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## Food Availability and Sanitation Conditions in Pademba Road Prisons, A case Study

Santos Alimamy Bangura  
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# Walden University

College of Health Sciences and Public Policy

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Santos Alimamy Bangura

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2022

Abstract

Food Availability and Sanitation Conditions in Pademba Road Prison

by

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BA, Fourah Bay College, University of Sierra Leone, 1985

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

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## Abstract

Prisons generally suffer from poor sanitation and food shortages that undermine the health and overall quality of inmates' lives. Focusing on Pademba Road Prison in Freetown, Sierra Leone, the purpose of this study was to provide policy recommendations that benefit the inmates by ensuring they receive nutritious meals and improved conditions of hygiene. The following research question shaped the study: What policies can be formulated that would give inmates access to adequate food and improved sanitation at Pademba Road Prison? This qualitative case study took place in single research setting and focused on the dilemma of the workers and former inmates. The case study involved a total of 18 participants. In-person interviews took place with the selected participants—jail workers and former inmates—who provided reliable information based on their first-hand experiences. The inclusion criteria were fluency in English and freedom from communicable diseases. After data collection, transcription, and thematic analysis, findings revealed that food storage problems, overcrowding, poor plumbing systems, and a limited supply of items such as shower shoes, garments, and bedding contributed to the problems at the prison. Also, while female prison officers received three meals per day, some male prison officers received three meals and others had only two meals. Both male and female prisoners received two meals per day. Overall, the study offered valuable insights, information, and findings that can be used in future research focusing on food shortage and sanitation in prisons—not only in Sierra Leone but in all prisons worldwide.

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## Dedication

This dissertation is dedicated to my late Dad, Mr. Alie Bangura, Kandeh Bangura, my daughters, Ada Bangura and Dankay Bangura, and my wife Isha Bangura.

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## Chapter 1: Introduction

Prison overcrowding, which leads to food shortages and poor sanitation, is a problem in many countries. It occurs when prison facilities are not large or numerous enough to accommodate all the people awaiting trial and serving sentences. The need to study and address prison overcrowding cannot therefore be overemphasized, as this problem can undermine the penal system's ability to meet the inmates' basic needs, such as food, accommodation, and health care (Penal Reform International, 2019).

One reason for prison overcrowding is an increase in the number of people being sent to prisons for long periods, including life sentences. According to a study by Lappi-Seppala (2009), two out of three countries have at least 10% higher imprisonment rates from 1992 to 2008. In certain countries, the increase has exceeded 200% from 1992 to 2008. When prisons were originally constructed, their sizes were based on the incarceration rates at the time. The facilities were not built to accommodate increases in later years. In Sierra Leone, the prison system falls under the authority of the Correctional System of the Ministry of Internal Affairs. In 2018, the total number of detainees in the nation, including pretrial detainees, was 4,516 (World Prison Brief, 2019). The same problems associated with overcrowding occurred at the Pademba Road Prison, a maximum-security prison in Sierra Leone and the focus of this study.

In essence, overcrowding is the result of sending more people to prisons. It is considered the biggest problem facing prison systems worldwide (Roberts, 2015). Its consequences can vary from inconveniences due to a lack of privacy to life-threatening

circumstances. However, the basic human rights of inmates are expected to be upheld even though they committed punishable offenses.

Food shortages and poor sanitation are significant problems faced by jail management systems throughout the world (Danish Institute Against Hunger and Torture, 2018). One likely reason is that it is difficult for prisoners to get appropriate food and live in a healthy environment due to their status in society (International Committee of the Red Cross, 2018). Budgets and resources to provide for inmates are limited, and shortfalls prevent prisons from fulfilling inmates' rights to good food, clean water, and shelter (Kamara, 2016). Another problem is the growing and aging inmate population; budgets are exhausted simply by providing for all their basic needs (Moschetti et al., 2017; Treacy et al., 2019). These studies indicated that overcrowding and poor sanitation affected the well-being of inmates and shed light on the importance of inadequate food and poor sanitation in prisons around the world.

Numerous problems with health care are evident in prison settings. Due to their inadequate budgets, penitentiaries tend to offer limited health care to inmates (Kamara, 2016). This restriction increases the number of inmates who suffer from diseases such as HIV and tuberculosis (TB). According to Todrys et al. (2016), inmates in Zimbabwe with HIV and TB suffered further due to improper medical treatment and a lack of health-care support. From overcrowding to disease, prisoners faced many health-care problems.

The problem in this research involved inmates who fell under the category of protected persons, individuals who were imprisoned by other nations due to armed conflicts between their countries, or prisoners of war (see Diakonia International

Humanitarian Law Centre, 2020). Because of prisoners' status as a vulnerable population, researchers must tread cautiously and follow federal rules when including them as research participants. The second major section of this work describes the problem statement, which involves the absence of research on "food ways," or culinary practices and food availability, in prison systems (see Kamara, 2016). The available studies on food shortages and poor sanitation in prisons, particularly Pademba Road Prison, have focused only on the effects of food sanitation on inmates and not on food ways. On this score, there are no food and sanitation policies in the Sierra Leone prison that will ameliorate the situation. The purpose of this study, therefore, was to help bring about policies to address the problems of food shortage and poor sanitation.

### **Background**

The incarceration of people for criminal offences in Sierra Leone dates as far back as 1787, when abandoned slave ships were used as makeshift prisons (Kamara, 2016). The first prison facility was built in May 1914 in Freetown on the spot where the current State House, the official seat of government in the country, is situated. This maximum security prison was originally designed to hold 220 inmates (Sierra Leone News Media, 2015). In 2020, the penitentiary housed about 1,300 people (Al Jazeera Media Network, 2020).

This practice of exceeding capacity has been the case for a long time and has led to overcrowding. The overcrowding worsened with the Ebola pandemic in 2015, which claimed the lives of many Sierra Leoneans, including inmates of this prison (Jefferson & Jalloh, 2018). Gray et al. (2018) highlighted food and sanitation concerns and health-



related consequences in the Sierra Leone prison system. Many problems occur when an infected individual is sentenced to imprisonment. Because of the lack of hygiene and sanitation, the virus can move easily from one prisoner to another. Gray et al. indicated that the virus could affect the prisoners quickly and lead to many deaths due to the lack of healthcare resources to address it.

Corruption is also widespread and blatant in Sierra Leone's healthcare system. The authorities and government officials are the ones to blame for the poor services inmates receive (Mitchell, 2017). Jefferson and Jalloh (2018) also portrayed a grim reality of health conditions for inmates in Sierra Leone because of food shortage and poor sanitation.

A gap in knowledge in this study was the lack of direct research regarding floodways and poor sanitation in most prison settings. The lack of attention to these issues has led to the nonexistence of food and sanitation policies. This study will therefore fill and address the gap about food and food preparation in a healthy prison environment. Moreover, this study is necessary because it addresses the irreducible needs of food, water, and shelter for prison inmates. Inmates are entitled to good food and a clean environment, regardless of their status as prisoners.

### **Problem Statement**

Pademba Road Prison is a maximum-security prison located in the center of Freetown, the capital city of Sierra Leone. This prison was originally designed by the British colonial government to house 324 detainees, but it now holds four times its capacity at 1,300 inmates with varying criminal offences (Aljazeera Media Network,

2020). Overcrowding is evident, and inadequate food and poor sanitation remain serious concerns (Human Rights Watch, 2019). In effect, these problems translate into prisoners being forced to live in poor conditions. This problem requires serious attention in the form of specific policy recommendations that guarantee improved inmate sanitation and nutrition.

As previously indicated, overcrowding is a major problem that contributes to inadequate food and poor sanitation, problems that are further exacerbated at Pademba Road Prison by the absence of food and sanitation policies. The problem, however, is not exclusive to this prison facility. The lack of direct research on prison food, food ways, and sanitation makes it difficult to formulate focused, context-specific policies to address the problem of inadequate food and poor sanitation (Jones, 2017). Most previous research on prison food focused on the health effects on prisoners, rather than prioritizing the basic issue of inadequate (unhealthy) food in prisons. For example, medical researchers focused on the bacteria or pathogens occurring in the bodies of inmates because of poorly prepared meals (Abera & Adane, 2017; Chatterjee & Chatterjee, 2018; Gebrecherkos et al., 2016).

According to Kamara (2016), inadequate food is one of the most significant problems faced by prisons in Sierra Leone. Despite the desire and action for prison reform, Sierra Leone prisoners remain malnourished because of the lack of nutritious food prepared by the facility to sustain them. In a report provided by Human Rights Watch (2015), data showed that the Bureau of Prisons received only 2,500 Leones (half a U.S. dollar) per prisoner per day for food. Furthermore, the failure of the government of

Sierra Leone to pay food vendors at the Pademba Road correctional facility resulted in severe year-round food shortages and consequent malnutrition issues (Kamara, 2016).

The problem of inadequate food was clearly complex (Kamara, 2016). On the one hand, the problem was caused by inadequate funding, which translated into frequent supply shortages and overall insufficient amounts of food to sustain the prison population (Kallon, 2014). On the other hand, the problem was further aggravated by the fact that the food made available to prisoners was not sufficiently nutritious (Van Hout & Mhlanga-Gunda, 2019).

Poor sanitation is another serious problem, one that is magnified by overcrowding and inadequate food. According to the American Civil Liberties Union (2020), overcrowding is problematic because it undermines access to and quality of medical care and other essential services. Furthermore, overcrowding leads to degrading practices (e.g., forcing prisoners to sleep on the floor), and exposes prisoners to potentially dangerous environmental conditions (e.g., contaminated food and a lack of basic sanitation). At present, Pademba Road Prison is 400% overcrowded, and it is understaffed by 40% (Thomas, 2020). Essential services, such as water, food, and hygiene, are all necessary for maintaining a sanitary environment in a prison. Overcrowding undermines these services, thereby increasing the risk of adverse health effects and significantly increasing the risk of contagion (Nembrini, 2015).

### **Purpose of the Study**

The purpose of this study was to help in the formulation of policy recommendations that address the inadequate food and poor sanitation problems

prisoners face at Pademba Road Prison in Freetown, Sierra Leone. Research and observation indicated that the prison lacks the resources and policy guidelines required to afford prisoners a dignified existence during their incarceration (see Jefferson & Martin, 2016). These conditions derive, among other things, from the fact that the prison suffers from 400% overcrowding and 40% understaffing. As already indicated, this situation results in insufficient (and exhausted) resources, as well as insufficient essential services.

Furthermore, the facility does not offer proper nutrition to inmates, and numerous ailments have resulted. The poor sanitation and medical facilities have also led to gross violations of human rights (Jefferson & Gaborit, 2015). All these problems can be attributed to the lack of proper policies and policy-implementation mechanisms. Therefore, in this study, I explored specific policy recommendations that should be implemented in Pademba Road Prison and in Sierra Leone's prison system as a whole. While these policy recommendations may not be adequate for other prisons in Sierra Leone, they may serve as a foundation on which other researchers and interested stakeholders may draw, and they may motivate continued research on the topics of nutrition and sanitation in prisons.

Through a case study design, I investigated the inadequate food and poor sanitation phenomena at Pademba Road Prison. I arranged in-person interviews with former prisoners and correctional officers from the prison. Interviewing people with first-hand knowledge allowed an in-depth understanding of the root causes of inadequate food and poor sanitation at Pademba Road Prison, thereby enabling the fulfillment of the study's purpose.

### **Research Question**

What policies can be formulated that would give inmates access to adequate food and improved sanitation at Pademba Road Prison?

### **Theoretical Framework**

Studying food and sanitation problems in Pademba Road Prison required determining which policies would be appropriate to change the prison systems that tend to disregard the importance of adequate food and sanitation. Kamara (2016) asserted that the problem is policy-related and must be addressed using policy theory. Because prisons are public institutions, most of which house 100 or more inmates, the stages heuristic model of public policymaking and analysis, developed by Brewer and DeLeon (1983) and Sabatier (1999), was the most appropriate theory to use as a framework for this inquiry. The stages model is one of the oldest, most common, and most useful approaches to the analysis of public policy. Public policies are characterized by complicated structures, personal interests, and political interference. Further, according to Cairney (2015), to analyze public policy, comprehensive research must be incorporated.

The stages heuristic model of public policymaking, according to Wyatt (2015), consists of six elaborate stages that are critical to the inquiry process. The first step is to identify a public problem. In this case, the problem of public interest was the lack of adequate food and sanitation at Pademba Road Prison. The identification of the problem dictates the process of solving it (Cairney, 2015). The second stage involves setting an agenda. This process entails a deliberate step by policymakers to initiate a process aimed at developing appropriate policies to tackle the problem (Cairney, 2015). Third is the

policy formulation stage, which requires mapping out specific strategies to help solve the problem. Next is the policy legitimation stage, wherein policymakers decide upon and enact the plan. This stage involves the law-making process. Policy implementation is the fifth stage in this model and entails the operationalization of the policy (Fadlallah et al., 2019). The relevant authority acts on the decisions made to legitimize the policy. Policy evaluation is the final stage of this model, and it involves an in-depth inquiry into the effectiveness of the policy, which was the purpose and goal of this study—to present the situation occurring at Pademba Road Prison and encourage the policymakers to restructure the prison’s policies to ameliorate the deficits of food and sanitation.

This theory aligned with the research question about the formulation of food and sanitation policy in Pademba Road Prison. The approach was to collect data about the behavior patterns of social units and the lived experiences of people in their everyday lives. The theory holds that the observations of inmates and interviews with correctional officers, who were stakeholders directly affected by the problem being investigated, should be part of the policy formulation process (Fadlallah et al., 2019).

### **Nature of the Study**

The nature of the problem required a qualitative approach in the inquiry. To explore a social rather than a scientific issue required examination of aspects of behavior that cannot be quantified (Noble & Smith, 2015). I conducted two prison observations in the housing units, as well as face-to-face interviews with the target respondents of 18 individuals, including prison staff and prisoners released during the last 5 years, to identify the problem and provide direction and insight for the formulation of appropriate

policies. The findings from this study will further inform an evaluation of the opinions presented by the ex-prison inmates and officers who staff the facilities. Moreover, exploration of other cases established the validity of the procedures and predicted the effectiveness of the public policy theory adopted in this research. The phenomenon being investigated was the lack of sufficient and nutritionally balanced meals served or fed to inmates. Overcrowding caused this lack of food and in turn leads to poor sanitation.

