

Perceived Knowledge and Attitude towards Reproductive Health Practices and Challenges among Selected Inmates in Southwestern Nigeria

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Abstract

In recent times, Correctional Centre in Nigeria has witnessed unprecedented increase in the admission of custodial inmates with majority in the sexually active age group. Hence, diseases such as STIs, HIV, Tuberculosis and Hepatitis are more prevalent in Nigeria Correctional Centre than in the community. This is a random sampling study among inmates in Nigeria Correctional Service Lagos State Correctional Service Command. Data was obtained from 200 selected respondents using semi structured questionnaire. The results revealed that majority (68%) of the respondents were in the age group 21–40 years. 92% are not comfortable using contraception. 78% believe that contraceptives decreases sex pleasure and 48% said it encourage promiscuity. it was observed that Inmates implore different ways to managed their sexual urge in prison. Among which includes 34% involve masturbated, 21% stimulated each other genitals, some engaged in anal sex to mention but a few. The study concluded that no comprehensive reproductive health care services that can address reproductive health needs of inmate. The study recommended that adequate and effective reproductive health education and health care services should be provided and conjugal visits are to be encouraged among inmates in the Nigerian Correctional Centre as the majority of the inmates are in the sexually active age group.

Keywords: *Correctional Centre, Custodial, Inmate, Reproductive Health, Health Challenges.*

Introduction

Reproductive health components include all forms of reproductive health practices such as pregnancies, pre-natal and ante-natal care, safe child delivery, family planning, management of complications of abortion and promotion of healthy sexual maturation (Stover *et al.*, 2016). As in any population, there are a number of health harms confronting inmates in correctional custody; these contain both physical and mental illnesses (Fazel *et al.*, 2016). Also, the advent of the AIDS epidemic some years ago has added impetus to the realization that prisoners are at a greater risk of both HIV infection and associated infections. Whatever the case maybe. It is estimated, for instance, that global prison population exceeds 10 million and continues to grow; more than 30 million people are released from custody annually. These individuals are disproportionately poor, disenfranchised, and chronically ill. (Kinner and Wang, 2014). This piercing transfer of populace into and out of prisons makes the prospect of infections acquired in prison being transmitted extremely high (Simooya, 2010). In countless of Nigerian prisons, inmates slumber two to a floor or on the stagger in filthy cells. Toilets are blocked and brimming or minimally does not subsist and in attendance force be no administration water; diseases are unmanageable put out as a result. Round about prisons allow tiny clinics which be deficient in

medicine, around be inflicted with hospitals, but guards habitually claim that inmates recompense bribes for such privileges as visiting the hospital (Onyekach, 2016)

Empirical evidence from Nigeria, Malawi and South Africa suggest that prisons concentrate large numbers of HIV-infected and at-risk individuals that acquired the infection before incarceration and further propagate the infection as sexual activity is the key cause of HIV infection while in the prison (Lawan *et al.*, 2016). Research suggests that rates of sexual victimization in prison may be as high as 41% (Shannon, 2010). In contemporary times, near has been an evident rise and fall in the digit of prisoners in lots of countries around the world. According to the world Prison population List, prison populations produce greater than before by almost 20%, which is somewhat above the estimated 18% increases in the world's general population over a pretty fleeting age of time (Walmsley, 2015). In West Africa, it is known that Nigeria has the largest figures of prison inmates, according to world population list, Nigeria prison population total is 56,620 out of 180.81m estimated national population in 2015 (Walmsley, 2015). According to Nigeria bureau of statistics/the Nigeria prison service, based on 2016 data Lagos state has the highest number of prison inmates population which is 7,396 as against prison capacity of 3,927, out of this prison

inmates population of 7,396, 267 are female inmates and 7,129 are male inmates. The above data shows that the population of male inmates is more than female inmates in Lagos prison. In Nigeria, a study done in Kaduna showed that 14.9% of inmates reported having sexual intercourse in the prison and of these 43.8% claimed to have used condoms regularly (Olugbenda-Bello, 2013).

