 1997). In the broadest sense, health behaviour includes all behaviours associated with establishing and maintaining a healthy physical and mental state (primary prevention) and also includes behaviours that deals with any



digression from the healthy state such as controlling (secondary prevention) and reducing impact and progression of an illness (tertiary prevention).

Studying the concept, health seeking behaviour is a means to understand the attitude of people towards health care systems amidst various circumstances such as demographic circumstances, economic, and social-cultural circumstances. Various studies has demonstrated that one's decision to engage with a particular medical channel is influenced by a variety of socio-economic variables, sex, age, social status, type of illness, access to services and perceived quality of services.(Tipping, G. and Segall, M. 1995). Various models have been used to explain different determinants of health seeking behaviour. Anderson's grouping of factors influencing determinants into three main categories: population characteristics, health care systems and external environment. (Anderson, R.M. 1995). Studying this models and factors influencing health seeking behaviour is importantly the sense that helps to understand how and why one would seek health care earlier than others.

## **2.2 Health Seeking Behaviour of Nigerian Inmates and Their Wellbeing**

Various researches have shown that the Nigerian prison is in an inhumane condition made worst by overcrowding which has led to a deplorable health situation among inmates. Investigation, according to the News Watch Times (March 7, 2014), showed that the condition of most prisons in Nigeria is described as "hell on earth". Quite a number of inmates die due to poor condition of prisons. The prisons are overcrowded, and there are shortage of facilities such as sleeping mattresses, poor lightening, poor toilet facility, and, inadequate ventilation. Sanitation is grossly inadequate, making diseases rampant. Medical facilities in the prisons are severely limited. Inmates, when compared to the other members of the society are worse off as they often bring a range of health problems to prison; they are also at risk from a number of health problems while in prison (Watson, Roger, Stimpson, and Hostick. 2004). Life in prison is harsh and life threatening.

Agunbiade (2010), in his journal "Prison Health in Nigeria" described inmate health in the prison as worst compared to other members of the society. Inmates come into the prisons with various forms of illness and inside the prisons, they are at higher risks of contacting diseases and even the Nigerian Health care delivery has further placed prisoners' health in jeopardy. Conditions such as mental illness, substance abuse, over population of prisons, sexually transmitted diseases, and communicable diseases are very rampant in Nigeria prisons and are not gaining much attention from the Government.

Amnesty International Reports on Nigeria as reported by Africa focus bulletin (2008) described the prison as very dangerous to health. It was stated in the report that the living conditions in the prisons are appalling. They are damaging to the physical and mental well-being of inmates and in many cases constitute clear threats to health. Conditions such as overcrowding, poor sanitation, lack of food and medicines and denial of contact with families and friends fall short of UN standards for the treatment of prisoners. The worst conditions constitute ill-treatment. In many Nigerian prisons inmates sleep two to a bed or on the floor in filthy cells. Toilets are blocked and overflowing or simply non-existent, and there is no running water. As a result, disease is widespread. Most prisons have small clinics or sick bays which lack medicines, and in many prisons, inmates have to pay for their own medicines. Guards frequently demand that inmates pay bribes for such "privileges" as visiting the hospital, receiving visitors, contacting their families and, in some cases, being allowed outside their cells at all. Prisoners with money may be even allowed mobile phones, whereas those without funds can be left languishing in their cells. One inmate said: "If you don't have money, if you come to prison, you will suffer. They collect money from you. It is not right."

Due to the deplorable state of the Nigerian prisons that has been described above we can as well conclude that the health seeking behaviour of Nigerian inmates is nothing to write home about, this in turn have a negative effect on their wellbeing. Various reports and past researches all

emphasized on the fact that inmates' health and wellbeing have not been given a significant concern by the government and the larger populace. Their health seeking behaviour has not being positively influenced and their physical, emotional and mental wellbeing is rapidly and continuously deteriorating.

### **2.3 The Socioeconomic Characteristics of Inmates That Seek Health Attention**

Socio economic status of a person refers to an individual's or group's position within a hierarchical social structure. Socio economic status depends on a combination of variables including occupation, education, income, wealth, and place of residence. (The American Heritage New Dictionary, 2005). Sociologists most times employ the socioeconomic characteristics of an individual or group to predict their behaviour. That is why in an attempt to study the health seeking behaviour of prison inmates we need to put into consideration the socio economic characteristics of these inmates. While studying the style and pattern employed by an individual or group to address their health issues, it is of great importance to consider the socio economic characteristics of the object of study such as occupation; does the person engage in a type of occupation that makes him/her too busy to seek proper treatment, education; what is the level of the person's education? How much knowledge does the person have concerning his/her health issues? Income; can the person afford to get proper treatment? And so on.

Various studies have shown that one's health seeking behaviour can be determined by a variety of socio economic variables. Stowasser, Heiss, McFaden and Winter cited in the journals of Gerontology (2014) shows that one's socioeconomic status can influence health seeking behaviour and affect health outcome. In another study conducted by Tegene and Legese (2014), it was deduced that the poor are highly vulnerable in terms of health needs and health seeking behaviour. In the case of the prison inmates, Conditions such as poor quality and quantity of water and sanitation, poor ventilation, inadequate hygienic practices which characterizes most prison yards increases their tendency to

develop an unhealthy health seeking practices. For instance, the cost of medical care is of great concern to people with low or no source of income such as prison inmates, the cost for medical care may serve as a barrier to their seeking treatment. Various researches have been made in an attempt to study the socioeconomic status of inmates in Nigerian prisons and the conclusion is that the prisons are made up of mostly people from a low socioeconomic status or background.

For instance, Kayode and Alemika (2011), in a study conducted found out that majority of the prison inmates are from the lower socioeconomic strata, lower occupational and income categories, and have low educational attainments. Similarly, Kayode Odeyemi, a deputy controller of prisons in his speech captured by ventures Africa (2015) opined to the fact that the class of people usually found in the prisons are the poor and less privileged in the society as the wealthy citizens tend to escape incarceration.

Also, Olukayode Salako, public commentator and national coordinator in his interview with National Mirror (2013) is of the notion that the Nigerian prisons is built for the poor and that is why many of the prisoners are living under pathetic situation in the prison. It is not that wealthy people are not also found in the prisons but these wealthy ones are kept under different and better conditions than that of the poor ones and have better access to health to health facilities than the poor ones.

Ugoji Egbujo (2015), in one of his report published by vanguard stated that “the warders have created different cells with different levels of comfort which have different price tags. These VIP cells costs as much as Two hundred and fifty thousand naira for admittance”. The point is that those with high socioeconomic status in the prison have access to better health facilities than those with low socioeconomic status, and majority of the inmates are from low socioeconomic status and they find it difficult to access and utilize medical facilities. Many do not have adequate knowledge about their health issues, some who have the knowledge do not have the means to acquire necessary treatment.

## **2.4 Health Challenges Faced by Inmates in the Nigerian Prisons**

- Overcrowding
- Poor and inadequate nutrition(malnutrition)
- The Spread of communicable diseases
- Substance abuse
- Lack of adequate health facilities
- Sexual abuses/unsafe sexual practices in the prison

### **2.4.1 Overcrowding and Inmates' Health**

In spite of the heinous cry by human rights organisations, most prison yard in Nigeria are overcrowded far beyond designed population (Ifionu 1987; Obioha 1995). Most Nigerian prisons are housing inmates far more than they were originally meant to accommodate. In a report released by Integrity Reporters on Oct. 20, 2013, the total number of inmates kept in a room in most prison is very disturbing and dangerous to health. A detailed analysis of the number of inmates in different prisons in Nigeria manifests the high rate of overcrowding in the prisons. It was stated in the report that "Apart from keeping too many people in close proximity, the poor condition of the prisons increases health risk. Most detainees fall ill easily and because those who fall ill almost always never receive treatment, diseases spread fast. Prisoners, according to investigations, are prone to such contagious diseases as cholera, scabies, tuberculosis, and dysentery to mention but a few." This issue of overcrowding has been the major cause of the spread of communicable diseases in the Nigerian prisons. Prison overcrowding has a great effect on the health and wellbeing of inmates. It increases the prevalence of diseases, particularly infectious diseases and parasitic diseases. Records show that the kirikiri maximum security prison in Lagos, is overcrowded by 250 %. The prison which was built for 956

inmates is today occupied by over 2,600 inmates (Unite Nigeria, Jan 9, 2015). Heat related diseases, skin infections, tuberculosis are very rampant and spreading wide in the Nigerian prisons due to overcrowding. The issue of overcrowding is one of the major problems faced by Nigerian prisons. In order to improve on the health behaviour of inmates, the issue of overcrowding must be addressed.

#### **2.4.2 Malnutrition and Inmates' Health**

Malnutrition is a condition that results from eating a diet in which nutrients are either not enough or are too much so that such diet contributes to health problems. (Donald's Medical Dictionary). When nutrients are not enough, it is called under nutrition, when the nutrients are too much, it is called over nutrition. Mostly the term malnutrition has been used to refer to under nutrition, which is, not enough calories, protein or micro nutrients.

One of the several challenges faced by inmates in Nigerian prisons is malnutrition, in terms of under nutrition. Various reports have shown that food served in the Nigerian prisons is nothing to write home about. The quality of the food is very poor. Presently, the government allocates an amount of ₦200 per person per day. As at 2015 according to premium times (Jun 25, 2015), Nigeria spends three naira fifty kobo daily to feed one prisoner each day. If Nigerian inmates are allowed to survive on their ration alone, they will all die of hunger, thanks to the charity practices of some organisations, churches, and some individuals, most of the inmates have been able to sustain themselves. The ₦200 per prisoner per day was a recent improvement on the feeding of inmates. Even in spite of this, the quality of the food served to inmates in prisons is nothing to write home about, due to this bad condition of their food, the inmates generally looked malnourished, because they are indeed malnourished. According to a report by IRIN (Jan. 2006) during a visit to the Kaduna prison, the inmates condition is in a deplorable state. Lack of food is one of the major problems facing inmates. The daily ration generally consists of beans in the morning, then cassava in the afternoon and evening. Malnutrition leads to deterioration of inmates' health caused by loss of fat, breathing difficulties,

depression, higher risk of hypothermia, weakened immune system, increased risk of infections, longer healing times for wounds, longer recovery from illness, reduced tissue mass, fatigue and so on. Malnutrition makes them vulnerable to diseases.

#### **2.4.3 Communicable Diseases and Inmates' Health**

Communicable diseases are diseases that are transmitted through direct contact with an infected individual or indirectly through a vector. It is also called contagious diseases. Compared to the general public, inmates are at an increased risk for the acquisition of blood-borne pathogens, sexually transmitted diseases (STDs) and air-borne infections such as tuberculosis, influenza virus and many others. The possibility of transmission of potentially pathogenic organisms is increased by overcrowding, delay in medical evaluation and treatment, rationed access to soap, water, lack of infection-control practices, sharing of needles and other sharp objects and risky life-styles.