### **Definitions**

*Correctional Officer:* A correctional officer is a prison officer who is charged with the responsibility of supervising inmates and protecting their wellbeing or welfare. The officer ensures that there is order or discipline in the housing facility (Cornelius, 2017).

*Corruption:* Corruption is the use of public office for private gains or personal benefit. Examples of corrupt behavior include bribery, extortion, embezzlement, fraud, nepotism, cronyism, and influence peddling (Holmes, 2015).

*Criminal Justice:* Criminal justice involves the agencies of social control that deal with criminals or offenders. It includes the agencies of justice, specifically the police, the courts of law, and the prisons, which seek to be efficient in the fight against crime and to rehabilitate offenders while incarcerated in preparation for their release from prison (Roberts, 2015).

*Custody Level:* Custody level identifies the length of an inmate's stay in detention. Some inmates may have a low custody level, which means a short stay, while others may have medium or high custody levels, indicating longer stays in prison (Cornelius, 2017).

*Food Deprivation:* The Danish Institute Against Torture (2015) used this term to describe the lack of nutritionally balanced meals for inmates in prisons in some developed countries.

*Food-Processing Company:* A licensed and properly registered food company processes or prepares nutritionally balanced meals/food for large numbers of people.

*Hand Cuffs:* Cuffs are hand restraints that are used to bind the hands of inmates in a correctional setting and suspects in police custody (Cornelius, 2017).

*Hidden Hunger:* Fry (2018) described hidden hunger as situations wherein inmates do not get the food they require because of unique medical conditions or cultural backgrounds.

*Human Rights:* The fundamental or inalienable rights of human beings, sometimes referred to as natural and God-given rights, include the rights to life, liberty, freedom, and protection from torture, freedom of expression, and justice. These rights are essential for human existence.

*Inmate:* An inmate is someone being held in a prison or detention facility (Cornelius, 2017).

*Jail:* A jail is a facility that is designed to hold inmates who are awaiting trial or serving short terms. Jails are often managed by local law enforcement agencies (Siegel, 2018).

*Maximum Security Prisons:* These facilities are federally or state-operated prisons that house felony offenders who are sentenced to long jail terms (Roberts, 2015).



*Medical Condition:* This is a broad term that includes all diseases, disorders, or nonpathological conditions that normally require or receive medical treatment. Medical conditions may range from pregnancy to terminal illness.

*Medical Screening:* Screenings are routine medical examinations of patients or offenders that include evaluating the patient's medical history, physical condition, blood and urine tests, vital signs such as blood pressure and temperature, and psychological or mental condition to determine the health status of an offender. A screening may also include the provision of vaccinations or completion of other procedures (e.g., colonoscopy for colon cancer).

*Overcrowding:* Overcrowding occurs when far more than the intended number of inmates are being held in a prison or correctional facility.

*Penitentiary:* A penitentiary is a state or federal facility that houses offenders who are facing trial or who have been sentenced by the court (Siegel, 2018).

*Poor Sanitation:* Poor sanitation involves an unhealthy environment that may include bad sewage, lack of clean water, mosquito-infested water, and filthy living conditions.

*Transgender:* This term describes a person whose gender identity is different from the sex assigned to them at birth. Although the issue of transgenderism came into prominence in the 20<sup>th</sup> century, people who fit this description have been in existence in every culture on earth since the beginning of recorded history.

### **Assumptions**

The assumptions in this study comprised the building blocks of the study. They helped to make the research valid and credible. In fact, a research problem cannot stand alone without assumptions (Dwormoh & Boadu, 2016). In this research, I explored two forms of assumptions: philosophical and practical. Philosophical assumptions focused on the paradigms that determined the knowledge of the primary sources.

Considering that I used a qualitative research design, the philosophical assumption was interpretative. Interpretivism generally offers multiple realities based on the constructions of individuals (Kreiner et al., 2009). The interpretation of data derives from the person's understanding of the meaning of the process or experience. Furthermore, the researcher's subjective values, intuitions, and biases may play an important role in the interpretation of events or meanings (Kreiner et al., 2009). In this research, my role as researcher was important in defining the meaning of the participants' perspectives, beliefs, and experiences relevant to the topic.

Because I have a background in prison settings, one assumption was that I would understand the statements, arguments, opinions, and perspectives of the respondents as they shared their experiences with food and sanitation inside the Pademba Road Prison. Interpretation of data was important in this case study. Therefore, interpretivism, which is commonly used in qualitative research as a foundational or philosophical assumption (Kreiner et al, 2009), was an appropriate approach for this study.

Regarding the philosophical assumptions, one assumption was that prisoners should receive adequate food for daily consumption and a sanitized prison environment

so they can serve their sentences without being hospitalized due to disease, bacterial infections, and other health complications caused by unsanitary prison conditions or inadequate food. Also, I assumed that a clean and sanitized prison facility coupled with adequate food for daily consumption by inmates could keep them healthy and largely free from disease.

From the practical perspective, five assumptions impacted this study. First, I assumed that two or more visits to Pademba Road Prison to observe the culinary unit would be enough to get a real picture of what occurs in the prisons daily. A second assumption was that observing the general environment of the prison facility could provide a clear picture of the health and sanitary conditions of the jail. Third, I assumed that former inmates who regained freedom within the last 5 years would be in better positions to give honest, realistic, and up-to-date responses during face-to-face interviews. A fourth assumption was that interviewing currently serving correctional officers in the presence of their bosses could be uncomfortable for the officers and prevent their providing truthful responses. A final assumption was that interviewing them away from their bosses would enable them to provide honest responses.

### **Scope and Delimitations**

In this study, I explored food shortage and poor sanitation in Pademba Road Prison, the only maximum-security prison in Freetown, Sierra Leone. I focused on that penitentiary as the target research setting where the preferred ex-inmate participants had been previously detained. Further, the targeted respondents who were correctional

officers had to be working at Pademba Road Prison to be part of the data collection process.

The delimitations involved the number of respondents, the geographical location of the study, and the traits of the targeted population. The target number of respondents was 18, and the sample included some former prisoners of Pademba Road Prison and the civilian staff and officers currently employed in the penitentiary. The geographical location of the study was in Sierra Leone, specifically the Pademba Road Prison. The population traits of former inmates of Pademba Road Prison were that they had been released within the last 5 years and that the prison officers and civilian staff members were currently employed in the penitentiary.

### **Limitations**

The setting and participants of this study involved several challenges that were potential limitations on the completion of the research. Prison settings and the timing of daily activities could have been obstructions to the administration of this study. Prisoners may also have disclosed sensitive information that they should not mention within the hearing of correctional officers. Reluctance by participants to sign consent forms or concern over their confidentiality could also result in limited disclosures. Access to the segregation unit for isolated inmates and to the gallows for inmates on death row was likely to be denied. And some participants may not have responded honestly for fear of reprisals from senior prison officers or out of diminished mental capacity after long periods of incarceration.

Furthermore, the research population's status as protected persons imposed boundaries on this study. Access to prisoners for observation was restricted and available only by permission. Current civilian support staff in the culinary unit were therefore observed and interviewed. Those included in the study were correctional officers who presently worked with inmates in the general inmate population and ex-inmates with release dates within the past 5 years.

### **Significance of the Study**

This research is significant because the findings provided a clear illustration of the situations at Pademba Road Prison in the context of inadequate food and poor sanitation. Sierra Leone is a small, impoverished country on the west coast of Africa. It has had fairly weak gross domestic product growth in conjunction with falling inflation, which is projected to subside from 12.3% in 2020 to 11.4% in 2021, reflecting the tight monetary policy of the Bank of Sierra Leone (Ministry of Economic and Development Planning Report, 2019).

Also, debt has increased in recent years. Sierra Leone was classified as at risk of high debt distress in the last debt-sustainability analysis in 2018 (Ministry of Economic and Development Planning Report, 2019). Public debt rose from 42.1% of the GDP in 2015 to an estimated 72.6% in 2019, and it is projected to reach 75.1% in 2020, reflecting increases in both domestic and external debt. Youth unemployment was at 60% and poverty at 56.8% in 2018, and growing inequality is a pressing problem; 10.8% of the population lives in extreme poverty (Ministry Economic and Development Planning Report, 2019, p. 2023).

Though reports indicated the penitentiary suffered from problems including insufficient budget and overcrowding, only a few studies have been conducted on the issues of inadequate food and poor sanitation at Pademba Road Prison. My aim with this study was to provide a clearer picture of the situation for the prisoners and prison staff members as they tried to survive the existing conditions inside the penitentiary. Findings from this illustrative case study of the former prisoners and prison staff may guide policymakers in developing the policies for prison settings.

The findings and recommendations of this study may lead to the crafting of food and environmental policies that will help inmates at Pademba Road Prison and other prison facilities in the country stay healthy and alive in clean and hygienic environments. They would receive three nutritionally balanced meals a day to keep them fit and healthy. Dietary guidelines for inmates with medical conditions like diabetes or cardiac and renal diseases would be delivered. In this way, diseases may be prevented, and lives saved in correctional facilities, especially Pademba Road Prison.

In addition to food and environmental policies, other reforms may make room for the construction of more infrastructure, such as housing unit cells that will adequately accommodate all inmates and thereby prevent overcrowding. Child-friendly organizations may also be founded or contacted by concerned citizens and philanthropists to take care of the children of incarcerated parents so that the children are not being taken into prisons by their mothers. In short, inmates' right to the basic necessities of life, such as food, water, a clean and healthy environment, will be emphasized and protected.

## Summary and Transition

Prisons the world over face food and sanitation problems. Pademba Road Prison is no exception. Often, overcrowding, inadequate funds, and a lack of reforms are the root causes of these problems. The British, who were the colonial rulers of Sierra Leone, designed the Pademba Road Prison to hold 200 to 300 inmates (Sierra Express Media, 2015). With growth of society and the population, however, crime rates have surged, leading to the incarceration of more people and the depletion of resources in the jail. Therefore, this study was about finding ways to formulate policies to address food and sanitation problems at Pademba Road Prison. The research question for this study reflects this objective: What policies can be formulated that would give inmates access to adequate food and improved sanitation at Pademba Road Prison?

The required food and sanitation policy can be considered through the lens of the stages heuristic model of public policy making and analysis theory. This theory has six stages (Wyatt, 2015). The first was to identify the problem, which in this case was insufficient food and sanitation in Pademba Road Prison. The jail is a public place because it now holds over 1,000 inmates. The second stage of this model was the agenda-making stage, and the third was the policy-making stage. The fourth stage was the legitimation stage, and the fifth was the implementation stage. The sixth and final stage was to perform an evaluation. In most of the policy-making stages, participants should include representatives of the inmate population, food contractors, health inspectors, housing officers, prison staff, and other key stakeholders.

The problem of food and sanitation may be better explained by the absence of direct research on food supplies, not only in Pademba Road Prison but also in most prisons around the world. Researchers have conducted studies on recidivism, jail escapes, and sexual violence, but not on food supplies. Medical research has addressed only the effects of bacteria in the food eaten by inmates. In the case of Sierra Leone, recent studies by Kamara (2016) and Jones (2017) indicated that inmates at Pademba Road Prison were allocated \$2 per day for the food they eat. This problem has been compounded by the huge debt incurred by the Prisons Department to food contractors in recent years.

Against this background, if this study were conducted honestly and its findings reported and implemented, inmates may have a better chance of receiving good food, living in healthy environments, and receiving good health care whenever they fall sick. Such measures are likely to prevent disease and save lives. The present infrastructure at Pademba Road Prison may be expanded, which will help ease overcrowding.

The study is divided into five chapters. Chapter 1 presented the background of the study, statement of the problem, purpose, and social change implications. Chapter 2 features the literature review, an examination of various studies that discussed the variables that lead to food shortage and poor sanitation in various prisons in the world. Chapter 3 discusses the research design and methodology adopted and used for the study. It discusses methods of data collection, research design, population and sampling, data collection instrument methods of data collection, research design, population and sampling, data collection instrument. Chapter 4 provides the analysis and discussion of the results of the study, the characteristics of respondents, and evaluation of responses



and challenges in bringing about best practices in correctional duties. Chapter 5 contains a summary of the study, findings/conclusions, and recommendations to inform policies aimed at achieving goals.

## Chapter 2: Literature Review

Pademba Road Prison is a maximum-security prison located in the center of Freetown, the capital city of Sierra Leone. This prison was originally designed by the British colonial government for 324 detainees, but now holds four times its capacity at 1,300 inmates (Al Jazeera Media Network, 2020). Overcrowding is evident and results in degrading practices and poor personal hygiene. This problem of inadequate food and poor sanitation raises serious concerns (Human Rights Watch, 2019).

According to the American Civil Liberties Union (2020), overcrowding is problematic because it undermines access to and decreases the quality of medical care and other essential services. Furthermore, overcrowding leads to degrading practices. Nevertheless, the body of research is characterized by a lack of direct studies of prison food, food ways, and sanitation, and this gap in knowledge makes it difficult to formulate focused, context-specific policies to address the problem of inadequate food in this prison facility (Jones, 2017). Most of the research on prison food focused on the health effects on prisoners, as opposed to prioritizing the root causes of inadequate (unhealthy) nutrition in prisons.

The purpose of this study, therefore, was to help in the formulation of policy recommendations that address the inadequate food and poor sanitation problems prisoners face at Pademba Road Prison in Freetown, Sierra Leone. Research and observation indicated that Pademba Road Prison lacked the resources and policy guidelines to give prisoners a dignified existence during their incarceration in this facility (Jefferson & Martin, 2016).

This chapter presents a description of the search strategy I employed to generate an overview of the theoretical model for this study and understand previous research regarding poor sanitation, food shortages, and insufficient health care in prisons around the world. Through this review, I delineated gaps in the literature and identified variables that contribute to the persistent problems related to food, health care, and sanitation at Pademba Road Prison. Further, analysis of the stages heuristic model of public policy decision making and analysis suggested a way to implement policies to ensure prisoners have access to good and sufficient food and serve out their sentences in a healthy environment.