Study Objectives

The general objective of the study is to examine the knowledge and attitude of inmate towards reproductive health practice and challenges. While the Specific objectives are

- a. investigate the knowledge of inmates about the use of contraceptives;
- b. evaluate the coping strategies on how inmates manage their sexual urges; and
- c. examine the various practices engaged by inmates that can expose them to reproductive health issues.

Theoretical Framework

This study drew its theoretical framework from theory of Planned Behavior (TPB) which was proposed by Icek Ajzen in 1985 through his article "From intentions to actions: A theory of planned behavior. The theory was developed from the theory of reasoned action, and seen as an improvement to the Theory of reasoned Action. Theory of Planned Behavior (TPB) links one's beliefs and behavior. It states that

attitude toward behavior, subjective norms, and perceived behavioral control, together shape an individual's behavioral intentions and behaviors.

The Theory of Planned Behavior upholds the key assumptions contained in the Theory of Reasoned Action, with certain modifications of its own.

- Deriving from the suppositions in Theory of reasoned action, **the intentions of the individual** largely reflects his personal attitudes, or their perception on the extent of favorability of an act. This will also be influenced by his perceived and cognitive beliefs about the act.
- Again, just like in TRA, the **subjective norms** that the individual is exposed or privy to will also have an impact on his intentions. This is in recognition of man being, by nature, a social creature, so that he will no doubt care about what others think or belief. More often than not, if society demonstrates general favorability toward an act, it is highly likely that the individual will think the same, his intentions largely shaped by the extent of approval (and disapproval) by family, friends, co-workers, or pretty much any person he trusts.
- The intentions and the resulting behaviors of the individual are affected by their **perceived behavioral control**, or what they think and believe to be their

ability to actually perform or engage in the said behaviors. Succeeding literature on TPB led to the identification of the two clear facets of this perceived behavioral control:

- **Internal control:** This is basically how the individual perceives his own control to be like. It focuses on how the individual sees himself as being in control when it comes to performing the specific behavior in question, and this mostly has a lot to do with the sufficiency of his knowledge, skills and abilities, and the amount of discipline he wields while performing the behavior.
- **External control:** Other external factors also have a way of shaping how an individual behaves. For example, the acceptance or approval of family, friends, and peers is likely to influence a person into developing a positive attitude toward a behavior, bolstering his intention to see the specific action to

the end. Time is also another factor that is external, but will no doubt impact one's level of behavioral control.

Study Methodology

The study population consists of inmate in correctional custodial in Lagos state. Kirikiri correctional custodial was purposefully selected for the study. According to Lagos State Ministry of Justice Criminal Information System (2019), the total number of inmate in both Kirikiri Maximum and minimum Custodial 5570, while Kirikiri Female Custodial which is one of two female correctional facilities in the country has 211 female inmates. 150 male inmates and 50 female inmates were randomly selected to make up for 200 sample size. 200 questionnaires were administered with the help of prison officials has research assistants when need be. The analysis was done using Statistical Package for Social Science (SPSS).The data collected were analyzes with descriptive statistics such as percentage and frequency distribution table and chi-square was used to determine relationship among different relevant variables.

Results

Table 1: Distribution of Respondents by Socio-Demographic and Economic Characteristics

Socio-Demographic Characteristics	Frequency (n=200)	Total (%)
Age		
Below 20 years	8	4.0
21-30	62	31.0
31-40	74	37.0
41-50	34	17.0
51 and above	22	11.0
Sex		
Male	178	89.0
Female	22	11.0
Marital Status		
Single	78	39.0
Married	96	48.0
Divorced /Separated	24	12.0
Widow/ widower	2	1.0
Educational Status		
No formal Educational	2	1.0
Primary	16	8.0
Secondary	112	56.0
Tertiary	70	35.0
Occupation Before Incarceration		
Unemployed	54	27.0
Civil Servant	34	17.0
Farming	20	10.0
Trading / Business	82	41.0
Artisan	10	5.0
Tribe		
Yoruba	112	56.0
Igbo	42	21.0
Hausa	18	9.0
Others	28	14.0
Family Type		
Monogamous	94	47.0
Polygamous	88	44.0
Others	18	9.0
Religion		
Islam	88	44.0
Christianity	104	52.0
Traditional	6	3.0
Others	2	1.0