Different studies have shown the presence and prevalence of STDs and other communicable diseases in Nigerian prisons. An estimate in a study by Potts (2000), indicates the prevalence rate of sexually transmitted infections including HIV/AIDS, to be 20 times greater than that of the general population. Sexually Transmitted Infections in prisons have become global and thus command some level of attention. (Agunbiade, 2000). A study carried out by Okochi, Oladepo, Ajuwon (1991), on sexually transmitted infections among inmates in Agodi, Ibadan, Nigeria revealed that inmates both male and female engage in risky sexual behaviours which may further aggravate the further spread of HIV/AIDS in prisons. Tuberculosis, besides HIV/AIDS is also very rampant among inmates in Nigerian prisons. Tuberculosis has been ranked 9<sup>th</sup> leading global health problem (United Nations development programme, 2006). The overcrowding of prisons in Nigeria has contributed immensely to the spread of communicable diseases among inmates. This in turn has put their health in jeopardy and contributed negatively to their wellbeing.

#### **2.4.4 Substance Abuse**

Substance abuse, also known as drug abuse is a patterned use of a drug in which the user consumes the substances in amounts or with methods which are harmful to themselves or others, and is a form of substance related disorder. Drugs that are mostly associated with this term include: alcohol, cocaine, methaqualone, cannabis, and opioids. In some cases of drug abuse, an individual may develop criminal or anti-social behaviour and on the long run, personality change may also occur. Compulsive cravings combined with prolonged substance abuse can prompt physical consequences throughout the body. The effect of substance can include stress on the organs, venous and respiratory system that can cause a series of physical health issues. Physical influence of drug abuse includes organ damage, hormone imbalance, cancer, gastrointestinal diseases, HIV/AIDS. Its emotional effect include: Depression, Anxiety, Memory loss, Aggression.

Substance abuse within the prison system s presently a global problem compound by the influx of drug addicts offenders. Some of the mental issues in the prison are as a result of substance abuse. Substance abuse is one of the factors affecting inmates' health in Nigeria due to its prevalence among the inmates.

#### **2.4.5 Lack of Adequate Health Facilities**

Considering the issue of overcrowding in almost every Nigerian prison, it should no longer be news that the health facilities in Nigerian prisons are inadequate. Since most of the prisons are accommodating twice or thrice more than they were meant to, the facilities will certainly not be enough, it will be overstretched, and thereby limited. As far as Nigeria is concerned there hasn't been any recent reformation or provision of new infrastructures and yet the number of inmates keeps increasing day by day. Various researches have shown that most prisons in Nigeria lack standard hospitals, drugs and qualified medical personnel to take care of sick inmates. Therefore, inmates lack adequate treatment for their various illness n the prison.



## **2.4.6 Unsafe Sexual Practices**

Unsafe sexual practices can be described as sexual activities engaged in by people who have not taken any precautions to protect themselves against sexually transmitted diseases which include HIV/AIDS, gonorrhoea, syphilis, to mention but a few. Most inmates before their incarceration has engaged in one risky sexual practices or the other, such as unprotected sex, multiple sexual partners, commercial sex work, and might have been infected with an STD. However, in the Nigerian prisons, sexual and reproductive health needs of the inmates have not been met in any way, therefore, inmates are sexually deprived which leads them to being subjected to unhealthy sexual practices among themselves. Those that have been infected prior to imprisonment begin to spread diseases among the inmates and put their health in jeopardy. The condition of the prison itself contributes to the practices of unsafe sexual activities and therefore makes the prison a breeding ground for various sexually transmitted diseases.

## **2.5 Factors Affecting Inmates' Health Seeking Behaviour**

### **2.5.1 Social Status**

This is the position or rank of an individual or group within the society. In a society such as Nigeria, inmates are mostly treated with disdain. Their position in the society is such as outcasts who are joined by shared experience of incarceration, crime, and poverty. One major attribute of inmates is that they are poor and deprived of most of their right. They can't afford to get treatment for their illness and have been neglected by family members and loved ones. Some, due to being been incarcerated and subjected to the harsh lifestyle of the prison have lost interest in living and would prefer to die and end their suffering rather than seeking treatment. Some are willing to seek treatment but do not get access to it because the facilities are limited. The health seeking behaviour of inmates is greatly influenced by their social status.

### **2.5.2 Nature of Illness**

One of the factors affecting the health seeking behaviour of inmates in Nigerian prisons is the nature of the illness. Some of the inmates due to fear of being stigmatized do not seek help for their ailments. For example, those that are infected with HIV may not be willing to seek treatment due to the stigma attached to the disease and would rather keep quiet and die silently or would not seek treatment because the treatment for HIV may not be available in the prison. The nature or type of a particular illness may hinder one from seeking treatment.

### **2.5.3 Inadequate Medical Infrastructure**

When the medical facilities in the prisons are not adequate, that is, not enough or not satisfactory, the inmates may be discouraged from addressing their health issues appropriately. When necessary medical infrastructures are inadequate, only few and not all have access to it and even the services it provides may not be satisfactory. This is exactly the case in Nigerian prisons and because of this inmates do not have a good health seeking behaviour.

### **2.5.4 Physical Environment**

The condition of the prison environment in Nigeria also does not encourage a good health seeking behaviour. Such conditions include overcrowding, poor ventilation, poor sanitation, poor toilet facilities and many others. This does not encourage the inmates to establish and maintain a healthy physical and mental state because their environment predisposes them to various diseases.

## **2.6 Some of the Diseases that are Common among Inmates in Nigerian Prisons**

**Skin infections:** Skin infection is a common health problem among inmates in Nigerian prisons. The environmental condition of the prison and the unhygienic practice made the incidence of skin

infections more prevalence. Hot and poorly ventilated condition and overcrowding facilitates its development in the prison. A study conducted by Oninla, Onayemi, Olasode, and Oninla(2013), on Dermatoses (a generic term for diseases of the skin) among inmates, using Ilesha prison as a case study, confirmed that skin infections is the most prevalence diseases among inmates in Nigerian prisons and overcrowding is more responsible for the occurrence.

**Tuberculosis:** Tuberculosis is an infectious disease caused by bacteria (*mycobacterium tuberculosis*) that most often affects the lungs. Tuberculosis is spread from one person to another through the air. When an infected person cough, sneeze or spit, they propel the tuberculosis germs into the air and if it is inhaled by another person who may become infected. (WHO 2015), symptoms include cough with mucus or blood, chills, fever, loss of weight, loss of appetite. Conditions in the prison favours rapid transmission of *mycobacterium tuberculosis* and progression into tuberculosis diseases resulting in higher prevalence rate of tuberculosis in the prisons than in the corresponding general population. (Ekundayo, 2015). A study conducted on inmates in Abba prison verified the high rate of tuberculosis among inmates. Also in another study conducted in Kuje medium security prison in Abuja, it was evident that the incidence of tuberculosis in Kuje prison is high and the case seem to be the same in most Nigerian prisons especially the overcrowded prisons.

**HIV/AIDS:** Far more worrying is the serious dimension brought on by the HIV/AIDS scourge. Prison inmates have a higher risk of contracting this disease than the general population due to the practice of risky sexual activities among them. Numerous factors explain the vulnerability of the prison population to HIV infection. They are high-risk sexual practices, sexual abuse, rape, homosexuality, injecting drugs, sharing unsterilised needles and syringes, sharing razor blades, overcrowding and cramped conditions, and poor health facilities. Investigation shows that the dreaded disease is more prevalent at the Medium Prison, Kirikiri, Lagos. There, it is gathered that out of the 2,376 prisoners 13 have tested positive to the killer disease, while scores are battling with some other terminal diseases

like tuberculosis. Various studies have been conducted concerning the prevalence of HIV/AIDS among inmates in Nigerian prisons and the conclusion is that the rate of HIV/AIDS among inmates is becoming high. Odunjinrin M.T.et.al (2001) concluded in his study that despite the fact that many of them knew the correct modes of transmission, many indulge in high risky behaviours for AIDS transmission. Also, in a study conducted by Joshua L. A. (2008) it was found out that 12 out of the 100 sample collected in Kaduna prison were HIV positive. Risky sexual behaviours such as sharing of blade, needle and other sharp object alongside risky sexual behaviour all contribute to the occurrence of HIV infections among inmates.

**Malaria:** malaria is a diseases carried by Anopheles mosquito. Its symptoms include chills, aches, fever and nausea. Malaria has become a common ailment among inmates in Nigerian prisons. Inmates in most Nigerian prisons suffer greatly from malaria due to the filthy condition of their cells. Reports have it that some of these cells even have buckets for toilet facilities right inside the already overcrowded cell and have to share their limited floor space with loads of faeces and urine which becomes a breeding ground for mosquitoes and facilitate the spread of malaria. (Vanguard, 2015)

**Mental illness:** Mental illness or mental disorder is a diagnosis of a behavioural or mental pattern that can cause suffering or a poor ability to function in ordinary life. (Wikipedia 2016). Types of mental disorder includes anxiety disorder, depression, drugs, psychotic disorder, addiction disorder etc. a large number of inmates in Nigerian prisons suffers from one mental disorder or another. Previous studies of mental health in the prisons show that the rate of mental illness in the prison is high. Abdulmalik, Adedokun and Baiyewu (2014), in a research conducted on inmates of Agodi prison concluded that 56.6% of the inmates suffers from mental disorder. Another study conducted in Jos maximum prison by Aishatu, (2013) also concluded that there is high rate of psychiatric disorders among prison inmates in Nigeria. The condition of imprisonment could be really devastating on inmates thereby leading to deterioration of their physical, psychological, and social wellbeing.

## **2.7 Theoretical Framework**

The theoretical framework for this study will be anchored on both the Health Belief Model Theory and the Political Economy of Health Theory.

### **2.7.1 Health Belief Model**

The Health Belief Model is a psychological health behaviour change model developed to explain and predict health-related behaviours, particularly in regard to the uptake of health services. The health belief model was developed in the 1950s by social psychologists at the U.S. Public Health Service and remains one of the best known and most widely used theories in health behaviour research. The health belief model suggests that people's beliefs about health problems, perceived benefits of action, barriers to action, and self-efficacy explain engagement (or lack of engagement) in health-promoting behaviour. A stimulus, or cue to action, must also be present in order to trigger the health-promoting behaviour.

#### **Assumptions**

The assumptions of this theory is that human being are very rational in their thoughts and action and will take a health related action if they

- Feels that a negative health condition can be avoided.
- Have a positive expectation that when they take recommended action, it will be possible to address a negative health condition.
- Believe they can successfully take the recommended action to address their health condition.

Based on the above assumption of the health belief model, we can as well assume that the inmate's health seeking behaviour in Nigerian prisons is not steered towards the positive direction. Nigerian inmates live in cells that are overcrowded and poorly ventilated; sanitation is at its low level, how then can they possibly avoid a negative health condition in such an environment? The condition of most

Nigerian prisons is such that it will be very difficult to take health related actions to address health issues except if the government intervenes.