### **Literature Search Strategy**

The sources of literature for this study included peer-reviewed journal articles, books, book chapters, monographs, working papers, and dissertations. Several library databases yielded relevant peer-reviewed articles, such as the PubMed Central, Research Gate, PubMed, and Google Scholar. Since the work was related to prison food and sanitation in a particular facility, the key terms used for the research were integral in understanding the issue. Among the key terms used for the case study were *Pademba Road Prison, food shortage, nutritionally balanced food, hygiene, Africa, under developed countries, international organizations, United Nations, sanitation issues, sanitation guidelines, sanitation drivers, infectious disease, food deprivation, disease outbreak, contamination, food handling, food handlers, comforting food, end of life (EOL) inmates, prison setting, prison administration, children living in prison, prison population, healthcare providers, attention/deficit hyperactivity disorder, Danish*

*Institute Against Torture*, and *International Committee of the Red Cross*. The use of these terms helped to access studies from a variety of disciplines.

My aim with this study was to understand what food shortage and poor sanitation does to inmates at Pademba Road Prison and the negative impact these conditions have on prisoners' lives. In addressing the issues related to prison and incarceration, the general trend has been the investigation of the social issues that lead to incarceration and the impact of incarceration upon individuals in prison. I explored the ways the lives of prisoners are impacted by the inability of the prison system to meet their daily needs for nutritious food and good sanitation. The impact of food shortages is especially important to the life of the prisoners because food deprivation not only has a direct impact upon their present wellbeing but also impacts how their health will turn out later in life.

To explore the role of nutritious food in the lives of inmates in the Pademba Road Prison, I undertook research related to food and sanitation. The Google search engine and various libraries provided access to peer-reviewed articles for understanding the problem and constructing the literature review that drove this thesis. The key terms used for the search were *food shortage*, *overcrowding in prisons in Africa*, and *international efforts*. The search revealed a wealth of articles, but for the purpose of this study, articles from reputable international organizations such as the United Nations, the World Bank, the United States Department of Agriculture and from peer-reviewed journals were most relevant. Most of the articles were published during the past 4 to 5 years, which ensured that the studies and their conclusions were appropriate for the present time.

An analysis of the various articles revealed that the problems of insufficient food and sanitation impact most prisons around the globe, especially those in developing nations. The issues are driven not only by the lack of access to food but also by conflict, diversion of finances for war, the lack of adequate understanding of the difference between rural and urban needs, and the impact of climate change (Maslin, 2004). The iterative process showed that through an analysis of research studies from various areas, the ability to understand a problem holistically can be managed while it also provides in-depth understanding of the issues that lie at the heart of social problems.

### **Theoretical Foundation**

The theoretical foundation for this study was the stages heuristic model of public policy decision making and analysis developed by Brewer and DeLeon (1983) and Sabatier (1999). This theory/model was introduced by Laswell in 1956. The focus of the theory was to provide a foundation to help in dissecting a complex issue that can be taken and broken down into simple, manageable, and straightforward parts through policy success. Another important aspect of this theory is its emphasis on institutional rules, which may make people alter their behaviors, and the close relationship between institutions through the various stages of policy formulation.

This theory helped policymakers to successfully evaluate and develop the postal service policy of Turkey after 2000 (Ozgur & Kulac, 2015). The theory has also gained currency after successful applications in Peru, Jordan, Thailand, and Burkina Faso (Ozgur & Kulac, 2015). The theory was relevant to this study because it supports the formulation of public policy, which Pademba Road Prison desperately needs. The stages heuristic

model of public policy decision making and analysis, according to Wyatt (2015), consists of six elaborate stages that are critical to the inquiry process. One stage runs into the next.

The first stage is to identify a public problem. In this case, the problem was one of public interest, the lack of proper food and sanitation at Pademba Road Prison. The identification of the problem dictated the process of solving it. The second stage is to set an agenda. This process entails a deliberate step by the policymakers to initiate a process aimed at developing appropriate policies to address the problem. Stage 2 also involves the prioritization of issues and problems to progress to the next stage. Third, the policy formulation stage follows, which entails mapping out of specific strategies to help solve the problem. Next, policy legitimation follows, and at this stage, the stakeholders decide upon and enact the plan. This stage involves the law-making process. Policy implementation is the fifth stage in this model and entails the operationalization of the policy (Fadlallah et al., 2019). The relevant authority acts on the decisions made in the policy legitimation. Policy evaluation is the final stage of this model and involves an in-depth inquiry into the effectiveness of the policy.

In short, this theory provided significant advantages and has been widely used in public policy analysis and formulation around the world. It is an efficient, comprehensive, systematic, practically functional, and beneficial model/framework for public policy analysis. It was suitable and could be easily applied. However, the model has drawbacks. One is that it has complex structures. Moreover, understanding public policy processes in some countries and situations can be tedious and time consuming.

Social needs and problems in society or government institutions can lose their urgency or seriousness over time.

### **Literature Review**

Previous literature on this topic abounded and included reports by the Danish Institute Against Torture, The International Red Cross, the World Health Organization, Human Rights Watch, and peer-reviewed journal articles by seminal researchers like Van Hout and Mhlanga-Gunda (2018, 2019a, 2019b), Ndeffo-Mbah et al. (2018), and Telisinghe et al. (2016). These reports and articles addressed food inadequacy and poor sanitation in penitentiaries and the effects of disease outbreaks on prisoners in some cases around the world. The persistence of this problem, as reported by these sources, underscores the relevance of this study.

### **Overview of Previous Related Research**

The phenomenon of interest was inadequate and insufficient food and poor sanitary conditions in penitentiaries around the world and in the Pademba Road Prison in particular. Many seminal researchers have written articles to underscore the importance of food and sanitation problems in prison settings around the world, but the most pressing problem identified in this literature review was the impact of poorly prepared and inadequate food on children living with their mothers in penitentiaries.

Van Hout and Mhlanga-Gunda (2019) explained that prisons make no allocations of food to children living with their mothers in prisons. The prison systems in Côte d'Ivoire, Zambia, Uganda, and Tanzania do not have a budget for this purpose. According to Asires et al. (2019), contamination in food handling occurred due to several factors

that ranged from the food-handlers' lack of physical sanitation and hygienic condition such as finger trimmings, to lack of hand washing after toileting and before food preparation and handling. Treloar et al. (2015) reported that epidemic diseases like hepatitis C were common in prison due to lack of proper sanitation. The transmission of such diseases commonly occurred through use of insufficiently sanitized needles in tattooing. A well cleaned and sanitized prison facility prevents disease outbreaks and can keep inmates healthy and save lives.

The current study benefitted from research carried out by Abbas et al. (2018). In their research, Abbas et al. argued that sanitation and healthcare are two of the most profound problems in prisons. In addition to the belief that inmates in most parts of the world do not deserve a clean and proper place because of the crime they committed, some prisons do not have proper and complete sanitation resources that can provide good personal hygiene to inmates.

Additional relevant research included a study by Fassler and Brown (2017), who reported that food in American prisons caused the prisoners to be sick. These results were significantly different from those C. Johnson et al. (2018) presented in their research. Despite their both being developed nations, Canada provides better food to its inmates than the United States (C. Johnson et al., 2018). In a discussion of the transmission of infectious diseases inside prisons, Ndeffo-Mbah et al. (2018) argued that the incarcerated population suffered from various diseases due to lack of sanitation. The researchers further indicated that sanitation was profoundly important in prisons because it eliminates the prevalence of various diseases that can cause the early mortality of inmates.



Another study related to the phenomenon in this study related to the criminal justice system in Germany. Opitz-Welke et al. (2018) examined the health problems that affected inmates. A systematic literature review revealed that the increase in mortality in German prisons was due to drug intoxication. These results justified the fundamental problems existing in the prison environments of rich countries. Germany can provide for the needs of its citizens, but officials appeared not to pay significant attention to the needs of its prisoners (Opitz-Welke et al., 2018).

Researchers in this field have approached this problem in a piecemeal fashion. Some medical researchers reported on the effects of the food eaten by inmates but not on prisons' food and foodways. Fry (2018) studied hidden hunger, and Roberts (2015) and Fassler and Brown (2017) maintained that the food eaten by inmates in the U.S. prisons made them get sick. Other scholars in this discipline wrote about recidivism, trafficking contraband items into prison facilities, prison escapes, and drugs in prison (Roberts, 2015). The strengths in their approach were that they examined the effects of the food eaten by inmates. The weaknesses lay in not indicating the dangers for inmates with medical conditions that required them to eat special diets rather than the food for the general inmate population. Lastly, most of these studies were quantitative inquiries that did not require the researchers to really interact with inmates and allow them to express the effects the food they ate had on them. Instead, researchers relied more on secondary data.

The rationale for this study lay in the relationships among certain variables. Overcrowding, lack of finance, and prison reforms are all continuous and resonate with

food shortage and poor sanitation. Overcrowding leads to shortages of food in prisons because food budgets may not increase as the number of inmates does (Roberts, 2015). Overcrowding can also lead to poor personal hygiene, and poor sanitation can create lack of space. Insufficient funds and the lack of reforms cause most of these problems.

One of the key concepts under review was overcrowding, which is central to food shortages, poor sanitation, and healthcare problems in prison settings. One controversial aspect of this study was that transgender inmates need specialized healthcare support services, especially during their transitions. According to White Hughto et al. (2018), transgender inmates experienced numerous forms of discrimination inside the penitentiary because of their sexual orientation. This treatment affected their access to healthcare because they did not know how to seek services for their needs. Biased healthcare providers and sex-segregated services made it more difficult for these inmates to get the right support (White Hughto et al., 2018). Therefore, the issue of transgender inmates is a controversial one. No solution was proffered in the current literature review.

Among studies related to prison reform, the work by Hurlburt (2018) is prominent. In Norway, Hurlburt explained the different pillars that can be used in promoting and practicing prison reform. These five pillars included (a) set and adhere to goals that the punishment is to achieve, (b) view inmates as human beings, (c) due process and equal treatment under the law, (d) principle that society has a role to play in meeting the needs of the human being, and (e) the principle of normalcy (Hurlburt, 2018). These five pillars aimed to change the problems inside and outside the prisons. Also, these pillars addressed the concerns of the inmates, prison administrators,

lawmakers, and policymakers. The pillars discussed by Hurlburt (2018) were a strong justification of how studies of prison reform aimed to create change that would protect inmates' rights to the basic necessities of life such as clean food and water and a healthy environment.

Another study by Topp et al. (2018) underscored the evaluation of initiative of the Zambian prison system. The researchers argued that an appropriate road map was necessary to ensure continuous development in the health-care system in the Zambian prisons. The researchers provided a guideline on how to use the health system to achieve the goal of health and sanitation in the prison environment for all its stakeholders. The following sections provide in-depth analysis of previous results regarding more specific topics of interest in this study.

## **Food**

To survive, every individual needs food. In the context of a prison facility, governments or other concerned institutions provide food rations to inmates depending on the system adopted by the jail management. In Washington, the District of Columbia (DC) Department of Corrections (2014) provided a specific policy for managing sanitation in the facility. Along with the policy on sanitation, the agency issued regulations to ensure the cleanliness of the warehouse, commissary, and other areas, where food is prepared. Under the strict supervision of the jail management, prisoners who are responsible for the sanitation of these areas must ensure that the floor and work areas are well-maintained (DC Department of Corrections, 2013). Unfortunately, such

regulations do not exist or are not enforced in other prisons, especially in developing nations such as Sierra Leone.

According to Kamara (2016), inadequate food was one of the most significant problems faced by prisons in Sierra Leone. Despite the desire and attempts at prison reform, Sierra Leone prisoners remained malnourished because of the lack of good and sufficient food prepared in the facility to sustain the inmates. In the report provided by Human Right Watch in 2019, data indicated that

the Bureau of Prisons receives only 2,500 Leones (half a U.S. dollar) per prisoner per day for food. Furthermore, the failure of the government to pay food vendors at the Pademba Road correctional facility resulted in severe year-round food shortages and consequent malnutrition issues. (Kamara, 2016, para. 33)

This information indicated that the lack of sufficient budget to the prisoners in Sierra Leone made it impossible to provide adequate food for prisoners. In addition to inadequate food, prisons must deal with hidden hunger, the lack of vitamins and minerals in people who may eat every day but do not receive adequate nutrition (Fry, 2018). Fry (2018) called for a deeper analysis of hidden hunger, implying that the adequacy of the food was not the only issue; instead, prisons must determine if the food they serve is nutritionally balanced.

Poorly prepared and insufficient food for inmates is common in prisons. Regardless of geographic location, inmates perceive these problems as part of their punishments (Jones, 2017). One of the reasons food was included in this study was due to the lack of direct research on prison food and foodways (Jones, 2017); most previous

studies related or focused on the effects alone rather than the root causes of food insufficiency. In medical research, the focus was on the bacteria or pathogens that occur in the body of inmates because of poorly prepared meals, and some researchers addressed why food is frequently poorly prepared and insufficient in penitentiaries. Examples included studies by Gicquelais et al. (2014) and Fry (2018), which both pointed to poorly prepared meals being responsible for health hazards inmates face in some American prisons. According to the Danish Institute Against Torture (2015),

Food deprivation either as a form of torture or as a result of poor prison conditions has been documented in China, USA, Turkmenistan, Sudan, Russia, Italy, Japan, Zimbabwe, Mozambique, Sudan, Gabon, Palestine, Tanzania and likely occurs in many more countries across the world. (para. 3)

Nevertheless, food insufficiency in prisons has not been a priority for researchers, even in the United States, Russia, Italy, and Japan, which are first-world nations. Presumably, these nations could have allotted the appropriate food budgets for their prisons. Still, food deprivation remains an issue in these countries.

The prevalence of the problem in a wide variety of countries shows that economic status or development has not been sufficient to change the structure or system offered to penitentiaries. Looking at this statement also explained how countries disregarded the needs of their prisons. In addition to the Danish Institute Against Torture (2015), other international institutions and organization perceived this problem. The International Committee of the Red Cross (2015) concluded common problems in prisons included the lack of adequate food and food storage. The committee argued that not all penitentiaries

were provided with adequate locations and areas for all the inmates' needs. Foodborne diseases occurred because of the lack of proper food storage, which led to contamination (International Committee of the Red Cross, 2015). The lack of space contributes to this situation—making it difficult for food preparers to maintain the freshness and cleanliness of the food they provide to inmates.

The most pressing problem identified in this literature review was the impact of poorly prepared and inadequate food on children living with their mothers in penitentiaries. Oftentimes, the children eat the meals given to their mothers (Kamara, 2016). They must share with the inmates, for they are not part of the headcounts for the meals. This became a significant problem that often led to diseases among children in prisons. In Benin, Cameroon, Chad, Ghana, Kenya, Malawi, Mali, Mozambique, Nigeria, Sierra Leone, Tanzania, Uganda, Zambia, and Zimbabwe, poor quality nutrition and inadequate food provision for children living with their incarcerated mothers are common (Van Hout & Mhlanga-Gunda, 2019) The countries included in the statement are all developing nations, and most are in Africa. This information revealed that inadequate provision of food for incarcerated children was a common sight.