For how long been in prison		
below 5 years	64	32.0
6 - 10 years	68	34.0
11- 20 years	36	18.0
21 and above	32	16.0
Years to be spent in prison		
below 10 years	30	15.0
10- 20 years	46	23.0
21 years and above	18	9.0
Awaiting trial	94	47.0
Death Sentence	14	7.0
Life imprisonment	28	14.0

Source: Author's construct, 2020.

Socio demographic characteristics of the respondents are presented in the table 1. Highest age percentage (37%) of the respondents are within age 31-40 old closely followed by (31%) within the age range of (21-30) while remaining percentage (17%), (11%) and (4%) is for respondents within age 41-50, 51 and above and below 20 years old. The above age distribution indicates that a substantial number of inmates are youth of productive and reproductive age which account for higher sexual drive. Quite a number (48%) of the respondents were married followed by (39%) who were Singles with (12%) Divorced/Separated and a trifling (1%) were Widow/Widower. This may be due to the age distribution of respondents. The distribution table further shows that more than 2 in every 4 (56%) had Secondary education followed by (35%) who passed through the tertiary institution, (8%) had primary education and an infinitesimal number (1%) of respondents had no formal education respectively. Also a substantial

number (41%) of respondents were Traders/Businessmen before incarceration, (27%) and (17%) were unemployed and Civil Servant respectively, while (10%) were Farmers and (5%) were Artisans respectively. More than half of the respondents (56%) are Yoruba, with (21%) and (14%) were Igbo's and other Ethnic group, however Hausa's were (9%) respectively. This may be due to the fact that the correctional custodial selected are located in South West Nigeria which testifies to the higher number of Yoruba inmates. On family types (47%) were Monogamist, (44%) polygamist with (9%) accounting for other family types. Also more than half (52%) of the respondents practice Christianity while (44%) were Muslim, (5%) Traditionalist and a trifling number (1%) were other religion. This may be because the study was conducted in one of the south west state where Christianity and Muslim are being practice. On how long they had been in prison (16%) and (32%) have spent 21

years and above and below 5 years while (34%) and (18%) were 6-10 years and 11-20 years respectively. (47%) and (23)% of the respondents had spent years awaiting trial and 10-

20 years while (15%) and (9%) were below 10 years and had life imprisonment while 7% had been sentenced to death.

Table 2: Distribution of Respondents by Awareness and Source of knowledge about Contraceptives.

	YES (%)	NO (%)
Have you heard about contraceptives before	164(82.0)	36(18.0)
where did you receive information about contraceptives		
Health workers	26(13.0)	174(87.0)
Radio	34(17.0)	166(83.0)
Family/Friends	67(33.5)	133(66.5)
Television	28(14.0)	172(86.0)
School	3(1.5)	197(98.5)
Religion leaders	4(2.0)	196(98.0)
Newspapers	2(1.0)	99(99.0)
None	36(18.0)	164(82.0)

Source: Author's construct, 2020.

Table 2 investigates the awareness of inmates about contraceptives, majority (82%) of respondents claimed to have heard of contraceptives before while a lesser (18%) percentage claimed not to have heard of contraceptives before. Also shown is where and how inmates received information about contraceptives revealed that respondents acquired their knowledge of contraceptives majorly through family/friends (34%) which is an

informal medium while only (13%) health workers and (2%) Newspapers got their information formally. This implies that majority of respondents received the information about contraceptives before they were incarcerated through informal (Family/Friends and Religious Leaders) means which may inform the quality of the information and affect their knowledge about contraceptives and its usage.