The health belief model is based on six concepts which are:

1. **Perceived susceptibility:** one's belief of the chances of developing a health problem. The health belief model is of the idea that individuals who believe that they are likely to develop a particular health problem will engage in behaviours that will reduce their chances of developing the health problem while those who do not feel that they are likely to develop the health problem are more likely to engage in unhealthy, risky behaviour. Perceived susceptibility contributes to health seeking behaviour of an individual.
2. **Perceived severity:** one's belief about how serious and health problem is and its potential consequences. The health belief model predicts that individuals who perceive a particular health problem are more likely to develop behaviour that prevents the health problem from occurring. It is based on the individual's opinion about the disease itself.
3. **Perceived benefit:** this refers to one's perception about the efficacy of actions available to reduce the risk or seriousness of an illness or disease. This course of action one takes is based on one's evaluation of perceived susceptibility and perceived benefit of taking the action. An individual is likely to accept a recommended action if it is perceived as beneficial and would a positive result.
4. **Perceived barriers:** this refers to the person's belief about the obstacles to undertaking the recommended health action. This includes both physical and psychological barriers. The person weighs the effectiveness of the actions against the perceptions that it may be expensive, dangerous, unpleasant, time consuming or inconvenient.

5. Cues to action: this refers to what prompts or triggers an individual to accept a recommended health action. The cues can be internal such as pain, or external such as advice from others or illness of a relative.
6. Self-efficacy: refers to one's level of confidence and ability to successfully perform the health action. If an individual thinks he/she can't do it, they may avoid taking the action. This can be helped by encouragement and support from other persons.

In the case of the prison inmates, one of the major factors that contribute to their negative health seeking behaviour is their socio-economic status and this can be linked under health belief model to perceived barriers, which considers the person's perception about the obstacles to taking recommended action. There are lot of barriers that may hinder inmates from seeking good health behaviour, they include financial ability, environment, lack of adequate infrastructures in the prison hospitals and so on. When there are barriers in one's way of taking a recommended health action it may discourage such individuals from cultivating a good health seeking behaviour.

Inmates mostly might be willing to adopt a positive health seeking behaviour but due to the perceived obstacles may resign to fate.

### **2.7.2 Political Economics of Health Theory**

The political economy theory is a broad theoretical framework which can enhance better understanding of the many economic, political, and socio-historical forces which determines contemporary health issues and how we handle those issues. (Minkler, Wallace and McDonald 1994). The political economy of health refers to a body of analysis and a perspective on health policy which seeks to understand the conditions which shape population health and health service development within the wider macro economics and political context. (IPHU, 2013)

## **Political Economy of Health Theory and Inmates' Health Seeking Behaviour**

Most researchers often studies issues concerning health with regard to biological factors but the fact remains that factors which affects health goes beyond the biological factors. It is strongly connected to society and its cultural and economic environment. One's health seeking behaviour can be challenged by various factors such as the affordability of health care services, supply of medical practitioners, government policies, and availability of health facilities. For someone to have good health, two conditions must be met; first, one's living conditions should not induce diseases, and secondly, one should have a good access to health care services. (John, 2015). Unfortunately, these two conditions cannot be met in the prisons. The living condition of inmates in Nigerian prisons is the type that induces and facilitates the growth and spread of various communicable and communicable diseases. To further worsen the situation, they also do not have a good access to health care services since the available services are limited and overstretched due to overcrowding in the prisons.

The political economy theory of health is mainly based on the assumption that those that are rich are more likely to live in good conditions and practice healthy lifestyle than those that are poor. Since most of the Nigerian prison inmates live in an unhealthy environment and their access to health facilities are limited, they are more prone to various diseases and are likely to develop negative health seeking behaviour which in turn affects their wellbeing. Many of the diseases which endanger the lives of most inmates in Nigeria could have been easily cured or eliminated if resources were made available and affordable to them.



## CHAPTER THREE

### RESEARCH DESIGN AND METHODOLOGY

#### INTRODUCTION

This chapter describes the research methodology that was employed in this study and the various sources of data used in the research work. It also includes the research population, sample size and data collection techniques and analysis.

#### 3.1 Study Location

##### The South-Western Nigeria

Nigeria is majorly divided into six geo political zones, among these division of zones is the south-western region which constitute the object of study for this research. The south western region is made up of six states which are: Lagos, Oyo, Ogun, Osun, Ondo, and, Ekiti state. It is majorly a Yoruba speaking area although there are different dialects even within the same state. The Yoruba originated from Ile-Ife. They constitute approximately 35% of Nigeria's total population and around 40 million people throughout the region of west-Africa. (Wikipedia, 2016). Traditionally, the Yoruba's are mainly farmers and plant crops such as yam, maize, cassava etc. The Yoruba are among the most urbanized people in Africa. Archaeological findings indicate that **Òyó-Ilé** or **Katunga**, capital of the Yoruba Empire of Oyo that flourished between the 11th and 19th centuries A.D. had a population of over 100,000 people (the largest single population of any African settlement at that time in history). For a long time, Ibadan, also one of the major Yoruba cities, was the largest city in the whole of Sub Saharan Africa. Today, Lagos , another major Yoruba city, with a population of over twenty million, remains the largest on the African continent. (Wikipedia, 2016).

The Yoruba belief system comprises of the traditional religious and spiritual concepts and practices. The yoruba's believes in divination and consultation of 'Ifa'. They believe that 'Orisa nla' also known

as Obatala, was the arch-divinity chosen by Olodumare, the supreme God, to create solid land out of the primordial water that then constituted the earth and populating the land with human beings. Today, most contemporary Yoruba are Christians and Muslims. Be that as it may, many of the principles of the traditional faith of their ancestors are either knowingly or unknowingly upheld by a significant proportion of the populations of Nigeria. The Yoruba's are known for their elaborate celebration of some major events which include wedding ceremony, naming ceremony, funerals, house warming, new yam festival, harvest ceremony etc. there are also days dedicated to the celebration of some of their gods (Orisha) such as Ogun day, the Osun festival which is dedicated to the river Goddess Osun, the Eyo olokun festival which is celebrated by the people of Lagos, and many other festival.

### **3.2 Research Design**

The descriptive and exploratory research design was employed in this study. The research design becomes imperative due to the descriptive and explorative nature of the study. Both qualitative and quantitative data will be generated in the study.

### **3.3 Study Population**

The research population for the study consists of inmates from three purposively selected prisons in the South-Western Nigeria. The selected prisons comprises of Ilesha prisons (Osun state); Ado Ekiti prison (Ekiti state) and Ondo female prison (Ondo state).

### **3.4 Sample Procedure and Technique**

The proportionate sampling technique was employed in this study. The sampling technique gives an equal representation of the sampling units in the study, 45% of Inmates in each of the selected prisons was selected in the study sample.

### **3.5 Instrument for Data Collection**

Both quantitative and qualitative data was generated in the study. For the quantitative data, instruments such as questionnaire survey were employed to elicit information from the respondents. While for the qualitative data, such instrument like in-depth interviews was conducted with major key informants such as the comptroller of prisons and those that have day to day deals with inmate's health. Also, both primary and secondary data were employed. For the primary data, both quantitative and qualitative data was generated using questionnaire survey and in-depth interviews. While secondary data will be generated through journals, textbooks, internet and other sources.

### **3.6 Data Analysis**

The triangulation method was employed in the presentation of data and findings from the study. Data collected and collated from the field was analysed using both quantitative and qualitative data analysis. For the quantitative data, such parameters like descriptive analysis (such as mean, standard deviation, frequency table and percentages) were employed. While the qualitative data was analyse using ZY index table of key informant's information. In the analysis of the quantitative data, the statistical package for the social sciences (SPSS) version 1.7 was employed.

### **3.7 Ethical Consideration**

Informed consent was sought from the Prison Officials and the Inmates. The researcher was aware of the social and emotional needs of the respondents (Inmates) and also their intellectual capacities. The identity of the respondents (Inmates) was not disclosed and the information provided was used strictly for the purpose of this research. The purpose of this research was explicitly explained to the inmates.

### **3.8 Limitations of the Study**

The limitation of the study is as follow:

- \* The research is limited only to issues that concerns the inmates' health and wellbeing
- \* Considering the available time and resources, this research is limited to only the South-Western region of Nigeria.
- \* Also due to time and resources, the researcher was only able to visit gather primary data from three selected states out of the six states making up the south western region.

## CHAPTER FOUR

### DATA ANALYSIS AND PRESENTATION OF RESULTS

#### **Introduction**

This chapter focuses on data analysis and interpretation of findings. It also reveals analysis of selected variables such as socio-demographic characteristics of respondents – age, religion, level of education and occupation. Out of the total sample of 204 respondents, 180 males was from the Ado prison in Ado Ekiti, while 12 females was from the Ondo female prison in Ondo town.

#### **Descriptive Analysis of the Socio Demographic Characteristics of Inmates**

The data presented on table 4.1 below shows that 180 (88.2) of the respondents were male, while 24 (11.8%) of the respondents were female. Also on the table, it is shown that 88(43.1%) of the respondents falls between the age of 21 to 30 years, 48(23.6%) falls between the age of 14 to 20 years, 28(13.8%) falls between the age of 30 to 40, 28(13.8%), while 6(3.0%) were 51 years and above. That is majority of the respondents were between the age of 21 to 30 years. The table also shows that 170 (84.2%) of the respondents belong to the Christian religion, while 28 (13.9%) belong to Islamic religion, while 6 (3.0%) are traditional worshippers. As represented on the table, we find out that 96 (47.1%) of the respondents are single, 88 (43.1%) are married, 12 (5.9%) are divorced, 4 (2.0%) are widowed, while 4 (2.0) gave no response. Based on this table, we also find out that 18(8.8%) of the respondents have no formal education, 30(14.7%) have only primary education, 82(40.2) have secondary education, while 72(35%) have tertiary education. This means that majority of the respondents have only secondary education. The table also shows that, 84(41.2%) of the respondents are self employed, 40(19.6%) are employed, 56(27.5%) are unemployed, while 24(11.8%) gave no response.

The results shows that majority of the respondents were male inmates in the selected prisons, it also shows that most of the respondents were Christians, while majority of them are either single or married considering the differences between the percentage that are married and those that are single, though the percentage of those single is still the highest. We also found out that majority of the respondents have secondary education only few of them have no formal education while some of them have tertiary education, which confirms the previous findings that most of the prison inmates have low educational attainments. (kayode and Alemika 2011) It is also revealed that majority of the prison inmates are self employed. However it is important to note that most, if not all of those self employed are of low income employment. At the same time, the prison also has its own share of unemployment considering the percentage of unemployed respondents compared to that of employed and self employed on the above table. This also confirms previous findings that most of the prison inmates are from low income background and this limits the level of their health seeking behaviour as most of them do not have access to adequate health facilities.