The primary consideration in discussing improper food supply and poorly prepared food is budget. Due to lack of resources and budget, humanitarian organizations and families of inmates often provide food, but the food received by humanitarian organizations is often limited, and inmates' families may be extremely poor (Kalonji et al., 2016). This situation was common in Congo, according to Kalonji et al. (2016), and the lack of resources and budget profoundly affected the health condition of inmates.

Various jail managements in different countries around the world also faced this problem (Roberts, 2015).

Though each social institution has its annual budget from the government, not all areas receive sufficient funds to manage the system (Human Rights Watch, 2019). One example of systems under strain was prisons, which may not receive the consideration they deserve due to prejudice against the people living in them or needing support. Since the people in prison were taken to be criminals, the general viewpoint is that society did not want to include prisons in their budget allocation. The problem, however, was that these individuals, regardless of their crimes, remained citizens of the country (Human Rights Watch, 2019). Therefore, society has a responsibility to structure the budget to prisons to ensure inmates survive while serving their jail time. This problem is acute in developing countries with competing priorities like Sierra Leone.

Poorly prepared and insufficient food in prisons has significant and profound effects on inmates (Akabanda et al., 2017). Two of the effects identified from literature reviews are contamination and disease outbreaks, which are common topics in medical research concerning prison life. A wide variety of studies were published exploring and examining the different types of bacteria and viruses that affect the inmates through the food they consume.

### ***Contamination***

Contamination occurs in food when the people who prepare the food improperly handle the products before serving them. Studies revealed that improper food handling leads to various contaminations that affect the health of the recipients, especially in

prisons (Asires et al, 2017). Improper food handling is one of the common causes of contamination (Akabanda et al., 2017). Such improper handling during the food preparation process affects the freshness of food before it reaches its intended recipients.

Findings from Akabanda et al. (2017) indicated that though food-handlers may be aware of proper food-handling procedures, they may not have specific and precise knowledge about foodborne bacteria that cause contamination and disease. Also, even if the food handlers understand the importance of proper food handling, they may not generally practice proper preparation of food. Akabanda et al. (2017) concluded that not everyone was willing to practice the policies related to food processing. Furthermore, since the recipients were incarcerated individuals, practicing improper food-handling was not a priority. The food handlers considered their food recipients as lower forms of life; therefore, they felt it was not necessary to ensure sanitation in the process of preparing food.

Another study identified different factors as the root causes of contamination in food processing in prisons. According to Asires et al. (2019), contamination in food handling occurred due to several factors that ranged from the food-handlers' lack of physical sanitation and hygienic practices such as fingernail trimming to a lack of hand washing after toileting and before having contact with food. These were some of the basic examples of the lack of personal hygiene among food handlers. Lack of physical hygiene can affect the food-handling process, and cleanliness is one of the most significant considerations in the hospitality industry. Sanitation is vital in food service to ensure that the food prepared for consumers is free from contamination. However,



concern does not generally extend to prisons, according to Asires et al. (2019). Since the food-handlers are often prisoners themselves or individuals working in jails, they do not consider contamination to be a problem. As a result, disease outbreaks are frequent inside penitentiaries.

### ***Disease Outbreaks***

Disease outbreaks are frequent in prisons because of the large number of people living together in confined spaces. If one prisoner is sick, it is more likely that others will contract the same disease (Marlow et al., 2017). In the United States, several foodborne disease outbreaks have been reported in correctional institutions (Marlow et al., 2017). Food suppliers or handlers were the identified culprits of these outbreaks, due to the improper handling of food given to inmates.

Asires et al. (2019) demonstrated that lumbricoides and multiple intestinal infections were common in prison food-handling in East and West Gojjam, Ethiopia. In Ethiopia, due to improper food-handling, prisoners tended to have multiple intestinal infections. The prisons in Ethiopia were like those in Sierra Leone, where there were limited cells to house several inmates. Workers in the food area were inmates who did not understand the value of proper food handling. These inmates tended to prepare food without proper hygienic procedures. As a result, the food they prepared became contaminated, leading to multiple intestinal infections (Asires et al., 2019).

Disease outbreaks are common not only in prisons of developing nations but also in developed countries. In two state prisons in Arkansas, Gicquelais et al. (2014) reported that salmonella, a common bacteria in food, was present in the body of prisoners. The

possible cause of this bacteria was the chicken salad given to inmates, and repeated ingestion meant more and more inmates were infected by the bacteria. Individuals infected by salmonella may suffer from gastroenteritis, bacteremia, endovascular infections, and localized infections (Gicquelais et al., 2014). The common symptoms of these infections are fever, chills, abdominal cramps, myalgias, and headache (Gicquelais et al. (2014).

Aside from salmonella, other bacteria have been found in contaminated food. Fafangel et al. (2014) stated that “settings where large quantities of food were prepared several hours before serving (hospitals, nursing homes, cafeterias, schools, prisons, etc.) were the most common locations where *C. perfringens* poisoning occurs” (p. 52). Improper food handling and a long period of holding food without refrigeration for service in prisons can lead to disease outbreaks and bacterial infections (Fafangel et al., 2014).

### ***Sanitary Condition Concerning Food Preparation Issues***

Improper food handling is directly related to sanitation issues occurring in prisons. A penitentiary without proper sanitation policies tends to provide improper food-handling procedures. In fact, researchers documented high potential for parasite spread in Brazilian prisons shaped by sanitary, educational, and economic conditions and by the level of water, soil, and food contamination in given populations (Curval et al., 2017). The variables in the disease outbreak were related to sanitation requirements that each jail’s management needs to consider.

Curval et al. (2017) explained that sanitation issues and lack of education on the importance of proper food-handling lead to food preparation issues, contamination, and disease outbreak. The problem was that not all prisons can provide appropriate training for its workers. Some jail managements continued the culture instilled in the workers, because of the lack of budget needed to educate workers on proper food handling and food area sanitation. This practice results in a more problematic situation as food becomes contaminated and foodborne viruses infect more inmates.

A study conducted by Mardu et al. (2019) showed that the lack of sanitation in food preparation areas led to contamination in various prisons in northern Ethiopia. With the lack of space in the prisons of northern Ethiopia, as well as the inability of the jail managers to keep a well-maintained facility, foodborne pathogens and diseases occurred (Mardu et al., 2019). Keeping a well-maintained and sanitized facility can prevent infections in prisons. The problem was that jail systems in developing nations do not have sufficient mandates, budgets, or resources to ensure a sanitary facility or location. To promote and practice sanitation, workers needed to be well trained and educated on the policies imposed on penitentiaries.

Moreover, institutions must provide sufficient cleaning materials to sanitize the whole facility, especially in the food preparation areas (DC Department of Corrections, 2013). Also, clean and sufficient locations for food preparation, where workers can move freely and store the raw ingredients before they are prepared and consumed, are necessary. Not all prisons can provide these facilities and supplies. Even in developed

nations, prisons do not have the facilities, materials, or spaces that can ensure safety, protection, and sanitation for inmates.

### ***Other Food Issues in Prisons***

While many prisons in different parts of the world report malnutrition and disease outbreaks caused by inadequate food and poor food preparation, prisons in Canada reported increased incidence of obesity. The results of the investigation conducted by C. Johnson et al. (2018) indicated the following:

Inmates who gained the most weight (15.7 kg) during incarceration reported not eating vegetables. They are followed by inmates who gained 14.3 kg and reported not eating fruit. Other inmates who gained a significant amount of weight reported not eating cereal, dairy or legumes. (p. 9)

These results revealed that prisoners in Canadian penitentiaries have choices in their food selections, unlike in other prison facilities where prisoners are fed soup and a few carbohydrates (C. Johnson et al., 2018). These findings highlighted the different structures, systems, and policies in food preparation and resources provided for inmates. However, it was also crucial to consider how such prisons in Canada can provide better food selections than prisons in other countries, and one of the possible reasons was budget (C. Johnson et al., 2018).

In the case of American prison facilities, prisoners in some facilities must stand in line and take their food trays. Fassler and Brown (2017) indicated that food in American prisons caused the prisoners to be sick. This outcome was significantly different from

what C. Johnson et al. (2018) presented in their research. Despite their both being developed nations, Canada provided better food to its inmates than the United States.

Another topic mentioned in secondary sources was the offering of comforting food to dying inmates. According to Loeb et al. (2015), the comforting foods were typically provided through community projects largely funded by donations from some members of the public. These funds were used to buy food items through the prison commissary system for inmates approaching the end of life (EOL). This research examined the considerations given to dying inmates. Considering the inmates' conditions, jail managers made special accommodations to meet their needs and demands. This practice was commonly provided to old and sick prisoners, who were counting the days they had to live.

Loeb et al. (2015) posed the question of whether this treatment was somehow unfair to those who would live for a longer period. The treatment indicated that the jail management had a budget specifically for those who were in the EOL period; giving them the right food and meeting other needs was the jail management's way of caring for and comforting inmates. This alternative narrative about food preparation, consumption, and support to the inmates indicated that some jail managers prioritized those who were in the EOL period while disregarding those who were strong enough to eat and survive. This kind of perspective raised questions about the quality of life in penitentiaries, because inmates experienced good and acceptable things only a few days before they died. Those who were still living without a trace of sickness or suffering continued to face and experience problems with food rations.

## **Sanitation**

Prisons are facilities to keep dangerous people from the public, while supporting them until they serve their jail terms. Prisons are used not only to contain the criminals but also to provide them with the appropriate treatment and training to change their perspectives and prepare them for their return to normal life in society (Roberts, 2015). Therefore, prisons need to remain clean and humane, because the inhabitants of these facilities are human beings. Sanitation or cleanliness positively affects the culture, structure, and system of the prisons. Lessons about cleanliness may be learned from the Dutch prisons, which were so clean that visitors had difficulty believing they were visiting a jail (International Committee of the Red Cross, 2015). The sanitation inside these prisoners was a manifestation of the proper practices promoted by its managers. This example justified the promotion of hygiene and suggested it is imperative to instill the importance and function of prisons to the management operating these institutions.

To address this problem, the International Committee of the Red Cross (2015) provided supplementary guidelines for water, sanitation, hygiene, and habitat in prisons. This additional guidance included the acceptable capacity of living quarters, the total space of the institution, the accommodation space for emergencies, the water supply, and hygiene measures, sanitation, prison maintenance, and construction or rehabilitation (International Committee of the Red Cross, 2015). The Red Cross provided this essential guidance to help prisons around the world create a mandate to promote the importance of sanitation.

These guidelines (International Committee of the Red Cross, 2015) established sanitation is an essential component in the operation of prisons. Infections can be controlled in jails and prisons if the institutions are properly sanitized. Therefore, cleanliness was significantly related to disease prevention since clean environment prevents airborne diseases and bacteria from existing. Clean clothing and linen were also essential to avoid infections that can transfer from one person to another. Because each cell has several inmates in most jails or prisons, soiled and unclean clothing and linen can lead to various diseases being transferred from one person to another (International Committee of the Red Cross, 2015).

The review on sanitation was divided into different parts, such as the importance of hygiene, sanitation guidelines in prisons, drivers of sanitation in prisons, and sanitation issues in prisons. The first part explained the nature, value, and function of sanitation not only in prisons but in public health (Telisinghe et al., 2016). It also explored the function of prison to provide a clear context of the need for sanitation inside the prisons. The second part discussed the existing sanitation guidelines today as provided by various international organizations, such as the World Health Organization and Red Cross. These organizations offered appropriate standards for maintaining clean prison facilities.

This review also explored the prison conditions in Sierra Leone to contextualize the situation of prisoners and determine how the lack of sanitation occurred. The third part explained the different drivers of sanitation in prisons, such as the wellbeing of inmates, appropriate laws and policies for prisons in relation to sanitation, and sustainable

development (Hutton & Chase, 2016; Maleche & Were, 2016; Topp et al., 2016). The last point also served as counterargument on sanitation issues that occurred in prisons.

The researchers identified issues such as lack of understanding, prioritization, and acknowledgment of the importance of sanitation by the government or concerned institutions in prisons (Duvall, 2018; Van Hout & Mhlanga-Gunda, 2018). These aspects of sanitation, both positive and negative, showed that the concept of sanitation was not only wide but also complex, especially in the context of a prison facility. The condition of Pademba Road Prison was a clear reflection of the lack of proper health treatment because of the inappropriate living condition inside each prison cell. The appropriate and immediate solutions must be conducted to save the lives of inmates in such living condition despite being locked up as criminals.

### ***Importance of Sanitation***

Sanitation is one of the most significant aspects of any institution. It determines if the structure can operate and safely provide services to the public. Specific agencies check and monitor sanitation processes and systems of institutions, and these structures must adhere to the rules and regulations of the government about sanitation management. In fact, in Sierra Leone, the Ministry of Health and Sanitation (2019) makes sure that public and private institutions follow the appropriate rules, guidelines, and policies on sanitation in order to continually operate.

In addition, the ministry focused on community health posts, community health centers, and district hospitals (Ministry of Health and Sanitation, 2019). Throughout the ministry's website, no sanitation guidelines in prisons were provided. This situation was



far different from the Department of Corrections in the District of Columbia in the United States, where the policy and procedure on sanitation management were clearly mandated. The DC Department of Corrections (2014) presented the purpose and scope of sanitation to ensure that the correctional facilities were properly sanitized for the benefit of workers and inmates.

In the case of Sierra Leone, particularly in Pademba Road Prison, such mandates did not exist. Without these policies and guidelines, it was expected that sanitation in Pademba Road Prison was not the top priority of its officials. With the gap in understanding the value of cleanliness in Sierra Leone prisons, it was imperative to conduct a review of research literature to determine how hygiene played a vital role in prisons and how the lack of sanitation affected the institution. This literature review focused on the issue of sanitation in various prisons to determine how this concern played a critical role in the wellbeing of inmates.