Table 3: Multiple Responses Distribution of Respondents on the Type of Contraceptives ever Used.

Please tick as appropriate those contraceptive Methods ever heard of		
	Mention (%)	Not mention (%)
Condom	123 (61.5)	77 (38.5)
Pills	8 (4.0)	192 (96.0)
Withdrawal method	43(21.5)	157(78.5)
IUD(intra- uterine device)	3(1.5)	197(98.5)
Safe Menstruation period	32(16.0)	168(84.0)
Diaphragm	2(1.0)	198(99.0)
Spermicidal	4(2.0)	196 (98.0)
Surgical method	1(0.5)	199(99.5)
None	67(33.5)	133(66.5)

Source: Author's construct, 2020.

Table 3 presents the method of contraceptive ever used by the inmate. The results showed that more than half (61.6%) have used condom before followed by those that used withdrawal method (21.5%) and safe menstruation period (16.0). while very few of the inmate have used method like IUD (1.5%), Diaphragm (1.0%) spermicidal (2.0%) and surgical method (0.5%) before. Considering the fact that the majority of the inmate claimed to have married and the active age range quite a large percentage (33.5%) of the inmate said they have never used any contraceptive method before. The large number of condom usage may be ascribed to its easy availability and accessibility to inmates. Also the low record of other contraceptive methods (IUD, Diaphragm, spermicidal and surgical method) is attributed to the facts that they involve medical equipment and

practitioners which accessibility may not be easy.

Table 4: Multiple Responses of Respondents on Perception of Contraceptives Usage

What is your perception about contraceptives usage		
	Mention	Not Mention
It encourages promiscuity	97(48.5%)	103(51.5)
It decreases sexual pleasure	157(78.5%)	99(49.5)
It prevent STI/HIV	128(64%)	72(36.0%)
It reduces number of children to be born	122(61.0%)	78(39.0%)
It helps spacing in children	162(81.0%)	38(19.0%)

Source: Author's construct, 2020.

Table 4 shows that although majority 81.0%, 64% and 61% believe that contraceptives helps child birth spacing, prevent STI/HIV and reduce

number of children to be born respectively. Quite a number 50.5% and 48.5% of the inmate believe that contraceptives decreases sexual pleasure and encourages promiscuity

respectively. The result revealed that quite a number of inmate have a wrong perception on contraceptives and this maybe the reason why some have never used contraceptives before.

Table 5: Distribution of Respondents on Sexual Practices Engaged and Use of Contraceptives

	Frequency (n=200)	Percent (%)
Have you ever had sexual intercourse in the prison before		
Yes	24	12.0
No	176	88.0
With Who did you have the intercourse		
Your Spouse	8	4.0
Co- inmate	14	7.0
Others	4	2.0
None	176	88.0
If you are to have sex will you like to use contraceptives		
Yes	16	8.0
No	184	92.0
If no why		
Prefer raw sexual intercourse	103	51.5
Contraceptives is not easily accessible	22	11.0
Worried about side effect	41	20.5
Didn't know how to use it	16	8.0
Others	2	1.0

Source: Author's construct, 2020.

Table 5 shows the sexual practices engaged and use of contraceptives by respondents. Though from the result majority (88.0 %) of the respondents said they have not had sex intercourse in the prison before but small percentage (12.0%) claimed to have had sex intercourse while in the prison. within minority (26.0%) that claimed to have had sexual intercourse in the prison (4%) had with spouse when on visit while majority (14%) of inmates

who had sex while in prison had with co-inmates. In addition it was interesting to find out from the result that though majority (92%) of the respondents will not make use of contraceptives if they are to have sex in the prison and this is because 52% claimed to prefer raw sexual intercourse, 21% are worried about side effect, 11% believe that contraceptives is not easily accessible, 1% have other reasons. This in its

entirety shows that majority of inmates will not like to use contraceptives any time they are opportune to practice sex because of various concerns ranging

from preferring raw sexual intercourse, contraceptives non accessibility, not knowing how to use it, and worry about side effects.