**Table 4.1 Percentage Distribution on Inmates' Socio Demographic Characteristics**

Variables	Frequency (n)	Percentage (%)	Mean	Median	Mode	Std.
<b>Gender</b>						
Male	180	88.2				
Female	24	11.8				
Total	204	100				
<b>Age as at imprisonment</b>						
			29.29	27.00	29	10.395
14-20	48	23.6				
21-30	88	43.1				
31-40	28	13.8				
41-50	28	13.8				
51 and Above	6	3.0				
No response	6	2.9				
Total	204	100				
<b>Age as at last birthday</b>						
			30.71	28.00	28	10.711
14-20	36	17.7				
21-30	84	41.2				
31-40	44	21.7				
41-50	18	8.9				
51 and Above	16	7.9				
No response	6	2.9				
Total	204	100				
<b>Religion Background</b>						
Christian	170	84.2				
Islamic	28	13.9				
African traditional religion	6	3.0				
Total	204	100				
<b>Marital Status</b>						
Single	96	47.1				
Married	88	43.1				
Divorced	12	5.9				
Widowed	4	2.0				
No response	4	2.0				
Total	204	100				
<b>Occupation</b>						
Self employed	84	41.2				
Employed	40	19.6				
Unemployed	56	27.5				
No response	24	11.8				
Total	204	100				
<b>Educational status</b>						
No education	18	8.8				
Primary education	30	14.7				
Secondary education	82	40.2				
Tertiary education	72	35.3				
No response	2	1.0				
Total	204	100				

**Author's Filed Survey, 2016**

Table 4.2 below shows that 22(10.8%) of the respondents have been incarcerated before, while 170(83.3%) said they have never been incarcerated before. 4(2.0) said they don't know while 8(3.9)

gave no responses. Also on this table, 178(87.3) of the respondents when asked how many times they have been incarcerated before chose never, 22(10.8%) chose one time, 2(1.0%) chose three times while 2(1.0%) gave no response. As shown in this table 110(53.9%) of the respondents committed crime against persons, 38(18.6) committed crime against property, 14(6.9%) committed drug crime, while 38(18.6) committed the crime of public disorder. 4(2.0%) gave no response. This shows that majority of the respondents committed crime against persons, and this led to their being incarcerated.

**Table 4.2 Percentage Distribution of Inmates by Crime and Incarceration**

Variables	Frequency	Percentage (%)
<b>Have you been incarcerated before?</b>		
Yes	22	10.8
No	170	83.3
I don't know	4	2.0
No Responses	8	3.9
<b>Total</b>	<b>204</b>	<b>100</b>
<b>How many times?</b>		
Never	178	87.3
One time	22	10.8
Three times	2	1.0
No responses	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>
<b>Crimes committed</b>		
Crime against persons	110	53.9
Crime against property	38	18.6
Drug crime	14	6.9
Public disorder	38	18.6
No responses	4	2.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

**How Often They Receive Visit From Family Members While In Custody?**

As shown on table 4.3 below, 128(62%) of the respondents said they have family members that visits them while in prison custody, 70(34.3) said they do not have any family that visits, while 6(2.9%) said they don't know. Among those who have family members that visits, 56(%) said they visit very often, 78(38.2%) said they only visit once in a while. 70(34.3%) said they do not visit at all. This result shows that to some extent, being incarcerated limits one's relationship with family members due to the separation, and while in prison visits from relatives is limited as 78(38.2%) of the respondents said



family members only visits once in a while, and at the same time, 70(34.3%) said they are not even visited at all while in prison custody.

**Table 4.3 Percentage distribution of respondent on how often they receive visit from family members while in custody**

Variables	Frequency	Percentage
<b>Do you have family members that visit while in custody?</b>		
Yes	128	62.7
No	70	34.3
I don't know	6	2.9
<b>Total</b>	<b>204</b>	<b>100</b>
<b>If yes, how often?</b>		
Frequent	56	27.5
Once in a while	78	38.2
Not at all	70	34.3
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

**Health challenges before been incarcerated**

Table 4.4 below shows that 56(27.5%) of the respondents have health challenges before been incarcerated, while 140(68%) do not have any health challenges before their incarceration. This means that majority of the respondents do not have any health challenges before their incarceration but there are still some, few out of many that goes into the prison with one ailment or the other.

**Table 4.4 Percentage distribution based of respondents on whether they have any health challenges before been incarcerated**

Variables	Frequency	Percentage
<b>Do you have any health challenges before been incarcerated?</b>		
Yes	56	27.5
No	140	68.6
I don't know	8	3.9
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### Health challenges respondents had before incarceration

In table 4.5, the percentage distribution of the type of health challenges respondents had before being incarcerated is presented. As revealed in the table, 112(54.9%) gave no response, and 46(22.6%) said none that is, they do not have any health challenges before coming into the prison. 8(3.9%) said they had malaria and typhoid, 6(3.0%) said they had mental illness, 6(2.9%) had ulcer, 4(2.0%) had asthma, 4(2.0%) said they don't know if they had any health challenges or not, 4(2.0%) had cancer, 2(1.0%) had a broken skull, 2(1.0%) had Rheumatism, 2(1.0%) had Chest pain, 2(1.0%) had HIV, 2(1.0%) had Hypertension, 2(1.0%) had Stomach challenges, 2(1.0%) had Tuberculosis. Regarding this result, it shows that majority of the respondents do not come with any known health challenges, because it is possible that they have an undiagnosed health challenge they may not be aware of. While only few of them come into the prison with a known health challenge.

**Table 4.5: Percentage distribution based on what type of health challenges respondents had before incarceration**

Variables	Frequency	Percentage (%)
If yes, what type of health challenges?		
No response	112	54.9
None	46	22.6
Malaria/typhoid	8	3.9
Mental illness	6	3.0
Ulcer	6	2.9
Asthma	4	2.0
I don't know	4	2.0
Cancer	4	2.0
Broken skull	2	1.0
Rheumatism	2	1.0
Chest pain	2	1.0
HIV	2	1.0
Hypertension	2	1.0
Stomach challenges	2	1.0
Tuberculosis	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>

Author's Filed Survey, 2016

## Treatment before Incarceration

From the below table, 52(25.5%) respondents said they got treated of their health challenges before been incarcerated, while 106(52.2%) said they did not get treated for any form health challenges, 10(4.9%) said they don't know if they got treated or not. This confirms the assumption that lots of inmates come into the prison with various known and unknown health problems (Watson, Roger, Stimpson, and Hostick. 2004) which could begin to spread to other inmates in the prison.

**Table 4.6 Percentage Distribution Based On Whether the Respondents Get Treated Before Been Incarcerated**

Variables	Frequency	Percentage (%)
<b>Did you get treated before been incarcerated?</b>		
Yes	52	25.5
No	106	52.0
I don't know	10	4.9
No responses	36	17.6
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

## Prison Conditions the Inmates Think Affects Their Health and Wellbeing

Table 4.7 shows 142(69.6%) of the respondents when said all the prison conditions such as Inadequate health facilities, Malnutrition, overcrowding, Sexual abuse, Unsafe sexual practices can affect their health seeking behaviour. While 35(17.2%) said malnutrition can affect their health seeking behaviour, 13(6.47%) said Inadequate health facilities can affect their health seeking behaviour, 2(1.0%) said overcrowding, 2(1.0%) said sexual abuse, 2(1.0%) said Spread of communicable diseases, 3(1.2%) said substance abuse, only 1(0.6) said unsafe sexual practices, and 4(2.0%) gave no response. This result collaborates with previous findings from the literature review that all the prison conditions listed above can affect inmates' health seeking behaviour, therefore, in other to improve the health seeking

behaviour of inmates and to ensure their wellbeing, issues such as Inadequate health facilities, Malnutrition, overcrowding, Sexual abuse, Unsafe sexual practices must be focused on.

**Table 4.7 Percentage Distribution Based On What Prison Conditions the Respondents Think Affects Their Health and Wellbeing**

Variables	Frequency	Percentage
<b>Which of these prison conditions do you think can affect your health seeking behaviour?</b>		
All health challenges mentioned	142	69.6
Inadequate health facilities	13	6.47
Malnutrition	35	17.2
Overcrowding	2	1.0
Sexual abuse	2	1.0
Spread of communicable diseases	2	1.0
Substance abuse	3	1.2
Unsafe sexual practices	1	0.6
No response	4	2.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

**The Health Centre Inmates visited When They Were Sick While in Custody**

Table 4.8 reveals that 132(64.7%) of the respondents went to an health centre when they were sick, while 66(32.4%) did not visit any health centre 6(3.0%) gave no response. That is, majority of the respondents visits the health centre when they fall sick, which means most of them seeks treatment when they fall sick.

**Table 4.8 Percentage Distribution Based On Whether the Inmates Visit Any Health Centre When They Were Sick While in Custody**

Variables	Frequency	Percentage
Did you visit the health centre when you were sick?		
Yes	132	64.7
No	66	32.4
No Responses	6	3.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### **Which Health Centre the Respondents Visited**

Table 4.10 revealed that 140(68.6%) of the respondents went to the health centre inside the prison, 14(6.9) went to a health centre outside the prison, while 50(24.5%) gave no response. This signifies that the prison system made provision for a health centre for the inmates in order to meet their health challenges, and majority of the inmates visits the health centre, only few sought treatment outside the prison. This could be because they suffer from serious diseases which need a special and advanced medical intervention.

**Table 4.9 Percentage Distribution Based On Which Health Centre the Respondents Visited**

Variables	Frequency	Percentage
If yes, where?		
Inside the prison	140	68.6
Outside the prison	14	6.9
No Responses	50	24.5
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### **Health Challenges the Inmates Were Diagnosed Of Diseases.**

On table 4.10, 74(36.3%) of the respondents gave no response probably because they have not been sick throughout their stay in the prison, and so had no reason to visit the health centre and were not diagnosed of any health challenges. However, 74(36.3%) said they were diagnosed of malaria, 22(10.8%) said none, that is, they were not diagnosed of anything. 8(3.9%) said they diagnosed of fever, 6(3.0%) said they diagnosed of Skin infections, 4(2.0%) said they were diagnosed of Asthma, another 4(2.0%) said they were diagnosed of Cancer, 4(2.0%) said they were diagnosed of Ulcer, 2(1.0%) were diagnosed of hypertension, 2(1.0%) were diagnosed of dysentery, and 2(1.0%) were diagnosed of stomach pain. This result shows there is a high level of malaria incidence in prisons, as it is shown on the above table that malaria has the highest frequency among other diagnosis. The in-depth interview guide conducted in both Ado prison and Ondo female prison also confirms the high incidence of malaria. The key informant from the ado prison when asked which is the most common disease in the prison answered 'malaria is very common, and headache' also that of the Ondo prison said 'it's just Malaria'.

**Table 4.10 Percentage Distribution Based On What Health Challenges The Inmates Were Diagnosed Of Diseases.**

Variables	Frequency	Percentage
What heath challenges were you diagnosed of?		
No response	74	36.3
Malaria	74	36.3
None	22	10.8
Fever	8	3.9
Skin infections	6	3.0
Asthma	4	2.0
Cancer	4	2.0
Ulcer	4	2.0
Hypertension	2	1.0
Dysentery	2	1.0
Stomach pain	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### **Treatment through Medical Means or Other Means**

Table 4.11 shows that 90(44.1%) of the respondents got treated of their ailments through medical means, 86(42.2%) did not get treated through medical means, 14(6.9%) did not know if they got treated through medical means or through other means, while 14(6.9%) gave no response. This shows that although, majority of the respondents got treated through medical means, still a large number of them did not, that is, they got treated through other means.

**Table 4.11 Percentage Distribution Based On Whether the Inmates Got Treated Through Medical Means or Other Means**

Variables	Frequency	Percentage
<b>Did you get treated though medical means or other means</b>		
Yes	90	44.1
No	86	42.2
I don't know	14	6.9
No Responses	14	6.9
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### **Treatment Available To Inmates**

Table 4.12 revealed that out of those inmates who said they did not get treated through medical means, 38(18.6) said they did not get through any other means, that is they got no treatment from either medical or other means. 4(2.0%) said they got treated through their family, another 4(2.0) said they got treated through family members, 4(2.0) said they just got well on their own, 2(1.0%) got treated through the use of herb, 2(1.0%) said there are only bearing their health problems, 2(1.0) said through personal means, 2(1.0%) also said they got treated by praying to God for divine healing, 2(1.0%) said they got treated through operation, 144(70.6%) gave no response. This result reinforced the already established fact on the previous table that majority of the respondents gets treatment through medical means, while at the same time, there are few cases of faith healing, traditional treatment represented by the use of herb, and there are those who don't get treated at all, and those who just got well on their own.