One of the reasons diseases occur in prisons is poor sanitation (Telisinghe et al., 2016). Previous researchers like Van Hout and Mhalanga (2018, 2019a, 2019b) and the World Health Organization (2015) have established that poor sanitation has been a problem in many prisons around the world. Regardless of the country—whether developed or developing—how to maintain cleanliness inside prisons is a tremendous challenge. Ndeffo-Mbah et al. (2018) reported similar perspectives on the transmission of infectious diseases inside prisons. The researchers argued that the incarcerated population suffered from various diseases due to lack of sanitation (Ndeffo-Mbah et al., 2018). Their findings strengthened this argument that the lack of sanitation was one of the determiners

of infections in prisons. They further indicated that sanitation was profoundly important in prisons because it eliminated the prevalence of various diseases that caused the early mortality of inmates (Ndeffo-Mbah et al., 2018).

### ***Sanitation Guidelines in Prisons***

The International Committee of the Red Cross (2015) provided appropriate supplementary guidelines on sanitation in prisons. According to the title of the guidelines, the goal was to provide a supplement or support to the existing sanitation guidelines of each country around the world. The problem was that the Ministry of Health and Sanitation in Sierra Leone did not have a specific sanitation policy or guidelines for its prisons. The country's population was approximately 7,887,735 (Worldometers.com, 2019). The approximate number of prisoners in each prison was 3,488 (Sierra Leone, 2015). These were the numbers of prisoners in 19 prison facilities throughout Sierra Leone (World Prison Brief, 2019).

Given these numbers of prisoners in the 19 penitentiaries, there were approximately 66,272 inmates throughout the country. In relation to these numbers, it was also important to study the acceptable capacity of the Sierra Leone prisons considering the area of these facilities. The largest prison facility in Sierra Leone, the Pademba Road or Freetown Central Prison, had "prisons cells measuring six feet by nine feet and holds nine or more prisoners" (U.S. Department of State, 2014, para. 9). The extremely limited area of prison cells with nine or more prisoners was a clear illustration of problems in Pademba Road Prison.

Sanitation is important and has a significant positive impact on the lives of inmates inside the prison (Topp et al., 2018). The Zambian health system was accountable for the sanitation of prisons, and because it was part of their mandate, the health-care providers performed their jobs to support the needs of prisoners about health and sanitation (Topp et al., 2018). The researchers further argued that appropriate road map was necessary to ensure the continuous development in the health system of the Zambian prisons. The researchers provided a guideline on how to use the health system in order to achieve the goal for health and sanitation in the prison environment for all its stakeholders. However, despite these guidelines in the health system of Zambia, the researchers failed to show the official government mandates, policies, or rules used by the Zambian prisons in managing sanitation. This reinforced the fact that many countries, especially third world countries, did not prioritize or take hygiene in prisons as something significant or crucial.

The unclear presentation of sanitation guidelines in prisons affects not only the inmates but also the entire management of the facilities, especially in the existence and prevalence of diseases. According to Rich et al. (2015), higher standards in correctional healthcare are important and necessary to improve public health. Prison facilities are under the jurisdiction of the public health system, but not all health institutions and agencies fulfill their obligations to these facilities. In the guidelines provided by the World Health Organization (2015), sanitation was often presented as an essential aspect of public health. The organization offered appropriate guidelines that included proper hygiene in prisons to ensure the health of the inmates.

Because of the persistent lack of appropriate sanitation guidelines for prisons throughout the world, the World Health Organization (2018) published guidelines on sanitation that included prison settings. According to those guidelines,

Responsibility for running sanitation facilities within public buildings (such as schools, health centers, markets, transport terminals, prisons, etc.) should be assigned to the institution responsible for the premises in question, rather than the ministry responsible for the water supply and sanitation sector. (World Health Organization, 2018, p. 69)

This statement clearly explained that the management of institutions or prison facilities and not the ministry was responsible for the sanitation of the area. This policy may be the reason no specific mandates, rules, policies, or guidelines are provided by the ministries or health agencies, as the guidelines must be drafted and practiced inside the prison facilities.

### ***Drivers of Sanitation in Prisons***

There are numerous reasons to promote sanitation in prisons. First, the wellbeing of inmates depends on cleanliness. Sanitation and hygiene are often interrelated topics in public health, and prisons are not exceptions to this rule (Topp et al., 2016). A well cleaned prison can increase the wellbeing and health of inmates, according to Topp et al. (2016), and health complications and epidemic diseases may be limited or avoided in a properly sanitized penitentiary. Findings by Treloar et al. (2015) indicated epidemic diseases like hepatitis C were common in prisons due to lack of proper sanitation.

The transmission of such diseases commonly occurred through use of non-sanitized needles in tattooing (Treloar et al., 2015). Tattoos are common in prisons, and they may serve as a sign of an individual who spent time in prison. The tattoo artists Treloar et al. studied were either inmates or outsiders, depending on the system of the prison facility, but those inmate artists tended to have limited resources such as needles. Instead of using different needles for each inmate, they recycled their needles. The more problematic issue was that they had insufficient knowledge of the importance of equipment sanitation. As a result, diseases tended to spread among inmates. Treloar et al. (2015) explained the importance of sanitation—for not only the beddings and cells but also the equipment used inside the facility. These results confirmed the importance of proper practice of hygiene in prisons.

Another critical driver of sanitation is the law and policies that apply to prison facilities. In Kenya, issues arose surrounding the involuntary confinement of patients with TB. Maleche and Were (2016) reported on Petition 329, “a constitutional petition filed in the High Court of Kenya in which sought to challenge the arrest and detention of two TB patients for interrupting their TB treatment” (p. 103). In Section 27 of the Public Health Act of Kenya, patients with infectious diseases were confined in prison, not in hospitals. The purpose was to ensure that the patients would not spread their illness to the public. However, the judge perceived this case as immoral considering the fact the patients were not criminals. Furthermore, the prison from which the two patients were transported also housed other inmates who stood the chance of being affected by the communicable disease (Maleche & Were, 2016).

This health law in Kenya caused controversy because of the different perspectives on the case of the two patients confined in prison due to TB (Maleche & Were, 2016). The more pressing problem in this case was the issue of sanitation in Kenyan prisons. There was no concrete guarantee that the patients received proper treatment in prison because the facilities were also limited. Also, prisons were not properly sanitized and therefore could not guarantee the safety of the patients and other inmates. This controversial law in Kenya did not only affect the healthcare system; it also failed to protect patients and prisoners who also needed protection from communicable disease (Maleche & Were, 2016). Without policies and laws that will protect the prisoners, death rates are likely to continue to increase in penitentiaries.

Sustainable development is also a significant driver of sanitation in prisons. According to Hutton and Chase (2016), sustainable development played a critical role in promoting sanitation in public settings. Prisons are part of the public settings that require sustainable development to promote, practice, and maintain sanitation. Sanitation includes safe drinking water and hygiene for the public, which concerned institutions must promote and guarantee (Hutton & Chase, 2016). Part of the sustainable development that Hutton and Chase (2016) promoted in their study was the management of toilets and onsite excreta, disposal of fecal sludge, and the maintenance of sewage and drainage systems.

All these services must be under the management of the public setting. In the case of prison facilities, administrators and management must provide an appropriate mandate to ensure that these aspects of the facility are properly managed and sustained.

Identifying sanitation as a determinant of public health is important, and sanitation can be achieved through a clean environment. With a proper mandate for sanitation, prison facilities can reduce or avoid contamination and communicable diseases that are often causes of high mortality in penitentiaries.

### *Sanitation Issues in Prisons*

Poor sanitation was one of the most significant problems in prison facilities, especially in developing countries, where prisons are not seen as important public health settings (Van Hout & Mhlanga-Gunda, 2018). The researchers reported that prisoners' common complaints were poor living prison conditions, poor toilet facilities, and lack of cleaning supplies and materials that could be used to keep the facilities clean. These were common issues faced by female inmates in sub-Saharan African prisons. The evidence provided by Van Hout and Mhlanga-Gunda (2018) indicated that prison facilities in sub-Saharan Africa needed an immediate revisit to determine and address the problems of inmates and management. Inmates must receive proper treatment inside the facility despite their criminal acts, and providing that treatment is the responsibility of any government.

In their follow-up study, Van Hout and Mhlanga-Gunda (2019a) argued that “annual reports in 16 SSA [sub-Saharan African] countries—including Sierra Leone—by the Department of State in 2017 reported on harsh penal conditions described as potentially life-threatening for young people” (p. 4). This statement confirmed that Sierra Leone, along with other 15 sub-Saharan African prisons were not receiving proper sanitation. As stated previously, reports showed that nine or more prisoners shared a

small prison cell without proper bedding or toilet facilities. Instead, the prisoners used the public toilet shared by thousands of inmates. These poor conditions led to a variety of health complications and contaminations, as well as the spread of diseases (Van Hout & Mhlanga-Gunda, 2019a).

Another issue related to sanitation in prisons was a lack of understanding of the needs of inmates. Since inmates of prisons are convicted criminals, some members of the public see them as those who should not receive proper treatment. As a result, inmates lived in poor conditions inside the prisons. Conditions were even worse for female inmates who gave birth and raised their children inside the prison.

According to Van Hout and Mhlanga-Gunda (2019a), children living in prisons in sub-Saharan Africa experienced numerous health complications due to poor prison environment, lack of adequate and quality space for them, lack of access to basic necessities, and lack of health services. As a result, not only the inmates but also their children, who were innocent of the crimes of their parents, suffered the consequences because they lived in the penitentiary. If proper sanitation could be provided, these children would be able to live normal, peaceful, and healthy lives, despite their stay inside the prison. Van Hout and Mhlanga-Gunda (2019a) also explained that numerous researchers had similar research similar conclusions based on their review of research literature, which justified the profound problems faced by sub-Saharan African prisons, including those in Sierra Leone.

Also, the lack of information and defensive perspectives of prison doctors affected the willingness of concerned organizations and institutions to help penitentiaries achieve



proper sanitation. Duvall (2018) maintained that prison doctors played a critical role in explaining the conditions of prisoners inside the prison facility. Since they had direct contact with the inmates, they knew what prisoners needed. As medical practitioners, prison doctors understood the cause of infectious diseases spreading in their facilities. The problem was that not all doctors were open to the idea of discussing the problems inside the prisons due to fear of castigation, degradation, scrutiny, and interrogation (Duvall, 2018).

Duvall (2018) explained that prison doctors in England and Wales were more engaged than those in the 1970s and 1980s, and this involvement positively affected the information about prisons and the services that needed to be provided to inmates. However, based on the lack of information provided by the Ministry of Health and Sanitation in Sierra Leone, conflict or uncertain connection existed between the health institution and the prison facilities, because the ministry did not provide detailed information about their support to the country's prisons (Sierra Leone News Media, 2018).

Another problem was that resources were not always sufficient in prisons, regardless of the economic conditions of the country. In the United States, for example, some prisons did not adhere to the standards of sanitation and personal hygiene. This departure from best practices affected the health condition of inmates because they became prone to diseases spreading throughout the prison (Fassler & Brown, 2017). In their study, Van Hout and Mhlanga-Gunda (2019a) argued that prisoners have human rights that should not be violated. The researchers argued that despite the criminal

histories of inmates, they should receive proper healthcare support and live in a sanitary prison environment as part of their human rights. Inmates must receive appropriate health treatments for their conditions as well as an environment that provides them sanitized cells and resources to maintain their personal hygiene (Van Hout & Mhlanga-Gunda, 2019a).

In their research, Abbas et al. (2018) argued that sanitation and healthcare were two of the most profound problems in prisons. Because of the belief in most parts of the world that inmates do not deserve a clean and safe place because they committed crimes, some prisons did not have proper and complete sanitation resources that support good personal hygiene for inmates. In examining the situation of prisons in various countries, Abbas et al. (2018) urged governments to create a mandate and focus on policies that promote personal hygiene and sanitation. The researchers also emphasized that if those who committed crimes related to substance abuse were not natives of the country in which they were imprisoned, deportation should be carried out to avoid the overcrowding that leads to poor sanitation and personal hygiene issues (Abbas et al., 2018). This argument emphasized policies that needed proper execution to address the sanitation and hygiene problems in prisons.

In most countries, whether developed or developing countries, incarceration is an issue. In India, “the prison policy laid emphasis on proper standards for ventilation, sanitation and hygiene. Yet Indian prisons had consistently been rated poorly by human rights activists for not being able to provide these basic living standards” (Bhaumik & Matthew, 2015, p. 317). Conditions in the prisons affected the health conditions of

inmates, leading to more troubling health crises and situations that affected inmates and the whole prison system. Prisoners living in unhygienic settings tended to develop mental health issues. Those with histories of substance abuse also felt more isolated because of the problems of sanitation that affected them.

Bhaumik and Matthew (2015) argued that promoting sanitation in prison cells uplifted the lives of inmates and benefitted the whole prison system. In Zambia, the goal was to strengthen the health system in prisons to address the health issues of prisoners. In partnership with the Centre for Infectious Disease Research in Zambia, the Zambian Correctional Service sought to discuss the issues affecting the structure, system, culture, and inmates of the prisons throughout the country (Topp et al., 2018). The results of the study showed that the prison health system improved its knowledge in managing the prisons, especially in determining ways to address the issues of sanitation.

### **Healthcare**

The lack of healthcare support is a significant problem faced by jail management systems throughout the world. Among the many issues plaguing prisons in the world, healthcare issues are fundamental issues that continually affect inmates. One probable reason prisoners find it difficult to receive appropriate treatment or medical service is due to their diminished status in society (Moschetti et al., 2017; Treacy et al., 2019). Another issue is the growing and aging population of inmates, which depletes the allocated budget from providing for the healthcare needs of prisoners (Moschetti et al., 2017; Treacy et al., 2019). Inmates are prone to different kinds of diseases because of their contact with the sources (Fassler & Brown, 2017). Those who do not have illness tend to become infected

because of overcrowding and lack of facilities that can guarantee the health of prisoners (Fassler & Brown, 2017). The aim of this study was to explore the issues or problems of healthcare in prisons, as well as identify the challenges in meeting the standards for prison healthcare. The study also explored the different methods used in evidence-based research that could help address the healthcare needs in prisons.

Numerous problems with healthcare are evident in prison settings. The budgets provided to the jail management system tend to provide limited social and healthcare support to inmates. Limited prison budgets fundamentally affect the day-to-day operations of penitentiaries. This essential issue deprives inmates of proper treatment. Prisoners cannot access adequate healthcare support in times of sickness, especially in critical cases like HIV and TB (Keehn & Nevin, 2018). Moreover, the lack of adequate budget affects workers in penitentiaries and may lead to a loss of dignity for inmates.