Table 6: Distribution of Respondents on Coping Strategies adopted by Inmates to manage their Sexual Urges

	Frequency (n=200)	Percent (%)
How do you think people manage sexual desire in the prison		
Watching co inmate nakedness	62	31.0
Wet dream	38	19.0
Masturbation	56	28.0
Exposure of genital to others	33	16.0
Others	11	5.5
How do you satisfy your sexual urge		
Masturbation	68	34.0
Stimulating each other's genital	43	21.5
Inserting fingers / object in each other's anus/vagina	28	14.0
Anal sex	34	17.0
Wet dreams	21	10.5
Others	6	3.0

Source: Author's construct, 2020.

Table 6 evaluates the coping strategies adopted by inmates to manage their sexual urges. It was shown that 31% agreed that inmate satisfied their sexual urge by watching co inmates nakedness, 17%, said by masturbating 14% and 1% said some found solace in wet dreams and exposure of genitals to other inmates respectively while 37% claimed that inmate satisfy their sexual urges in other ways. Also, information on how inmates personally

satisfy their sexual urges was collected. The result shows that a sizeable number 44% agreed to be masturbating, 21.5% do stimulate each other sexual organ, 14% do inserting fingers / object in each other's vagina, 17% engaged in anal sex and 10% said they do experience wet dream. This implies that despite imprisonment and confinement inmates still find means of satisfying their sexual desires.

Table 7: Distribution of Respondents on Reproductive Health Services Available for Inmates.

	Frequency (n=200)	Percent (%)
Any reproductive health service available for inmates in Lagos prison		
Yes	32	16.0
No	168	84.0
If no why?		
its not free of charge	84	42.0
not accessibly	56	28.0
Not available	60	30.0
How do you get it if need be?		
from the prison clinic during health campaign	15	7.5
Through prison officials	58	29.0
I don't get it	127	63.5
What are your suggestion to improve on reproductive health of prison		
Conjugal visit should be encouraged	72	36.0
Experienced and qualified physician should visit the prison	16	8.0
Improved medical care	20	10.0
More funding	42	21.0
Prayers	16	8.0
Stopping long sentences	22	11.0
improve on welfare of inmates	12	6.0

Source: Author's construct, 2020.

Table 7 seeks to ascertain the level of reproductive health services available for inmates and suggestions on the ways to improve reproductive health service available for inmates. The distribution showed that more than 3 in 4 (84%) accented that there is no reproductive health service available for inmates while a diminutive (16%) confirmed the availability of reproductive health service in the prison. 30% unavailability of health service is accounted for by it not been free 18% inconvenience and 10% other reasons, More so 25%

respondents said they sometimes do get reproductive health services through prison clinic during health campaign however a substantive number of respondents (75%) said prison officials do be of help sometimes. On suggestion on how to improve on reproductive health of inmates, 36% of the respondents suggested that conjugal visit should be encouraged followed by 21% who suggested more funding of prisons while a handful number of respondents suggested; stopping long sentences, improved medical care, prayers,

experienced and qualified physician should visit the prison and improvement on welfare of inmates were 11%, 10%, 8%, 8% and 6%

respectively. The implication of this is that there is need to urgently look into reproductive health situation in the correctional custodial.