**Table 4.12 Percentage Distribution Based On What Other Means Did Inmates Take to Get Treated**

Variables	Frequency	Percentage
<b>If no, what other means?</b>		
Family	4	2.0
Given drugs	4	2.0
I just got well	4	2.0
Herb	2	2.0
No other treatment	38	18.6
Only bearing it	2	1.0
Personal	2	1.0
Praying to God for divine healing	2	1.0
Through operation	2	1.0
No Responses	144	70.6
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### **Health Challenges Faced When Inmates Seek Health Care Services While In Custody**

Table 4.13 as shown below presents the percentage distribution of the challenges faced by respondents when they seek health care services while in prison. 96(47.1%) of the respondents gave no response to this, 42(20.7%) said inadequate drug, 28(13.7%) mentioned all of the above health challenges such as Inadequate drug, Lack of medical attention, Lack of treatment, Inadequate fund, Stress, Inadequate health facilities, Lack of proper hygiene, Overcrowding. While 16(7.9%) said lack of medical attention, 8(4.0%) said lack of treatment, 4(2.0%) said inadequate fund, 4(2.0%) said stress, 2(1.0%) said inadequate health facilities, 2(1.0%) said Lack of proper hygiene, 2(1.0%) said Overcrowding. This result shows that the challenge faced most by inmates when seeking health care service is inadequate drug. The indepth interview conducted from the Ondo prison also confirms this.

“Interviewer: does the government make provision for such as health care facilities for the sick inmates?”

Respondents: yes, but it’s not enough. It is not that they don’t make provision, but you know they cannot really meet every need. **Because now since the beginning of this year, I don’t think there is any drug that have been brought here**, so most of those things we do it on our own, then NGOs, churches at times they come around, they assist, the staffs, from our own pocket too we assist.” Also inmates faces other challenges such as Inadequate drug, Lack of medical attention, Lack of treatment, Inadequate fund, Stress, Inadequate health facilities, Lack of proper hygiene, Overcrowding.

**Table 4.13 Percentage Distribution Based On the Health Challenges Faced When Respondents Seek Health Care Services While In Custody**

Variable	Frequency	Percentage
<b>What are the challenges faced when seeking care and services while in prison custody?</b>		
No response	96	47.1
Inadequate drug	42	20.7
All health challenges mentioned	28	13.7
Lack of medical attention	16	7.9
Lack of treatment	8	4.0
Inadequate fund	4	2.0
Stress	4	2.0
Inadequate health facilities	2	1.0
Lack of proper hygiene	2	1.0
Overcrowding	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author’s Filed Survey, 2016**

**Government Provision for Health Care Services and Facilities in the Prison Yard**

As represented on table 4.14, 90(44.1%) said the government make provision for health care services and facilities in the prison yard, while 88(43.1%) said the government did not make provision for

health care services and facilities, and 26(12.7%) said they don't know. The fact that majority of the respondents said yes, means that government actually made provision for an health centre, but this provisions according to investigations are found to be inadequate, hence, a large number of the respondents also said no, that is, the government did not make the provision

**Table 4.14 Percentage Distribution Based On Whether the Government Make Provision For Health Care Services And Facilities In The Prison Yard**

Variables	Frequency	Percentage
Does the government make provision for health care services and facilities in the prison yard?		
Yes	90	44.1
No	88	43.1
I don't know	26	12.7
Total	204	100

**Author's Filed Survey, 2016**

**Availability of Health Specialist That Attends To Inmates When They Are Sick**

As shown on table 4.15, 118(57.8) of the respondents said there are health specialist that attends to inmates when they are sick, while 72(35.3%) said there are no health specialist, 14(6.9%) said they don't know. Since majority of the respondents said yes, this means the prison indeed have health specialists that attends to inmates when they are sick. Key informants from the Ondo prison attested to this by saying "we have a doctor here, though, our doctor is not permanently here, it is only on critical condition that we call him because he is in Akure but We have nurse, qualified nurse that attends to them at the medical centre"

**Table 4.15 Percentage Distribution Based On Whether There Are Any Health Specialist That Attends To Inmates When They Are Sick?**

Variables	Frequency	Percentage
Are there any health specialist that attends to inmates when they are sick?		
Yes	118	57.8
No	72	35.3
I don't know	14	6.9
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### **Health Seeking Behaviour if the Inmates Is Affected By Their Socio-Economic Status**

As revealed on Table 4.17, 102(50.0%) of the respondents said their health seeking behaviour is affected by their socio economic status while 68(33.3) said their health seeking behaviour is not affected by their socio economic status, 32(15.7%) said they don't know and 2(1.0) gave no response. With this we can as well conclude that inmate's health seeking behaviour is affected by their socio economic status, that is, their education, income, occupation. This supports the Investigations as shown in the literature review revealed that most prison inmates are of low socio economic status, this in turn have a negative effect on their health seeking behaviour and health outcome

**Table 4.16 Percentage Distribution Based On Whether the Health Seeking Behaviour of The Inmates Is Affected By Their Socio-Economic Status**

Variables	Frequency	Percentage
Does your Socio-economic status affect your health seeking behaviour while in prison custody?		
Yes	102	50.0
No	68	33.3
I don't know	32	15.7
No Response	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

#### **Does The Socio-Economic Status Of Inmates Affects Their Health Seeking Behaviour?**

As shown on table 4.17, 144(70.6%) of the respondents gave no response as to how socio-economic status affects their health seeking behaviour, even though majority of them agreed that socio-economic status affects their health seeking behaviour as regards the previous table. While 28(13.7%) said socio-economic status affects their health seeking behaviour in the aspect of financial inadequacy, the assumption is that when you are not financially adequate, it will affect your health seeking behaviour. 12(6.0%) said their socio-economic status affects their health seeking behaviour due to Inability to afford good food, 10(4.9%) said Inability to procure treatment, 6 (2.9%) said Educational status, 4(2.0%) they don't know how it affects it. This result shows that socio-economic status affects health seeking behaviour, because if one is of low socio economic status, you are financially inadequate, you may not be able to afford a good food, to procure treatment, to get educated and all this in turns affects one's health and attitude towards health.

**Table 4.17 Percentage Distributions Based On How Does the Socio-Economic Status Of Respondents Affects Their Health Seeking Behaviour**

Variable	Frequency	Percentage
<b>If yes, how?</b>		
No response	144	70.6
Financial inadequacy	28	13.7
Inability to afford good food	12	6.0
Inability to procure treatment	10	4.9
Educational status	6	2.9
I don't know	4	2.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### **Variables that Affect Inmates' Health Seeking Behaviour**

Table 4.18 shows that 52(25.5%) of the respondents said their economic status affects their health seeking behaviour, 40(19.6%) said their educational status affects their health seeking behaviour, 28(13.7%) said age affects their health seeking behaviour, 22(10.8%) said religion background affects their health seeking behaviour, while 24(11.8%) gave no response. This signifies that the variable that affects respondents health seeking behaviour mostly is economic status as majority of them chose economic status as the variable that affects their health seeking behaviour. Another variable that affects inmates' health seeking behaviour next to economic status is educational status, followed by family background and age, and the religion background. Marital status has a very limited effect on inmate's health seeking behaviour. We can conclude based on this result that variables such as educational status, family background, age, economic status, religion background and marital status all affect inmate's health seeking behaviour in one way or the other but some affect it more than another. This result reinforce the fact that socioeconomic status affects inmates' health seeking behaviour the most, since education and economic status has the highest percentage.

**Table 4.18 Percentage Distribution Based on which Variables Affects Inmates Health Seeking Behaviour**

Variables	Frequency	Percentage
Which of these variables affects your health seeking behaviour		
Educational status	40	19.6
Family background	28	13.7
Marital status	10	4.9
Age	28	13.7
Economic status	52	25.5
Religion background	22	10.8
No response	24	11.8
Total	204	100

**Author's Filed Survey, 2016**

#### **Diseases That Affected Inmates Mostly While In Prison Custody**

As shown on table 4.19 is the Percentage distribution on which diseases has affected respondents mostly while in prison custody. As indicated in the table, 104(60.0%) of the respondents has been affected by malaria, while 46(22.5%) have been affected by malaria, and skin infections, 20(9.8%) have been affected by all of these diseases, 4(2.0%) gave no response as regards this, 4(2.0%) have been affected by tuberculosis, 2(1.0%) have HIV, 2(1.0%) have mental illness. This result shows that majority of the respondents have been affected by malaria and skin infection. This is also confirmed by the key informants in Ado prison who said “they use to have scabies, many times they are with malaria fever” that is inmates usually have scabies which is a type of skin infection, and malaria.

**Table 4.19 Percentage Distribution Based On Which Diseases Has Affected Inmates Mostly While In Prison Custody**

Variables	Frequency	Percentage
Malaria	104	60.0%
Malaria and skin infection	46	22.5
Skin infections	22	10.8
All of the diseases	20	9.8
No response	4	2.0
Tuberculosis	4	2.0
HIV	2	1.0
Mental illness	2	1.0
<b>TOTAL</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

**Analysis of the Diseases That Affects Inmates in Prison Custody**

As shown on table 4.20, respondents, when asked what other diseases affects them in prison mentioned typhoid, ulcer, asthma, head ache and body pain, dysentery, eye problem, and malaria. 154(75.5%) gave no response, 22(10.8%) said none, 10(4.9%) said typhoid, 4(2.0%) said ulcer, 4(2.0%) said asthma, 4(2.0%) said Head ache and body pain, 2(1.0%) said Dysentery, 2(1.0%) said Eye problem, and 2(1.0%) said malaria.



**Table 4.20 Percentage Distribution Based On Other Diseases That Affects Inmates in Prison Custody**

Variables	Frequency	Percentage
If others, please specify		
No response	154	75.5
None	22	10.8
Typhoid	10	4.9
Ulcer	4	2.0
Asthma	4	2.0
Head ache and body pain	4	2.0
Dysentery	2	1.0
Eye problem	2	1.0
Malaria	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

**Diseases That Are More Rampant In Inmates Prison System**

As shown on table 4.21, malaria is the most common diseases in the respondents' prison as 78(38.2%) said malaria, while 66(32.4%) said all of the diseases mentioned in the options such as tuberculosis, skin infections, HIV, malaria, and skin infections are common in their prison, 30(14.7%) said tuberculosis, 28(13.7%) said skin infections, and 2(1.0%) said HIV.

**Table 4.21 Percentage Distribution Based On the Diseases That Are More Rampant In Inmates Prison System**

Variable	Frequency	Percentage
<b>Which of these diseases do you think is most rampant in this prison system?</b>		
Malaria	78	38.2
All of the diseases mentioned	66	32.4
Tuberculosis	30	14.7
Skin infections	28	13.7
HIV	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### **Inmate Visits the Health Centre in the Prison**

Table 4.22 above shows that 152(74.5%) of the affected inmates visits the health centre when they are sick, 34(16.7%) do not visit, while 18(8.8%) does not know if the affected inmates visits the health centre or not. This reveals that majority of the inmates seek treatment for their health problem when they fall sick. Although the prison condition and other variables affects inmates' health seeking behaviour but they still seek treatment when they are sick by going to the health centre.