Furthermore, the lack of budget can lead to lower quality of service and operations in penitentiaries. Prisons, like any institutions, needed to provide proper service to inmates. Prisoners are also human beings who need care, support, and acceptance. Prison administrations often get the blame for the lack of adequate service, but these institutions also face significant debts. Hagan et al. (2015) discussed the issue of debt in mass incarceration. The researchers argued that it was difficult to expand prisons due to their existing debt and the lack of interest among government officials in addressing deficits, especially the building of new cells to meet the needs of prisoners and reduce the number of inmates in one cell (Hagan et al., 2015). The researchers

focused on the case of California, and they prescribed the use of lease revenue bond to reduce prison debts and expand the building of prisons.

Because of these problems, inmates suffer from various diseases such as HIV and TB. According to Campbell (2018), inmates in Zimbabwe who were infected by HIV and TB suffered further due to improper medical treatment and lack of support from penitentiary management. Campbell (2018) posited that food shortages and poor sanitation, which led to poor healthcare in jail, was killing inmates. Exploring the information provided by the National Health Service in the United Kingdom, Campbell (2018) described the variety of healthcare problems that occurred in prisons in the UK.

These problems included the lack of mental health nurses to assess the mental health of inmates, shortage of prison guards to maintain the security and safety of inmates in attending their checkups outside the penitentiary, lack of mental health awareness, the negative culture that characterizes incarceration, and the existing healthcare issues that still have not been addressed (Campbell, 2018). Another issue that penitentiaries experienced was the growing demands of prison healthcare. Due to the growing population of prisoners, it was difficult for governments and nongovernmental institutions to provide for the food, sanitary, and healthcare needs of inmates (S. R. Johnson, 2018). The lack of budget for this population affected the support that should be given to them. The problem increased when sick inmates were integrated into the community, where they tended to spread diseases to others.

Based on the results of their screening, Young et al. (2018) asserted that 25% of prisoners in the United Kingdom have attention-deficit/hyperactivity disorder (ADHD).

This complex condition requires extensive medical, clinical, and therapeutic services. The patients need interventions that will alleviate the effects of ADHD, but prisons could not easily meet the needs of ADHD patients. The result of this qualitative research indicated that the criminal justice system “lacks adequate staff and offender awareness of ADHD symptoms and treatments; trained mental health staff; use of appropriate screening and diagnostic tools; appropriate multimodal interventions; care management; supportive services; multiagency liaison; and preparation for prison release” (Young et al., 2018, p. 281). These problems in the criminal justice system affected the food and healthcare providers in offering support and services to the patients, which also affected the wellbeing of patients who suffered from ADHD.

Another healthcare problem in prisons was the case of transgender women. Like other patients, transgender inmates need healthcare support and service, especially during their transition. Transgender inmates experience widespread discrimination inside the penitentiary because of their sexual orientation (White Hughto et al., 2018). This also affected their access to healthcare because they did not know how to seek services for their needs. Biased providers and sex-segregated services made it more difficult for these inmates to get the right support (White Hughto et al., 2018).

Furthermore, overcrowding is another challenge to good sanitation, and by logical extension, a healthcare problem in many prisons around the world. From the issue of overcrowding numerous factors arise to affect the health of inmates. Overcrowding can make prisoners prone to diseases. According to Sturge (2019), the prison population in Great Britain will continue to increase until 2020. Of the four regions of Great Britain,

England and Wales had the highest surge in the prison population from 2000 to 2020. Second was the Scotland, while the third was Northern Ireland. In comparison to Sierra Leone, England and Wales have 174 prisoners for every 100,000 population, 166 in Scotland, and 96 in Northern Ireland (Sturge, 2019). Sturge concluded that 62% of the prisons in England and Wales were overcrowded, a statistic that confirmed that even developed and powerful nations experience prison overcrowding.

However, the difference was that the prisons in Great Britain were far better than those in Sierra Leone, based on the budgets provided to them. These results implied that the capability of each nation to provide decent conditions for inmates was largely dependent on their budgets, regardless of the issue of overcrowding. Similarly, in the United States, the penal population of 2.2 million adults is the largest in the world. In 2015, close to 25% of the world's prisoners were held in American prisons, although the United States accounts for only 5% of the world's population. Again, the difference was that American penal departments have larger budgets than the Sierra Leone Department of Corrections. In fact, the Sierra Leone Corrections does not have a specific budget. Nevertheless, the issue of overcrowding is a worldwide issue that needs to be addressed to help inmates receive proper treatment while facing their sentence.

Representatives of jail systems around the world admit the issue of overcrowding with its attendant health hazards in the prison setting. According to McCarthy (2018), the top 10 most overcrowded prison in the world were those in Haiti (454.4%), Philippines (436%), El Salvador (348.2%), Zambia (303%), Guatemala (296.2%), Uganda (293.2%), Sudan (255.3%), Bolivia (253.9%), Comoros (246.7%), and Benin (240%). These

numbers showed that a great number of African countries were overcrowded. As of 2018, Sierra Leone was the 58<sup>th</sup> most overcrowded prison settings with a prison population of 4,519 (Walmsley, 2018). Irrespective of the economic structure and capabilities of countries, both developed and developing nations experience prison overcrowding.

### ***Problems of Meeting the Standards in Prison Healthcare***

Meeting standards in prison healthcare is difficult, regardless of the economic condition of the country. Canada is a developed nation, but it still experiences problems with its criminal justice system. In a limited study conducted on healthcare in Canadian prisons, Kouyoumdjian et al. (2015) contacted past researchers to determine the food, sanitation, and healthcare situation in prisons. Of the 280 researchers invited, only 126 coordinated and participated. The participants were interviewed about their experiences and knowledge of Canadian penitentiaries. The results of the investigation showed that prisons in Canada needed “diversion and alternatives to incarceration, social and community re-integration, creating healthy environments in prisons, healthcare in custody, continuity of healthcare, substance use disorders and the health of Aboriginal persons in custody” (Kouyoumdjian et al., 2016, p. 1). These necessities were correct, and they could be seen as difficult to apply because of the budget requirement needed.

Like Canada, Switzerland is a developed nation that faces problems in its prisons because of the growing needs of the aging population in incarceration. Moschetti’s et al. (2017) study showed the healthcare utilization differences in prisons in Vaud, Switzerland. According to the researchers, part of the country’s law was to provide all its citizens with low or zero financial cost health care. This edict may mean that all citizens



were provided with appropriate service without any cost, regardless of the condition of the individual. The basic health insurance was provided by the government, but citizens needed to have their own personal insurance to ensure that complex or critical conditions would be covered (Moschetti et al., 2017).

The problem was that incarcerated individuals' social class tended to change, which also affected their ability to get proper support or treatment (Moschetti et al., 2017). During the period of incarceration, some prisoners did not have the insurance that could provide proper care during critical illnesses. This circumstance affected the service provided to them in the prisons. It can therefore be said that even though the criminal justice system in Switzerland was following the appropriate standards in providing support and healthcare to its citizens, it was difficult to cover all the diseases of people for free. The citizens must have their individual or family insurance to cover their medication, which was not always present or available in prisons.

In the case of South African prisons, meeting the standards of food and healthcare support and services was very difficult because of the inability of the government to provide the right budget for its prison population. Bantjes et al. (2017) revealed that human rights and mental health were profound issues in the prison system of South Africa in the post-apartheid era. Many prisoners exhibited suicidal tendencies that were difficult to address because of the lack of support from the government. The "findings highlighted the significant gap between current policies, which protect prisoners' human rights, and every-day practices within prisons" (Bantjes et al., 2017, p. 1), which implied a significant problem with the policies that needed to be available for prisons. Overall,

the gaps in the policies affected the desire of the criminal justice system, as well as healthcare providers, to meet the standards for healthcare in prisons.

In Ethiopia, TB treatment programs were offered inside the penitentiaries. There was a 94% success rate of treatment for patients who were not transferred or released. However, problems occurred when the patients were transferred to other penitentiaries or released. The institution lost track of those patients, and Adane et al. (2018) found that the patients were not able to perform follow-ups because there were no mandatory checkups upon release or transfer. This problem made it difficult for penitentiaries to meet the standards of prison healthcare. The changes in location and status of the patients—for transfer or release—affected the treatment process, which Adane et al. (2018) argued was a problem that the jail system needed to address with the help of external institutions. The need to manage follow-up care for TB patients, as well as those with other complex and critical diseases, was crucial.

In the study conducted by Crowley et al. (2018), the researchers showed the inability of jail managers in Ireland to meet the standards of prison healthcare because of competing priorities between security and healthcare. The insufficient budget provided for these two aspects of penitentiaries affected the way the jail managers addressed the medical needs of inmates. The results of this qualitative research indicated that the “priority of safety and security, staffing and resources, concerns about personal risk, lack of knowledge, concerns around confidentiality, prisoners’ fear of treatment and stigma, timing of screening, use of peer workers, in-reach hepatology and fibro scanning services” (Crowley et al., 2018, p. 23) were the major reasons the Irish prisons failed to

meet standards of prison healthcare as directed by the criminal justice system. These issues affected the desire of medical practitioners and the criminal justice system to address the needs of prisoners and meet the standards set by law.

In a study of the criminal justice system of Germany, Opitz-Welke et al. (2018) examined the health problems that affected inmates. The researchers conducted a systematic review to identify incarceration studies that focused on the German population and prisons. The results revealed numerous health concerns faced by German prisoners, including heroin consumption, alcohol abuse and dependence, and smoking, which led to various health complications such as hepatitis B, hepatitis C, HIV, psychotic disorders, and hyperactivity disorder (Opitz-Welke et al., 2018). The researchers also revealed that the increase in mortality in German prisons resulted from drug intoxication. These results verified the fundamental problems existing in the prison environment of rich countries. Germany can provide for the needs of its citizens, but administrators did not pay significant attention to the needs of its prisoners.

### ***Methods Used to Address Healthcare Needs in Prisons***

The studies related to healthcare issues in prisons in different parts of the world identified the different kinds of interventions available to help practitioners address prisoners' medical and health needs. In their study, Moradi et al. (2015) examined the methadone maintenance treatment program, in treating mental health. The researchers used grounded theory to examine the effectiveness of the program. The researchers included 14 focus groups, with physicians, consultants, experts, directors, and managers of prisons, bringing about a total of 140 participants. The results of the investigation

revealed that “reduction of illegal drug use and high-risk injection,” “reduction of potentially high-risk behaviors,” and “making positive attitudes” were the main advantages of methadone maintenance therapy (MMT) in prisons, while issues such as “inaccurate implementation,” “lack of skilled manpower,” and “poor care after release from prison” were among the main shortcomings of MMT program (Moradi et al., 2015, p. 583). These results clearly indicated that MMT can provide a positive impact on the inmates if the providers are knowledgeable and competent enough to meet the needs of the patients and the standards of the intervention.

Maggard et al. (2015) supported the arguments presented by Moradi et al. (2015) regarding treating HIV and TB. Maggard et al. (2015) endorsed the Zambia Prisons Service’s implementation of TB screening and HIV testing. This quantitative research included 7,638 individuals of whom 409 were diagnosed with TB and 4,879 individuals tested positive for HIV, and 564 patients were infected (Maggard et al., 2015). The results of the investigation revealed that the proportion of inmates with TB was 18 times more than the national prevalence, and 22.9% of the inmates and 13.8% of the encampment residents were positive for HIV (Maggard et al., 2015). If they were transferred or released, prisoners could have infected the larger population or affected other individuals outside the penitentiaries. Furthermore, if they continue to stay in prison without proper treatment, they might infect other inmates. Generally, the screening and testing promoted by Maggard et al. (2015) were effective, but the researchers called for further study to present clearer interventions or methods to treat the inmates.

Sequera et al. (2015) explained the significance of vaccinations in prisons to protect inmates from diseases. The proposed vaccines included hepatitis B, hepatitis A, tetanus, diphtheria, PCV13-, and PPSV23 (vaccinations for pneumonia) for prisoners aged 65 years and over, and seasonal vaccines that should be available for all inmates (Sequera et al., 2015). The researchers asserted that these vaccines were important for patients to reduce their risks from airborne viruses and different kinds of diseases that break out in prison settings.

Bagnall's et al. (2015) study used peer support as an intervention to improve the mental and emotional health of inmates. The researchers argued that being imprisoned was the worst moment of every inmate's life, but the feelings of sadness, boredom, and loneliness could be alleviated through peer support. A mixed methods systematic review was conducted to determine the impact of peer support in prison life, and the researchers performed peer-based interventions. The results of this study revealed that peer support provided a positive impact by offering a positive outlook on the lives of inmates. The intervention was also identified as cost-effective because it required no high-value tools or equipment. Instead, the researchers communicated with inmates and asked them to offer support to their selected peers and report how that support impacted the other prisoners (Bagnall et al., 2015).

Pont et al. (2018) presented the use of clinical independence to provide the utmost medical support, guidance, and services to inmates. The researchers argued that clinical independence was vital in addressing the medical concerns of prisoners because healthcare providers in penitentiaries should not have to depend on the mandates of

medical institutions from outside. Instead, they should be able to work according to the needs of inmates to provide maximum services each needs. Pont et al. (2018) provided several recommendations for the implementation of clinical independence, which included education and training, structural reforms, financial and legal reforms, and service delivery reforms and evaluation. The researchers believed that these reforms could change the way inmates receive medical services inside prisons.

Topp et al. (2018) also provided their recommended program to address the problems of wellbeing or healthcare in prisons. According to the researchers, health system accountability played a vital role in addressing the prison systems and services in Zambia. Qualitative research determined the use of Prison Health Committees as a program that addressed the health system and services in penitentiaries in Zambia. The results of the intervention indicated that the program provided a positive effect on the health systems and services in prisons in the country (Topp et al., 2018). However, the long-term impact must be investigated to determine the intervention's credibility and reliability, considering the present condition of prisons that were prone to various crises and issues that affected the jail management system and inmates.

To explore treatment of prisoners with dementia, Treacy et al. (2019) conducted research that examined the use of dementia-friendly communities to support inmates with dementia. According to the researchers, dementia is a common disease among aging inmates. Treacy et al. (2019) included 68 participants who underwent the dementia-friendly community intervention. The condition of the patients was measured using dementia information sessions and implementation of dementia-friendly prison action

plans (Treacy et al., 2019). The results of the study revealed that inmates who underwent the sessions and implementation of action plans increased their knowledge of dementia. The interventions provided inmates with an opportunity to understand the risks of dementia, as well as the methods and ways to avoid or alleviate its development.