Table 8: Cross-tabulation of Knowledge of Reproductive health and Attitude of Inmates towards the use of Contraceptives

What is your perception about contraceptives usage	How Frequently Respondents use Contraceptives			Total	
	Always	Often	Sometimes	Never	
It encourages prominence	6(3.0%)	0(.0%)	0(.0%)	18(9.0%)	24(12.0%)
It decreases sexual pleasure	2(1.0%)	0(.0%)	2(1.0%)	6(3.0%)	10(5.0%)
It prevent STI/HIV	8(4.0%)	8(4.0%)	16(8.0%)	78(39.0%)	110(55.0%)
It reduces child birth	2(1.0%)	2(1.0%)	4(2.0%)	38(19.0%)	46(23.0%)
It helps in child spacing	0(.0%)	0(.0%)	8(4.0%)	2(1.0%)	10(5.0%)
Total	18(9.0%)	10(5.0%)	30(15.0%)	142(71.0%)	100(100.0%)
x² = 23.976		p value= 0.020			

Source: Author's construct, 2020.

The hypothesis tested of significant relationship between knowledge of reproductive health and attitude of inmates towards the use of contraceptives. The result shows a chi-square value of 23.976 and significant value of 0.020. This indicates that there is a significant relationship between knowledge of reproductive health and attitude of inmates towards the use of contraceptives. The implication of this is that the poor knowledge of the respondents may account for their wrong attitude to the use of contraceptives.

Summary of the Findings

This study was conducted to examine

the knowledge and attitude of Nigeria prison inmates towards reproductive health, a study of Lagos State Correctional Centre inmates. A total number of 200 respondents was examined to gather information useful for the research through the use of a survey instrument. (Questionnaire). The study also capture the socio-demographic characteristics of respondents which shows that the data generated from the range of people who are capable of supplying reliable information for the study, More than two third (82%) of the respondents have knowledgeable about contraceptive while majority of respondents (35%) got the information

from their family, friends and religion leaders. Majority ((82%) of the inmates that have ever used contraceptives before used condom 33% have never used any contraceptives before. The result of the perception of the inmate about contraceptives revealed that 78% and 48% of the respondents believed that contraceptives decrease sex pleasure and promote promiscuity respectively. 92% claimed never want to use contraceptives the main reasons are preferred raw sexual intercourse, 20% worried about side effect. Respondents own up on different ways in which they manage their sexual urge in the prison: 44% said they do masturbate, 21.5% do stimulate each other sexual organ, 14% do inserting fingers / object in each other's vagina, 17% engaged in anal sex and 10% said they do experience wet dream. However 84% the inmates complained of not having any reproductive health service available. On suggestion on how to improve on reproductive health of inmates, respondents suggested that conjugal visit, more funding of prisons, stopping long sentences, improved medical care, prayers, experienced and qualified physician should visit the prison and improvement on welfare of inmates. The findings revealed the relationship between knowledge of the inmate about reproductive health and attitude to contraceptive usage.

Conclusion

The study shows that there is no

comprehensive reproductive health care system which addresses assortment reproductive health requests in Nigeria Correctional Centre. The perceived Knowledge and attitude of respondents (the inmates) about contraceptives was poor, there are misconceptions about contraceptives which reflected in their attitude to the usages.

In terms of sexual and reproductive health issues, interventions usually focus on women. However, in the case of prison reproductive health services are crucial for all inmates. Incarceration in prisons is meant to be correctional; it is important that governing authorities recognize existential needs of inmates and help them to maintain a level of health that does not dehumanize them. On these notes and base on the findings, the following recommendations are made

1. The Nigerian Government need to put in place specific reproductive health care programmes in Correctional Centres; this is very important as the majority of this group of people (inmates) are in the sexually active age grouping.
2. Efforts should be made to educate inmates the more on STIs so that they will have the right or correct information and the importance of contraceptives usage in the prevention of these STIs (including HIV/AIDS) should also be continually emphasized.

3. Nigeria Correctional Service authorities have a role to play in facilitating the access of inmates to necessary reproductive health services and to link education and services so that inmates may bridge knowledge and attitude with action. The Correctional Centre can achieve this by establish Correctional Centre - based with health centres where such services can be rendered or by referring them to local health and counselling services requiring little financial expenditure.
4. Government should consider conjugal visit and work out modalities in which this can work in order to reduce sexually violence and unsafe sexual behaviour in prison.

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