**Table 4.22 Percentage Distribution Based On Whether the Affected Inmate Visits the Health Centre In the Prison**

Variables	Frequency	Percentage
<b>Does the affected inmate visits the health centre in the prison?</b>		
Yes	152	74.5
No	34	16.7
I don't know	18	8.8
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

**Access to Adequate Health Facilities and Health Care**

As presented on table 4.23 118(57.8) of the respondents said the affected inmates do not have access to adequate health facilities health care, 72(35.3%) said they do not have access to adequate health facilities, while 14(6.9%) said they don't know. This means that majority of the affected inmates do not have access to adequate health facilities. This confirms the previous findings that inmate do not have access to adequate health facilities in prisons as these facilities are severely limited. Resources such as money also limit inmate's access to adequate health facilities.

**Table 4.23 Percentage Distribution Based On Whether the Respondents Have Access to Adequate Health Facilities and Health Care**

Variables	Frequency	Percentage
<b>Do they have access to adequate health facilities and health care?</b>		
Yes	72	35.3
No	118	57.8
I don't know	14	6.9
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

**Whether Financial Inadequacy Can Affect the Health Seeking Behaviour of Respondents**

As shown on table 4.24, 102(50.0%) of the respondents said financial inadequacy affects their health seeking behaviour, 74(36.6%) said it does not, 24(11.8%) said they don't know if financial inadequacy affects their health seeking behaviour or not and 4(2.0%) gave no response. This again reinforce the fact that economic status affects inmates' health seeking behaviour of inmates as majority of them said that financial inadequacy can affect their health seeking behaviour.

**Table 4.24 Percentage Distribution Based On Whether Financial Inadequacy Can Affect the Health Seeking Behaviour of Respondents**

Variables	Frequency	Percentage
<b>Can financial inadequacy affect your health seeking behaviour?</b>		
Yes	102	50.0
No	74	36.6
I don't know	24	11.8
No Responses	4	2.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

**How Financial Inadequacy can affect the Health Seeking Behaviour of Inmates**

As shown on table 4.25 below, 120(58.8%) of the inmates gave no response as to how financial inadequacy can affect their Health Seeking Behaviour. 40(19.6%) said lack of money to obtain drugs, that is, when they are financially inadequate, this leads to lack of money to obtain necessary drugs. 12(5.9%) said lack of money to sustain, 12(5.9%) said none, 10(4.9%) said inability to obtain adequate treatment, 8(3.9%) said there is no freedom, 2(1.0%) said lack of money to buy food. According to this result, only few of the inmates stated how Financial Inadequacy can affect the Health Seeking Behaviour of Inmates although majority of them agreed that Financial Inadequacy can affect their Health Seeking Behaviour.

**Table 4.25 Percentage Distribution Based On How Financial Inadequacy Can Affect the Health Seeking Behaviour of Respondents**

variables	Frequency	Percentage
<b>If yes, how?</b>		
No response	120	58.8
Lack of money to obtain drugs	40	19.6
Lack of money to sustain	12	5.9
None	12	5.9
Inability to obtain adequate treatment	10	4.9
There is no freedom	8	3.9
Lack of money to buy food	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

**Whether the Health Seeking Behaviour of Respondents Can Be Affected By Educational Status**

As shown on table 4.26, 120(58.8%) of the respondents said that educational status does not affect their health seeking behaviour, while 62(30.4%) said educational status affect their health seeking behaviour, 18(8.8%) said they don't know and 4(2.0%) gave no response. This implies that educational status only to a little extent affects inmate's health seeking behaviour, as majority of the respondents said their educational status does not affect their health seeking behaviour.

**Table 4.26 Percentage distribution based on whether the health seeking behaviour of respondents can be affected by educational status**

Variables	Frequency	Percentage
Can your educational status affect your health seeking behaviour?		
Yes	62	30.4
No	120	58.8
I don't know	18	8.8
No Responses	4	2.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### **How the Health Seeking Behaviour of Inmates Can Be Affected By Educational Status**

As shown on table 4.28, 174(85.3%) of the respondents gave no response as to how educational status can affect health seeking behaviour since majority of them did not feel that educational status can affect health seeking behaviour based on the previous table. 12(3.9%) said none, 4(2.0%) said educational status can affect health seeking behaviour because they don't have lectures in the prison, 4(2.0%) said because their way of thinking will be different, that is, education will affect their orientation towards health issues, 4(2.0%) simply said yes it can, and gave no explanation as to how, 4(2.0%) said lack of health education, while 2(1.0%) said by not having civilization. This result shows that educational status has little effect on health seeking behaviour, and it only affects it in the aspect of one's orientation, educational status affects one's attitude and knowledge towards health issues.

**Table 4.28 Percentage Distribution Based On How the Health Seeking Behaviour of Inmates Can Be Affected By Educational Status**

Variable	Frequency	Percentage
If yes, how?		
No response	174	85.3
None	12	5.9
We don't have lectures in the prison	4	2.0
Way of thinking will be different	4	2.0
Yes, it can	4	2.0
Lack of health education	4	2.0
By not having civilization	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### **Health Seeking Behaviour of Inmates Can Be Affected By Family Background**

Table 4.29 reveals that 116(56.9%) of the respondents said their family background can not affect their health seeking behaviour, 66(32.4%) said that family background can affect their health seeking behaviour, 20(9.8%) said they don't know, and 2(1.0) gave no response. This result shows that majority of the respondents said that their health seeking behaviour can not be affected by their family background, While some of them also said family background can affect their health seeking behaviour. We can therefore, conclude that family background have little influence over inmates' health seeking bahaviour.

**Table 4.29 Percentage Distribution Based On Whether the Health Seeking Behaviour of Inmates Can Be Affected By Family Background**

Variables	Frequency	Percentage
Can your family background affect your Health Seeking Behaviour?		
Yes	66	32.4
No	116	56.9
I don't know	20	9.8
No Responses	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### **How the Health Seeking Behaviour of Inmates Can Be Affected By Family Background**

Concerning table 4.30, conclusions from the previous table, table 4.29 shows that family background can only have little influence on inmates' health seeking behaviour. This table shows that 156(76.5%) gave no response, 10(5.0%) said lack of visits from family, 8(3.9%) said Support from family member, 8(3.9%) said none, 6(2.9%) said having to worry about them, 4(2.0%) said because of children, and 2(1.0%) said lack of knowledge. This shows that inmates' family background can affect their health seeking behaviour when the family do not visit while in prison, when the family supports or do not support them, when they have to worry about the family, when the family do not have knowledge concerning the health issues, and the financial status of the family.



**Table 4.30 Percentage Distribution Based On How the Health Seeking Behaviour of Inmates Can Be Affected By Family Background**

Variables	Frequency	Percentage
<b>If yes, how?</b>		
No response	156	76.5
Lack of visits from family	10	5.0
The financial status of family	10	5.0
Support from family member	8	3.9
None	8	3.9
Having to worry about them	6	2.9
Because of children	4	2.0
Lack of knowledge	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

#### **Health Seeking Behaviour of Inmates Can Be Affected By Marital Status**

This table shows that 136(66.7%) of the respondents said their health seeking behaviour is not affected by their marital status, 38(18.6%) said their marital status can affect their health seeking behaviour, 28(13.7%) said they don't know, 2(1.0%) gave no response. Here, we find out that marital status have only a little effect on inmates' health seeking behaviour, since majority of them said marital status can not affect their health seeking behaviour.

**Table 4.31: Percentage Distribution Based On Whether the Health Seeking Behaviour Of Inmates Can Be Affected By Marital Status**

Variables	Frequency	Percentage
<b>Can your marital status affect your Health Seeking Behaviour?</b>		
Yes	38	18.6
No	136	66.7
I don't know	28	13.7
No Responses	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

**Health Seeking Behaviour of Inmates Can Be Affected By Marital Status**

As shown on table 4.32, only few of the respondents gave explanation as to how marital status can affect their health seeking behaviour. 176(86.3%) gave no response, 14(6.9%) said none, 8(3.9%) of them said because of missing and thinking about them, 4(2.0%) said they do not have the chance to care for each other, 2(1.0%) said because of separation. This shows that marital status can affect health seeking behaviour of inmates because of been separated from spouse, missing and thinking about them.

**Table 4.32 Percentage Distribution Based On How the Health Seeking Behaviour of Inmates Can Be Affected By Marital Status**

Variables	Frequency	Percentage
<b>If yes, how?</b>		
No response	176	86.3
None	14	6.9
Because of missing and thinking about them	8	3.9
There is no chance to care for each other	4	2.0
Because of the separation	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

**Health Seeking Behaviour of Inmates Can Be Affected Age**

As shown on table 4.33, 142(69.6%) of the respondents said that age can not affect their health seeking behaviour, 34(16.7%) said age can affect their health seeking behaviour, 26(12.7%) said they don't know, 2(1.0%) gave no response. This shows that majority of the respondents feels that age can not affect their health seeking behaviour, while only few feels that age can affect their health seeking behaviour.

**Table 4.33 Percentage Distribution Based On Whether the Health Seeking Behaviour Of Inmates Can Be Affected Age**

Variables	Frequency	Percentage
<b>Can your age affect your health seeking behaviour?</b>		
Yes	34	16.7
No	142	69.6
I don't know	26	12.7
No Response	2	1.0
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### Health Seeking Behaviour of Inmates Can Be Affected By Age

As shown on table 4.34, 180(88.3%) gave no response as to how age can affect health seeking behaviour of inmates, and 14(6.9%) said none. However, 4(2.0%) said age can affect their health seeking behaviour because they grow older every day. 4(2.0%) said in educational ways.

**Table 4.34 Percentage Distribution Based on How the Health Seeking Behaviour of Inmates Can Be Affected By Age**

Variables	Frequency	Percentage
<b>If yes, how?</b>		
No response	180	88.3
None	14	6.9
Am getting older everyday	4	2.0
In educational ways	4	2.0
<b>Total</b>	<b>204</b>	<b>100</b>

Author's Filed Survey, 2016

### Health Seeking Behaviour of Inmates Can Be Affected By Religion

This table shows that 164(80.5%) of the respondents said that religion can not affect health seeking behaviour, while 12(5.9%) said that religion can not affect their health seeking behaviour, 24(11.8%) said they don't know, and 4(2.0%) gave no response. This signifies that religion have very little effect on health seeking behaviour.

**Table 4.35 Percentage Distribution Based On Whether the Health Seeking Behaviour Of Inmates Can Be Affected By Religion**

Variables	Frequency	Percentage
<b>Can your religion affect your Health Seeking Behaviour?</b>		
Yes	12	5.9
No	164	80.4
I don't k now	24	11.8
No Response	4	2.0
<b>Total</b>	<b>204</b>	<b>100</b>

## Author's Filed Survey, 2016

### Health Seeking Behaviour of Inmates Can Be Affected By Religion

Based table 4.36, 180(88.2%) of the respondents did not give response to it as they are probably of the opinion that religion can not affect health seeking behaviour,22(10.8%) said no, it can't, 2(1.0) said religion can affect health seeking behaviour in the aspect of spiritual growth. Out of the few who said religion can affect health seeking behaviour, only 2(1.0%) gave reason why religion can affect health seeking behaviour.