Alam's et al. (2019) research was an examination of the optimization of opioid substitution therapy to address inmates with opioid dependence. Opioid addiction is a common topic in clinical and social research, but only a few studies have been conducted in penitentiaries. Therefore, Alam et al.'s (2019) goal was to determine the severity of opioid dependence among inmates and how it could be reduced or avoided using the substitution therapy. Based on the result of the investigation, opioid dependence can be alleviated if healthcare practitioners know how to address the needs of "older people with comorbidities and complex treatment needs; women who had experienced trauma and have childcare issues; and those with existing mental health needs requiring effective understanding and treatment in prison" (Alam et al., 2019, p. 293). This result indicated that substitution therapy was necessary, but healthcare practitioners must have concrete and appropriate interventions that address the needs of affected inmates.

## **Reform**

These social ills in prison institutions established the need for change. Interestingly, researchers promoted the importance of prison reform. In Norway, Hurlburt (2018) explained the different pillars for promoting and practicing prison reform. These five pillars included (a) set and adhere to goals that the punishment is to achieve, (b) view inmates as human beings, (c) ensure due process and equal treatment under the law, (d)

adhere to the principle that dues to society are paid upon release, and (e) apply the principle of normalcy (Hurlburt, 2018).

The first pillar is to minimize the use of incarceration, set goals and implement plans for prison sentence, and encourage education for both formal and vocational setup (Hurlburt, 2018). The second pillar is to address the violations of the prohibition of cruel and unusual punishments inside the prison, violation of law, and improper treatment of inmates (Hurlburt, 2018). The third pillar presents the cases of denial of constitutional rights of the inmates on the enjoyment of life and pursuit of happiness, end of extensive use of pretrial detention and bail, and violation of constitutional rights to equal treatment (Hurlburt, 2018). The fourth pillar focuses on the end of use of life imprisonment without the possibility of parole and restoration or rights of the inmates upon release (Hurlburt, 2018). The last pillar promotes the ceasing of the alienation of community members; eliminating the practice of solitary confinement; and implementing programs and initiatives to keep inmates physically and mentally active, engaged, and challenged (Hurlburt, 2018).

These five pillars aimed to change the problems inside and outside the prisons. Also, these pillars addressed the concerns of inmates, and prison administrations. The pillars discussed by Hurlburt (2018) were a strong justification of how studies on prison reform aimed to create change that would protect inmates' right to the basic necessities of life such as food, water, a clean and healthy environment.



## Summary

The themes in this review included the issues of overcrowding, poor sanitation, food scarcity, and contamination. According to the Danish Institute Against Hunger and Torture, the International Committee of the Red Cross, and the World Health Organization, many countries in the world, including developed nations, face problems in relation to inadequate food, poor sanitation, and healthcare in prison systems. Further, economic status or development have not been sufficient to change the structure or system officered to penitentiaries.

Prisons also face the problem of inappropriate and inadequate food for incarcerated mothers who take their children with them into the prisons for want of family members to look after them. The prison systems generally do not allocate food for these children (Van Hout & Mhlanga-Gunda, 2019a). However, the provision of comforting foods to dying prisoners through community prison projects explains the considerations given to dying inmates (Loeb et al., 2015).

Studies also revealed the problem of contamination caused by food handlers or preparers, most of whom are inmates themselves. These food handlers may not maintain good personal hygiene and therefore end up contaminating the food (Akabanda et al., 2017). This negligence affects the health of inmates. Moreover, disease outbreaks are common in prison settings.

These problems are not limited to developing nations' prison systems but can also be found in first-world countries. Russia, Italy, the United States, and Japan were among these developed nations, according to the Danish Institute against Hunger and Torture

(2015). Gicqueslais et al. (2014) identified two instances of salmonella poisoning in U.S. prisons in Arkansas, and Asire et al. (2019) demonstrated that multiple intestinal infections resulted from unsafe food handling in Ethiopian prisons. Fafangel et al. (2014) also document cases of food poisoning in prisons. Improper food handling and long periods of serving food in large quantities in prisons can lead to disease outbreaks and bacterial infections. Proper food storage and cleanliness of the storage areas can maintain the freshness of the food.

However, the search for literature revealed no research on the quality of prison food, foodways in prisons, or food preparation in prisons. A few studies addressed the effects of food eaten by inmates in prisons settings, and most of these studies have been medical studies. This study therefore will fill that gap and contribute to the body of knowledge in this field. Chapter 3 describes the methods and procedures I used to address the problems identified in Chapter 1 and the literature review.

### Chapter 3: Research Method

The purpose of this study was to help in the formulation of policy recommendations that address the inadequate food and poor sanitation problems prisoners' face at Pademba Road Prison in Freetown, Sierra Leone. The major sections of this chapter include the methodology to be used, data collection methods, data collection instruments, research design, the research population, sampling, and tools for analysis.

#### **Methodology**

##### **Participant Selection**

A total of 18 participants participated in face-to-face interviews. Six were currently employed correctional officers. Two of these officers were women, one a corporal and the other a sergeant, with terms of service ranging from 5 to 15 years. The remaining four male officers included one corporal, two sergeant, and one chief officer. Their lengths of service ranged from 5 to more than 20 years. Another group of six participants consisted of civilian staff: a food contractor, three civilian culinary personnel, and one sanitary inspector from the Ministry of Health and Sanitation and another inspector from the Ministry of Housing were also included. For correctional officers and civilian staff, the inclusion criteria were (a) willingness to sign the consent form and participate voluntarily in the study, (b) having served as a prison guard or food service personnel with direct contact with inmates, and (c) must have served or at least 5 years in the general inmate housing population.

The final group of participants were six ex-prisoners who had been released from prison within the last 5 years on the advice of the prison authorities in Sierra Leone. The

study included the limit of 5 years since their release so that their lived experiences in jail would be fresh in their minds. The inclusion criteria for these participants were that they were (a) able to read and write basic English, (b) had a sound mind or judgment, and (c) resided in the metropolis for easy access.

I made use of two major steps in the selection of participants for the study. The first was to access official channels by contacting the director of prisons and their staff. The second step included the help of some friends who worked in the Department of Corrections in Sierra Leone. Through these people, I was able to identify the required participants. Then, I conducted a face-to-face interview to assess the prisoners' competence and capability. After meeting the requirements during the initial interview, the individuals were eligible to participate in the data collection process.

I also used snowball sampling techniques to obtain the maximum information possible. After their interviews, I encouraged the respondents to suggest other people who could provide or share their experiences and ideas on the identified phenomenon. The goal of the snowball sampling was to allow the recruitment of former prisoners to become participants and encourage them to find other former prisoners to take part in the research. Patton (2015) argued that the rationale for implementing this sampling strategy was to obtain and explain the themes identified from the participants' narratives.

When my initial attempts at recruiting participants did not yield enough results, I intensified my efforts to get the required number of participants. I sent out flyers and distributed recruitment materials through the print and electronic media to get more

participants. I informed all respondents that in the event they experienced some discomfort or anxiety during the interview, they were free to terminate their participation.

Data saturation occurs when pieces of relevant information or evidence to the study became redundant. Therefore, data in this study achieved saturation when no new data developed from additional interviews (Saunders et al., 2018). For this study, the data collection was stopped when there were no new justifications for positive or negative perceptions and attitudes identified. Then, an analysis was conducted using the existing data.

### **Ethical Procedures**

This study (institutional review board [IRB] approval no. 06-29-21-0730487) used human subjects to obtain the necessary data to explore and examine the food shortage and poor sanitation at the Pademba Road Prison. The respondents, a combination of workers and former inmates, provided answers to the questions during face-to-face interviews, and answering these questions could have impacted their jobs or life situations. Therefore, I considered ethical procedures such as autonomy, anonymity, informed consent, and confidentiality in the administration of this study. These ethical considerations played a vital role in ensuring the safety and protection of all participants. I also maintained the privacy and anonymity of the participants upon their inclusion in the study as they could have provided important data that revealed negative information about the condition of Pademba Road Prison.

To be included in the data collection, participants had to sign a consent letter. The consent letter included the basic information about the topic as well as the rights and

responsibilities of the participants in the data collection. The letter also explained the process of the data collection to ensure clarity and transparency. The participants had the autonomy to reject the invitation if they experienced any discomfort before or during the interview.

After the data collection, I maintained the anonymity and confidentiality of the participants by removing any information that could directly identify them. Also, the raw data were kept properly in the computer with appropriate encryption to ensure that the data were only accessible to me. Sixty days after the submission of the final draft, I deleted all the raw data, as well as the transcriptions, as part of confidentiality and anonymity.

### **Research Instruments**

Data collection instruments included questionnaires, face-to-face interviews with audio recording, and sheets for the recording of field notes during observation. After handing the participants the informed consent document, I explained the goal of the study, which was to identify the most relevant policies that would facilitate the provision of food and good sanitation for the inmates of Pademba Road Prison.

I used questionnaires in some cases which were first used by the Statistical Society of London in 1938. The questionnaires contained the following: a cover letter that explained the objective of the study, assurance of anonymity and confidentiality, and instructions about how to answer the questions (see Dwormoh & Boadu, 2016).

I also conducted face-to-face interviews, ensuring the nature of the questions were consistent with the research questions, objectives, and purpose of research (Appendix).

Interviews are verbal ways of questioning. The interview questions were purposeful and yielded valid and reliable data that were relevant to the research question and objectives (Kothari & Garg, 2015).

Lastly, I conducted two systematic observations in Pademba Road Prison. This observation involved recording, describing, analyzing, and interpreting people's behavior. These three data collection instruments were sufficient for my study. Using the case study design, which was flexible and capable of supporting multiples focuses, I was able to collect the necessary data.

### **Case Study Design and Rationale**

A qualitative case study approach was appropriate for this study. Yin (1994) explained that a case study is “an empirical investigation that studies a contemporary phenomenon within its real-life context, especially when the boundaries between the phenomenon and its context are not clearly evident” (p. 18). Also, case studies are research that successfully manage to deal with specific situations in which there are different variables of interests, even in excess of observational data. Essentially, I used this methodology to obtain and ultimately aggregate data from different sources to develop actionable information and knowledge. It is precisely the information produced using the case study approach that will enable the formulation of specific policy recommendations for the Pademba Road Prison.

There are different types of case study to choose from, including explanatory, exploratory, multiple case or collective studies, intrinsic, and instrumental (Cunningham, 1997). An exploratory case study aims to explain the question regarding the phenomenon

(Cunningham, 1997) and expands the discussion from the obvious information obtained from existing research to provide new and updated ideas, facts, and evidence (Mills et al., 2010). Multiple case or collective studies examine different cases to formulate a new study (Cunningham, 1997). Intrinsic case study focuses on a single or primary research interest. Instrumental case study develops or adopts an instrument to determine its impact on the case (Cunningham, 1997).

The exploratory case study was the best fit for this study because of the goal of this investigation was to expand the ideas on the issues faced by prisoners at Pademba Road Prison. According to Mills et al. (2009), the exploratory case study “investigates distinct phenomena characterized by a lack of detailed preliminary research, especially formulated hypotheses that can be tested, and/or by a specific research environment that limits the choice of methodology” (p. 372). This passage accurately reflects the purpose of this investigation—to explore new ideas from the existing facts to create viable hypotheses that could be used in expanding in the discussion on the issue. The selected topic for this research had not been widely discussed in research literature. Although there were studies on food scarcity and sanitation, insufficient information was available regarding foodways, particularly the process of preparing food for inmates and the guidelines that must be followed to ensure the prisoners’ safety and nutrition.

The exploratory case study is particularly useful when seeking to identify new information about an existing phenomenon (Kothari & Garg, 2015). As already noted, research was scarce on the topics of inadequate food and poor sanitation, specifically about the root causes of these phenomena. It was therefore important to explore these



phenomena in greater depth, and this gap in literature was precisely why I ultimately selected the exploratory case study approach.

### **Research Tradition and Rationale**

The research question for this study was “What policies can be formulated that would give inmates access to adequate food and improved sanitation at Pademba Road Prison?” This question demanded specific and simple answers as this prison facility had no food and sanitation policies partly because of the lack of direct research on food and sanitation (see Jones, 2017).

The study exemplified the qualitative research tradition and employed the case study approach. The use of a case study approach was the most appropriate in this research. Generally, the goal for using case study as a qualitative approach is to make it easier to understand a case in an efficient way. Levit and Hoßfeld (2017) argued that this understanding is possible because case study researchers can be relied upon to explore particular features of a phenomenon even if the case was initially thought to be ordinary. Therefore, case studies can be used to highlight points which may not have been obvious, or to make a theory distinct from other theories.

In the case of Pademba Road Prison, findings served as a useful tool for clarifying the food and health conditions in the prison. Capturing these conditions made it easier to understand how the existing policies in the prison (if there were any) contributed to serious health situations (Levit & Hoßfeld, 2017). The other reason for choosing this approach was that it readily allowed for the integration of other research tools. An

example of a research tool that can be integrated in such cases is surveys to facilitate the development of a general understanding (Flynn et al., 2019).

Moreover, the qualitative research approach may be instrumental in understanding the health and wellbeing of prisoners from the perspective of nutrition and hygiene/sanitation. Findings from quantitative studies indicated that prisons across the world have poor hygiene and nutritional practices that expose prisoners to health risks. Although quantitative researchers use scientifically sound and statistical methods, they do not explain the meaning behind the findings (Agee, 2009). The preference for qualitative research methods stemmed from the need for better understanding the lived experiences of the research participants. Prisons are social institutions characterized by complex inmate-inmate, inmate-wardens, inmate-management, inmate-warden-management, and warden-management interactions. Therefore, the qualitative approach offered an invaluable opportunity of understanding the lived experiences of people within the prison system.

Social interactions are crucial when examining the perceptions, opinions, experiences, or beliefs of individuals. Therefore, the choice of qualitative research established the foundation for constructing reality based on the participants' subjective feelings, perceptions, and interpretations. Antwi and Hamza (2015) argued that people have different experiences of reality, a statement that implied reality can be understood better by exploring a research phenomenon in a natural environment rather than quantifying data using fixed instruments. The qualitative approach made it possible for me to interact with participants while exploring their feelings, perceptions, beliefs,

thoughts, and expectations. Taking an active part in the study also helped me develop valuable knowledge about the extent of sanitation and nutrition problems in the prison system. Therefore, I used the case study qualitative research design to describe the in-depth experiences of participants.