**Table 4.36 Percentage Distribution Based On How the Health Seeking Behaviour of Inmates Can Be Affected By Religion**

Variables	Frequency	Percentage
<b>If yes, how?</b> In the aspect of spiritual growth	2	1.0
No response	180	88.2
No, it can't	22	10.8
<b>Total</b>	<b>240</b>	<b>100</b>

## Author's Filed Survey, 2016

### Variables That Affects Inmates Health Seeking Behaviour

As shown on table 4.37, 176(86.3%) of the respondents gave no response as to what other variable affect their health seeking behaviour, 10(5.0%) said lack of freedom, 8(3.9% ) said economic status, 6(3.0%) said lack of food and adequate health facilities, 4(2.0%) said the situation of the prison. This result shows that variable such as lack of freedom, economic status, lack of food and adequate facilities, the condition of the prison, all affects inmates' health seeking behaviour.

**Table 4.37 Percentage Distributions Based on Other Variables That Affects Inmates Health****Seeking Behaviour**

Variables	Frequency	Percentage
<b>What other variables affect your health seeking behaviour?</b>		
Lack of freedom	10	5.0
Economic status	8	3.9
Lack of food and adequate health facilities	6	3.0
The situation of the prison	4	2.0
No Response	176	86.3
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016****Challenges While in Prison**

Table 4.38 revealed that 94(46.1%), of the respondents strongly agreed that, they face a lot of challenges while in custody, 38(18.6%) agreed, 24(11.8%) were undecided, 34(16.7%) strongly disagreed, 14(6.9%) disagreed. This result shows that inmates face a lot of challenges while in custody.

**Table 4.38 Percentage Distribution Based on Whether Inmates Face a Lot Of Challenges While in Prison**

Variables	Frequency	Percentage
<b>You face a lot of challenges while in custody</b>		
Strongly agree	94	46.1
Agree	38	18.6
Undecided	24	11.8
Strongly disagree	34	16.7
Disagree	14	6.9
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### Medical Treatment and Attention in the Prison

According to table 4.39, 92(45.1%) strongly agreed that It is difficult to obtain Medical Treatment and attention in the Prison, 60(29.4%) agreed, 16(7.8%) were undecided, 12(5.9%) strongly disagreed, while 24(11.8%) disagreed. This result shows that respondents experience difficulty in seeking medical treatment.

This table presents, 126(61.8%) of the respondents strongly agreed that Some Health Challenges arises because of the Prison Conditions, 36(17.6%) agreed, 34(16.7%) were undecided, 2(1.0%) strongly disagreed, 6(2.9%) disagreed. Since majority of the respondents agreed, This shows that there are really Some Health Challenges arises because of the Prison Conditions.

**Table 4.39 Percentage Distribution Based On Whether Inmates Find It Difficult To Obtain Medical Treatment and Attention in the Prison**

Variables	Frequency	Percentage
<b>It is difficult to obtain Medical Treatment and attention in the Prison</b>		
Strongly agree	92	45.1
Agree	60	29.4
Undecided	16	7.8
Strongly disagree	12	5.9
Disagree	24	11.8
<b>Total</b>	<b>204</b>	<b>100.0</b>

**Author's Filed Survey, 2016**

### **Health Challenges that Arise because of the Prison Conditions.**

As revealed on Table 4.40, 126(61.8%) strongly agreed that some Health challenges arises because of the Prison conditions, 36(17.6%) agreed, 34(16.7%) were undecided, while only 2(1.0%) strongly disagreed, and 6(2.9%) disagreed. This shows that there are indeed some health challenges that arise because of the prison conditions

**Table 4.40 Percentage distribution based on whether Inmates face some health challenges because of the prison conditions**

Variables	Frequency	Percentage (%)
<b>Some Health Challenges arises because of the Prison Conditions</b>		
Strongly agree	126	61.8
Agree	36	17.6
Undecided	34	16.7
Strongly disagree	2	1.0
Disagree	6	2.9
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### **Perception of Inmates Based On Provision of Health Care System and Better Health**

According to table 4.41, 128(62.7%) strongly agreed that they would have been in a healthier state if they were not incarcerated, 60(29.4%) agreed, 10(4.9%) were undecided, 6(2.9%) disagreed. This shows that majority of the respondents would have been in a healthier state if they were not incarcerated, that is, been incarcerated affects their health seeking behaviour.



**Table 4.41 Percentage Distribution Based On Whether Inmates' Would Have Been In a Healthier State if They Were Not Incarcerated**

Variables	Frequency	Percentage
<b>You would have been in a healthier state if you were not incarcerated</b>		
Strongly agree	128	62.7
Agree	60	29.4
Undecided	10	4.9
Disagree	6	2.9
<b>Total</b>	<b>204</b>	<b>100</b>

**Author's Filed Survey, 2016**

### **Test of Hypotheses**

The significance of this test of hypotheses is to possibly validate the hypotheses that are found to be true and therefore, accept them. On the other hand, those hypotheses and facts are to be rejected.

Decision rule for testing the study hypotheses

The decision rule is to accept the null hypotheses ( $H_0$ ) if the F value (as in the statistical table) is less than the calculated table value. This will indicate that there is no relationship between the variables. On the other hand, null hypotheses ( $H_0$ ) would be rejected if the calculated F value is greater than the table value; in this case, the alternative hypotheses ( $H_1$ ) would be accepted. The null hypotheses ( $H_0$ ) is formulated with the intention to reject or nullify it, if alternative hypotheses ( $H_1$ ) is accepted.

### **Test of Hypotheses 1: $H_0$**

There is no significant relationship between inmates' socio economic status and their health seeking behaviour. To test this hypothesis, data collected on inmates' health seeking behaviour and socio economic status was subject to one-way Analysis of Variance (ANOVA). As shown on the table, the result of the analysis reveals the mean square between groups and within groups were 10.695 and 1.700 respectively. This yielded  $F^{val}$  of 6.290 which is significant at  $p < 0.000$  level of significance.

However, from the statistical analysis below, the null hypotheses  $H_0$  is rejected and alternate hypotheses  $H_1$  is accepted. This implies that there is a significant relationship between inmates' health seeking behaviour and their socioeconomic characteristics. Thus, socioeconomic characteristic is a strong determinant of inmates' health seeking behaviour.

### **Test Hypotheses 2**

There is no significant relationship between inmates' health seeking behaviour and their wellbeing.

To test this hypothesis, data collected on inmates' health seeking behaviour and their Well-being was subject to one-way Analysis of Variance (ANOVA). Also shown on the table below is the result of the analysis which reveals the mean square between groups and within groups as 11.805 and 1.684 respectively. This yielded  $F^{val}$  of 7.011 which is significant at  $p < 0.000$  significance. From the statistical analysis below, the null hypotheses  $H_0$  is rejected and alternate hypotheses  $H_1$  is accepted. This implies that there is a significant relationship between inmates' health seeking behaviour and their wellbeing.

### **Test Hypotheses 3**

There is no significant relationship between the prison conditions and inmates' wellbeing.

To test this hypothesis, data collected on prison conditions and inmates' wellbeing was subject to one-way Analysis of Variance (ANOVA). Also as shown on the table below is the result of the analysis which reveals the mean square between groups and within groups as 3.711, and 1.753 respectively. This yielded  $F^{val}$  of 2.117 which is significant at  $p < 0.053$  significance. From the statistical analysis below, the null hypotheses  $H_0$  is rejected and alternate hypotheses  $H_1$  is accepted. This implies that there is a significant relationship between the prison conditions and inmates' wellbeing.

#### **Test Hypotheses 4**

There is no significant relationship between the health seeking behaviour of prison inmates and the availability of health infrastructures.

To test this hypothesis, data collected on the health seeking behaviour of prison inmates and the availability of health infrastructures was subject to one-way Analysis of Variance (ANOVA). As shown on the table, the result of the analysis reveals the mean square between groups and within groups were 39.415 and 1.067 respectively. This yielded  $F^{val}$  of 36.932 which is significant at  $p < 0.000$  level of significance. However, from the statistical analysis below, the null hypotheses  $H_0$  is rejected and alternate hypotheses  $H_1$  is accepted. This implies that there is a significant relationship between the health seeking behaviour of inmates and the availability of health infrastructures.

## Descriptive Analysis of Variants (ANOVA) on the Relationship between Inmates' Health Seeking Behaviour and Wellbeing.

**Table 4.42: Analysis of Variants (ANOVA) on the Relationship between Inmates' Health Seeking Behaviour and Wellbeing.**

Health seeking behaviour	Relationship between Health seeking behaviour and prison inmates wellbeing,					
		Sum of squares	df	Mean square	F <sup>val</sup>	P<0.05 sig.
Socio-economic characteristics	Between group	32.086	3	10.695	6.290	.000
	Within group	340.071	200	1.700		
	<b>Total</b>	<b>372.157</b>	<b>203</b>			
Prison inmates Wellbeing	Between group	35.415	3	11.805	7.011	.000
	Within group	336.742	200	1.684		
	<b>Total</b>	<b>372.157</b>	<b>203</b>			
Prison conditions and wellbeing	Between group	22.269	6	3.711	2.117	.053
	Within group	345.437	197	1.753		
	<b>Total</b>	<b>367.706</b>	<b>203</b>			
Availability of healthy infrastructures	Between group	157.661	4	39.415	36.932	.000
	Within group	212.378	199	1.067		
	<b>Total</b>	<b>370.039</b>	<b>203</b>			<b>Significant at p&lt;0.05</b>

**Author's Filed Survey, 2016**

### Discussion of Findings

From the analysis of this study on the health seeking behaviour and Inmates' wellbeing in selected prisons in South-Western Nigeria, it is obvious that the health seeking behaviour of Inmates strongly determines their Well-Being. It is revealed that majority of the Inmates are between the ages of 21-30, which means that the number of youths that are imprisoned in Nigerian prisons is very high. It is also revealed that Inmates, due to been incarcerated faces a lot o challenges while in custody due to the prison conditions. Findings have been able to reveal that most of the Nigerian prisons are in no good conditions, and this in turns have a negative effect on the Inmates' health seeking behaviour.

This study have also been able to reveal that lack of adequate Health Facilities also affects Inmates' Health Seeking Behaviour, since most of the Nigerian Prisons are accommodating twice or thrice more than they were meant to. The Nigerian government makes provision for health care services and facilities in the prison but this services and facilities are not enough compared to the population of inmates in the prison, due to this, inmates face challenges such as inadequate health care facilities. The result of the hypotheses tested shows that there is a relationship between the health seeking behaviour of inmates and the availability of health care facilities.

This study has also revealed that the socioeconomic status inmates affect their health seeking behaviour. Based on the findings from this study, majority of the inmates in Nigerian prison are from a low socioeconomic background, as a large number of them are unemployed and most of the employed are of low income jobs. It is also found out that most of the inmates have low educational status. All these variables contribute to the pattern and dimension of inmates' health seeking behaviour.

Based on this study, it is also evident that inmates face challenges such as malnutrition, overcrowding, sexual abuse, spread of communicable diseases, substance abuse, unsafe sexual practices and most of all malaria. The rate at which Malaria occurs in most Nigerian Prisons is very high, and if Malaria is to be eradicated in the country as a whole, the Nigerian prisons need thorough examination.

Spread of communicable and infectious diseases is also one major challenges Inmates face while imprisoned, especially Skin Infections such as Scabies. During an interview with key informants from the medical department in Ado Prison, the key informant responded that inmates usually have Scabies, and that many times they are with Malaria fever, at times they also have cough. It is evident from this study that Inmates health needs much attention.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### **Introduction**

This chapter presents the summary, conclusion and recommendations based on the findings of this study.

#### **Summary**

The general objective of this study is to examine Inmates' Health Seeking Behaviour and Well-Being in selected Prisons in South Western Nigeria. To achieve this stated objective, chapter one provided the background of the study, statement of the problem, research hypotheses, significance of the study, operational definition of some terms, and finally, limitations of the study.

Chapter two dealt with the review of prior and existing literature and the theoretical frame work on Health Seeking Behaviour and Well-Being of Inmates.

Chapter three discussed the methodology employed and the sampling procedure. Also, the method of data collection was disclosed

Chapter four focuses on the analysis and presentation of the data gathered from the field. Hypotheses were tested using one way Analysis of Variance (ANOVA).

#### **Conclusion**

The aim of this study was to examine inmates' Health Seeking Behaviour and Well-Being in South Western Nigeria, and to establish the relationship between inmates' Health Seeking Behaviour and their Well-Being, Socioeconomic characteristics, Prison Conditions, and Availability of Health Infrastructures.

Inmates are one of the most neglected populations in the society. Even family members neglect their relatives in prisons. We seem to be forgetting that the health of these inmates is also a public issue. Inmates come from the larger society and are mostly going to return into the society, taking with them the health problems and diseases they have picked up from the prison yard while incarcerated. The integration of prison health care within the broader public health system will enable greater equivalence in health care provision both inside and outside the prison, and it will also improve continuity of health care when prisoners are released. Based on the findings from this study, it is evident that most of Nigerian prisons are in need of major reformations. And it is important to note that in order to improve the Health Seeking Behaviour of Prison Inmates, it is not just the work of the government, family members have a role to play, and the inmates themselves also have their role to play.

### **Recommendations**

- Government should make provision of educational facilities for inmates in the prison, so that as they serve their jail term they can also further their education. This will enhance their knowledge about health related issues and would improve their health seeking behaviour.
- The provision of essential and relevant drugs should be made a priority in the health in the health units of the prisons. There is also the need to provide adequate medical personnel and equipment in all prisons. The provision of adequate and functional medical facilities will help to reduce the high rate of diseases and death incidence among inmates.
- There is an urgent need to reduce the population of the prison. Congestion is one the major problems experienced in many prisons. Congestion in the prison aids the spread of communicable diseases, and overstretches facilities. If the prison could be decongested, inmates will live healthier.

- Efforts should be made to improve the funding of food in the prisons and a reliable food storage facility, so as to control the issue of malnutrition in the prison
- All prison inmates should be educated about the importance of personal hygiene and should have regular access to decent toilets, toilet paper, sanitary napkins, clean water, soap and clean laundry.
- Lastly, and the most important of all is that Funds should be properly managed



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## APPENDIX

### A QUESTIONNAIRE ON THE HEALTH SEEKING BEHAVIOUR AND INMATES' WELLBEING IN SELECTED PRISONS IN SOUTH-WESTERN NIGERIA.

Dear sir/ma,

I am Duyilemi Damilola Eunice with Matric no: SOC/12/0701, an undergraduate student of sociology Department, Federal University Oye-Ekiti, Nigeria. I am collecting data on the topic: Health Seeking Behaviour and Inmates' Well-Being in selected prisons in South-Western Nigeria. I will like you to take time and fill this questionnaire, your name and personal information is not required in this questionnaire as you will remain anonymous. Thanks.

#### TICK AS APPROPRIATE

1. What is your Gender? \_\_\_\_\_ (A) Male (B) Female
2. What is your age at imprisonment? Please Specify \_\_\_\_\_
3. What is your Age as at last birthday? Please Specify \_\_\_\_\_
4. What is your Religion? \_\_\_\_\_ (A) Christian (B) Islamic (C) Traditional (D) Others, Please Specify.....
5. What is your Marital Status? \_\_\_\_\_ (A) Single (B) Married (C) Divorced (D) Widowed
6. What is your Educational Status? \_\_\_\_\_ (A) No Education (B) Primary Education (C) Secondary Education (D) Tertiary Education (E) Others, Please Specify.....
7. What is your Occupation before now? Please Specify \_\_\_\_\_
8. Have you been incarcerated before? \_\_\_\_\_ (A) Yes (B) No (C) I don't Know
9. If yes, how many times? \_\_\_\_\_
10. What type of crime did you commit?
  - (A) Crime against persons
  - (B) Crime against property
  - (C) Drug crime
  - (D) Public disorder
  - (E) Others, please specify
11. Do you have family members that visits you while in custody? \_\_\_\_\_ (A) Yes (B) No (C) I don't Know
12. If Yes, how often? \_\_\_\_\_ (A) Frequent (B) Once in a while (C) Not at all
13. Do you have any Health Challenges before been incarcerated? (A) Yes (B) No (C) I don't Know
14. If Yes, what type of Health Challenges? \_\_\_\_\_
15. Did you get treated before been incarcerated? \_\_\_\_\_ (A) Yes (B) No (C) I don't know
16. Which of these Prison Conditions do you think can affect your Health and Well-Being? (A) Malnutrition (B) Inadequate Health Facilities (C) Overcrowding (D) Substance Abuse (E) Sexual Abuse

(F) Spread of Communicable Diseases (G) Unsafe Sexual Practices (Tick as many as applicable)

17. Did you visit the Health Centre when you were sick while in custody? (A) Yes (B) No (C) I don't know
18. If yes, Where? (A) Inside the Prison Yard (B) Outside the Prison Yard
19. What Health Challenge (s) were you diagnosed of? \_\_\_\_\_
20. Did you get treated through Medical Treatment or other means? (A) Yes (B) No (C) I don't know
21. If No what other means, Please Specify \_\_\_\_\_
22. What are the challenges faced when Seeking Health Care and Services while in prison custody? Please Specify \_\_\_\_\_
23. Does the Government make provision for Health Care Services and Facilities in the Prison Yard?  
(A) Yes (B) No (C) I don't know
24. Are there any health specialist that attends to Inmates when they are sick? (A) Yes (B) No (C) I don't Know
25. Does your Socio-Economic Status affect your Health Seeking Behaviour while in prison custody?  
(A) Yes (B) No (C) I don't know
26. If Yes, how? Please Specify \_\_\_\_\_
27. Which of these variables affects Health Seeking Behaviour while in prison custody?  
(A) Educational Status  
(B) Family Background  
(C) Marital Status  
(D) Age  
(E) Economic status  
(F) Religion Background
28. Which of the following Diseases has affected you while in prison custody mostly? (Tick as many as applicable)  
(A) Tuberculosis  
(B) Malaria  
(C) HIV/AIDS  
(D) Skin infections  
(E) Mental illness
29. If others, Please Specify \_\_\_\_\_
30. Which of these Diseases do you think is most rampant in this Prison System? (Tick as many as applicable)  
(A) Tuberculosis  
(B) Malaria  
(C) HIV/AIDS  
(D) Skin Infections  
(E) Mental Illness

31. Does the affected Inmates visits the Health Centre in the prison? (A) Yes (B) No (C) I don't Know
32. Do they have access to Adequate Health Facilities and Health Care? (A) Yes (B) No (C) I don't Know
33. Can financial inadequacy affect your Health Seeking Behaviour? (A) Yes (B) No (C)I don't know
34. If Yes, how? Please specify\_\_\_\_\_
35. Can your educational status affect your Health Seeking Behaviour? (A) Yes (B) No (C)I don't know
36. If Yes, how? Please specify\_\_\_\_\_
37. Can your family background affect your Health Seeking Behaviour? (A) Yes (B) No (C)I don't know
38. If Yes, how? Please specify\_\_\_\_\_
39. Can your marital status affect your Health Seeking Behaviour? (A) Yes (B) No (C)I don't know
40. If Yes, how? Please specify\_\_\_\_\_
41. Can your age affect your health seeking behaviour? (A) Yes (B) No (C)I don't know
42. If Yes, how? Please specify\_\_\_\_\_
43. Can your religion affect your Health Seeking Behaviour? (A) Yes (B) No (C) I don't know
44. If Yes, how? Please specify\_\_\_\_\_
45. What other variables affects your Health Seeking Behaviour? Please Specify\_\_\_\_\_

Answer the following questions by ticking as applicable to the answers. SA (strongly agree), A (agree) UD (undecided), SD (strongly disagree), D (disagree)

No		SA	A	UD	SD	D
46	You face a lot of Health Challenges while in Custody					
47	It is difficult to obtain Medical Treatment and attention in the Prison					
48	Some Health Challenges arises because of the Prison Conditions					
49	You would have being in a Healthier State if you were not Incarcerated					



## **INDEPTH INTERVIEW GUIDE ON THE HEALTH SEEKING BEHAVIOUR AND INMATES' WELLBEING IN SELECTED PRISONS IN SOUTH-WESTERN NIGERIA.**

Firstly, I would like to thank you for taking the time to meet with me. My name is Duyilemi Damilola Eunice, an undergraduate of sociology in Federal University Oye Ekiti, Ekiti state. I would like to talk to you about the health seeking behaviour of inmates and their wellbeing in selected prisons in Nigeria, this prison been one of the selected prisons. This interview is strictly for research purpose.

The interview should take less than an hour, and I will be taping the session so that I may capture all your comments without missing anything out, although I will be taking some notes during the session. Because we are on tape, please be sure to speak up so that I don't miss your comments.

All responses will be kept confidential and I will ensure you that any information I include in my report does not identify you as the respondent. Please remember you don't have to talk about anything you don't want to and you may end the interview at any time.

- 1) What type of Health Challenges do you think Inmates face while Incarcerated? Please list.
- 2) Which of these Health Challenges do you think is more rampant in prisons generally and specifically in this Prison?
- 3) When Inmates are sick, what are the steps taken to ensure that he gets treatment?
- 4) Does the Government make any provision such as Health Facilities for Sick Inmates? Please list and explain
- 5) Do you think there is a relationship between the Health Seeking Behaviour of Inmates and the availability of Health Care Facilities and Services? Please explain
- 6) What are the factors that affects the Health Seeking Behaviour of Inmates in Nigerian prisons? Please list and explain

- 7) In a place such as Prison, considering the Condition of most Nigerian prison, do you think it is possible for inmates to adopt a positive Health Seeking Behaviour? Why?
- 8) What can you say about the relationship between the Health Seeking Behaviour of Inmates and their Wellbeing?
- 9) What do you think can be done to ensure that inmates adopt a good Health Seeking Behaviour?
- 10) What is the role of the Government, Inmates, and Prison Officials in improving the Health Seeking Behaviour of Inmates and their Wellbeing?

**Thank you for your Time**