Moreover, the rationale for the case study design was to generate a wealth of data that would provide sufficient information for the data analysis and discussion. The multiplicity and flexibility of the research design made it more appealing for the current study. Notably, Astalin (2015) argued that case studies involve all or any methods of data collection. The case study design particularly influences the development of interventions because of its flexibility. With findings from this study, I sought to influence policies that promote good hygiene and healthy diets in prisons. The flexibility and rigor of the case study design supported development of best practices and evidence-based policies derived from the views of those with lived experiences.

Previous attempts at reform have failed to achieve meaningful change because they did not involve the people directly affected by the changes (Jones, 2017). Thus, the case study design gives people with lived experiences an opportunity to share their opinions and perceptions, which may then influence sound policies (Stewart, 2015; Yin, 2015). For example, the case study approach allowed the former inmates and current employees to describe the sanitation and nutrition in Pademba Road Prison. The firsthand accounts may convince policymakers to tailor interventions to the needs of the inmates.

## **The Role of the Researcher**

My role in this study was that of an observer-participant investigating food and sanitation issues at Pademba Road Prison in a structured fashion and making suggestions as to how food and sanitation policies can be formulated and implemented. Such policies have the potential to alleviate the problems this prisons facility faces.

I introduced myself to participants as a doctoral student from Walden University conducting research into food and sanitation issues at the Pademba Road Prison. I apprised participants of the nature of the questions I intended to ask and told them to feel free to ask me questions. I also tried as much as I could to eliminate biases by giving correct reports on findings, making accurate interpretation of data, and not publishing data that I did not collect. I did not distort data. Lastly, I did not ask questions that would embarrass participants (see Kothari & Garg, 2015). I worked to be original, to incorporate empirical evidence, and attempted to solve an existing intellectual problem in a way that contributed to the world of academia. The validity of this study may therefore be seen in its examination of conditions at Pademba Road Prison, specifically in the areas of food and sanitation, which may provide meaningful impacts in modern society and democracy.

As a credible researcher, I assured participants that their identities would not be revealed when the study is published. Additionally, I will not reveal any information that might identify participants, even in the field notes. Written or audio transcripts will not mention identifying personal information.

Furthermore, I included these assurances in the informed consent form and gathered contact information that can be used if follow-up interviews with participants

are necessary. When the study is completed, reviewed, and ready for publication, the file with the unique study numbers and information about the participants will be shredded and burned to avoid any breach of privacy, confidentiality, or anonymity.

I have no biases or power relationship with participants in this study, and I have never worked in the Sierra Leone Prisons Department. I had no conflict of interest with prison facility, and I did not offer financial rewards to participants for their participation.

### **Data Collection**

After handing the participants the informed consent documents, I explained to them the goals of the study, which were to identify the most relevant policies to facilitate provisions of food and sanitation for the inmates of Pademba Road Prison. The consent forms included the information about the purpose of the study, risks and responsibilities of participants, cooperation and inclusion, and the value of the study in addressing the concerns with the research setting, such as balanced meals and improved hygienic conditions.

After participants signified their agreement to continue, we scheduled an interview, during which I asked the following questions: (a) What can be done to improve prison facilities in Sierra Leone? (b) What do you think about the types of foods being prepared for the inmates and how it affects their health? (c) What do you think should be the means for the inmates to get good medication? (d) How can sanitation be improved at Pademba Road Prison? (e) What measures could be put in place to ensure culinary personnel adhere to personal hygiene and good sanitation? (f) What could be done to bring about periodic sanitary inspections by an independent oversight body?

The times and dates of the interviews depended on the participants' availability, which they provided during the sampling process. During the selection, respondents indicated their preferred interview format. The instruments used were informed consent forms and interview questions. The participants provided informed consent before the interviews and were informed that the interviews would be recorded for transcription, data analysis, and documentation (see Maxwell, 2015). If the participants chose not to sign the consent letter, they were thanked and removed from the list of participants. Those who agreed to participate completed interviewed. The interviews lasted approximately 45 minutes depending on the participant's responses.

Unlike prison officers and ex-inmates, civilian staff of the culinary unit and the general environment at Pademba Road Prison were observed multiple times. My observation visits were unannounced so I could get a real feel and picture of daily activities within the Pademba Road Prison. Scheduling observation visits ahead may have motivated correctional officers and civilian staff to conceal certain things at the insistence of some correctional personnel (see Kothari & Garg, 2015). Visiting and observing certain areas within the prison yard, such as the culinary section, the bakery, the laundry, the housing units, the medical clinic or hospital, the female units and shower areas were crucial to this study.

### **Data Analysis**

To begin the process of recruiting research participants, I contacted the prison administrators and some friends who worked in the Department of Corrections in Sierra Leone. These two sets of people helped me identify and locate ex-inmates. The Director

of Prisons and his staff helped identify the participants I needed. In the selection process, I ensured coercion was absent because I was the one who selected the participants by calling the former inmates. The Director of Prisons and the friends who helped me gain access to potential participants simply provided contact information. In the process, I called the former inmates for a face-to-face interview to assess their competence or ability. When I determined they met the requirements during this initial interview, I invited them to contribute to the study. On the day of the interview, I introduced myself and explained the purpose of my visit and research. I entreated participants to be themselves and be free to ask me questions if they need arose. The interview was conversational and free of any stress. Each participant was interviewed for 45 minutes.

I used the summarization method of qualitative data analysis (M. Saunders & Lewis, 2015). The interview results were transcribed and summarized before major themes were assessed in their responses (M. Saunders & Lewis, 2015). I used a transcription that summarized the interview with significant consideration of the important details shared by the respondents (Clandinin, 2016). The goal of this data analysis was to digest the information shared by the respondents during the interviews and offer clear and transparent transcribed data without any unnecessary details and filters. I also diligently checked the texts to capture every detail shared by each interviewee.

Next, I devoted significant attention to developing the themes that emerged from the respondents' ideas, opinions, thoughts, and vocabularies. I noted similarities and differences in the statements and opinions for appropriate interpretation. Sharing the

transcribed data with the respondents for confirmation established clarity and transparency. Once the respondents confirmed the accuracy of the transcribed summary, I conducted coding and labelling for interpretation (Kothari & Garg, 2015).

Moreover, I used NVivo software to store and organize the data, categorize and analyze them, and provide visualization for the discovery of concepts obtained from the raw data. According to Bezeley and Jackson (2018), NVivo had the highest rating (9.5%) among the top 16 qualitative data analysis (QDA) software in 2021. Because the NVivo had the highest rating in QDA, it was the best choice to manage and analyze the data for this study. When analysis was complete, I downloaded and stored the interview audio files and data in my email. The transcriptions and data analysis were saved on my flash drive.

### **Issues of Trustworthiness**

Qualitative research plays an instrumental role in giving meaning to issues that cannot be explained using numbers. The advantage of qualitative research is that it often reveals trends before they emerge in quantitative research (Antwi & Hamza, 2015).

Trustworthy qualitative research data consists of four core elements: credibility, transferability, dependability, and confirmability.

#### ***Credibility***

Credibility implies having confidence in the truth of the qualitative findings. Credibility is the foremost criterion for establishing the trustworthiness of qualitative findings (Carter et al., 2015). Measuring credibility requires researchers to link findings with reality to demonstrate the truthfulness of those findings. The greatest challenge was



to ensure that the study findings were both true and accurate. The current study focused on the dual issues of sanitation/hygiene and nutrition based on the subjective views of former inmates and prison employees.

The subjective nature of the lived experiences and the data collection strategies could introduce bias in the study findings. According to Carter et al. (2015), participants may exaggerate or conceal crucial information for personal reasons. Similarly, the researchers responsible for data collection may show bias during the interviews because of personal feelings or beliefs. To mitigate the impact of potential bias, I made sure that the findings were credible to influence policies through triangulation, member checks, and peer debriefing.

### ***Transferability***

Transferability is a critical measure of trustworthiness since it determines the extent to which the study findings can be generalized to other settings. The current study took place in Sierra Leone. However, the situation at the Pademba Road Prison is likely to differ from the circumstances at other prisons in the same country. Similarly, prisons in other countries have different conditions than those at the Pademba Road Prison. Therefore, it was necessary to assess whether the findings from the Pademba Road Prison case study can be transferred to other prisons inside and outside of Sierra Leone. To that end, I used purposive sampling to increase the likelihood of transferability. Kumar (2015) argued that purposive sampling maximizes specific data relative to the data collection context. As such, the study describes the research context and the accompanying

assumptions as much as possible. Detailed description will then guide future decisions about the transferability of the study findings.

### ***Confirmability***

Confirmability is another vital measure of credibility, because it determines whether the findings draw directly from the participants' responses. Thus, the goal of measuring confirmability is ensuring that the researcher's biases and perceptions do not skew the interpretation of the findings. Creswell (2017) defined confirmability as the degree to which others can corroborate or confirm the study findings. On this score, I developed an audit trail of the steps followed during the data collection and analysis processes. The rationale of the strategy was to allow the use of the same approaches to test the replicability of the study. Replication of the study findings confirms that they derived from independent research methods rather than from either conscious or unconscious researcher bias. Replication of the results will also help other researchers to acknowledge and describe instances wherein the findings contravene prior observations.

### ***Dependability***

Dependability focuses on accounting for the dynamic environment or setting under which research occurs. The researcher's role is to describe the changes that occurred in the research setting and how they influenced the approach of the study (Yin, 2015). According to Yin (2015), dependability coincides with the subject of reliability in quantitative research, which concerns repeatability or replicability. The underlying principle of reliability is assessing whether other researchers would get the same findings if they conducted the current study for the second time.

In contrast, dependability is about accountability for the changing research context. Therefore, I will present sufficient information about the research methods, including contextual details. Auditors or other researchers cannot find out if the research situation applies to their specific circumstances without detailed information. As mentioned already, providing as many details as possible enhances the transferability of the findings. Thus, reporting sufficient details about the context of the study enhances the dependability of the findings.

In conclusion, although the primary goal of qualitative data is to collect in-depth information, the flexibility of data collection could affect the trustworthiness of the findings (Creswell, 2017). Despite these limitations, context-dependent knowledge is more valuable than the need to ensure universality of the findings. Thus, I endeavored to promote the trustworthiness of the findings by paying attention to issues of credibility, transferability, dependability, and confirmability. Confirmability of the findings could allow researchers to replicate the study in their unique settings.

### ***Triangulation***

Triangulation is the most common method of enhancing the credibility of qualitative study findings. Triangulation entails the use of multiple data collection methods, as well as diverse data sources, observers/analysts, and theories to gain a complete and in-depth understanding of the phenomenon under review (Creswell, 2017). Creswell (2017) argued that applying different types of triangulations ensures that research findings are comprehensive, rich, robust, and well-developed. For example, the use of multiple data collection methods increases the consistency of the findings.

In this study, I applied three data collection methods: key informant interviews and observations and the use of questionnaires. First, conducting unannounced observations allowed me to get a hands-on experience of the situation at the prison facility. I noted the level of hygiene and nutritional value of the food being served to the prisoners. I also gained an opportunity of understanding human behavior and interactions in the natural environment. Thus, the observations allowed me to get an honest feeling of how things worked in the prison.

Observations may not necessarily paint a clear picture of the issues under research, although they could generate robust information about the phenomenon of interest. For example, the ex-inmates and personnel may have behaved in a particular manner or conformed to established policies in the presence of a stranger. As already mentioned, relying on observations alone will not generate credible information. Therefore, I also interviewed former inmates and current prison personnel to augment or corroborate information from the observations. For instance, I might have noted poor hygiene practices during the observations. The interviews then allowed me to explore further the causes and implications of poor hygiene practices at the prison. The open-ended interviews gave the respondents a chance to express their views and opinions based on their lived experiences as either former inmates or prison officers.

I also employed the triangulation of sources to enhance the credibility of findings. The study involved three primary data sources: ex-prisoners, correctional officers, and civilian staff. The former inmates shared their lived experiences with sanitation and hygiene as they served jail terms. Discussions focused on the sanitary measures/practices

in the prison, including the type of food being served. Second, interviews with the correctional officers emphasized the strategies that the prison management put in place to promote hygiene and healthy nutrition at the prison. The correctional officers had a chance to discuss the challenges that they faced in promoting hygiene and good nutrition among inmates. Overcrowding, for example, was one of the issues to consider when interacting with the correctional staff.

Third, the civilian staff, who included the food contractor and culinary personnel, also weighed in on the issue of food and nutrition. The diverse perspectives established the foundation for analyzing common themes or patterns to corroborate or question the credibility of the findings. The triangulation of sources also allowed me to gather divergent views about the phenomena of interest, which stimulated sound discussions and inferences.

### ***Member Checking***

The use of member checking is important in promoting the credibility of qualitative research data. The process of member checking entails sharing the data, interpretations, and conclusions with those who took part in the study (Creswell, 2017). Member checking allows the participants to review the transcript of their interviews. Participants then have an opportunity of confirming what they said, adding more information, clarifying some issues, or editing their responses.

At the same time, the researcher has a chance to seek clarifications and solicit additional information from the participants. However, high attrition rates may invalidate the usefulness of member checking in enhancing the credibility of the findings. I intended

to conduct follow-up interviews after the transcription process to re-establish contact with the participants and ensure that they reviewed their transcripts. Creswell (2017) found that follow-up interviews, despite their not being the same as member checks, reduce the attrition rates. Thus, conducting follow-up interviews ensured that the participants reviewed their transcripts while affording me the opportunity to probe for additional information or seek clarification of ambiguous responses.

### *Peer Debriefing*

Peer debriefing or analytical triangulation is another important technique that was useful in assuring the credibility of the findings. Creswell (2017) defined peer debriefing as the process wherein the researcher invites a peer who was not part of the research project to probe the thinking behind every aspect of the research process. Therefore, the integration of peer debriefing in the research involved allowing an experienced colleague to review and synthesize the transcripts, including the information from the transcripts that have been included in the final report.

The role of the peer reviewer was to highlight instances wherein I may have either missed a point or overemphasized an issue. The process also reveals vague descriptions, biases or assumptions, underemphasized points, and general errors made in the research report. Impartiality is critical when it comes to the peer-debriefing process because it makes the researcher acknowledge his own views and errors about the data (Dwormoh & Baidu, 2016).

Peer-group debriefing was implemented in this study by being able to make my final study scripts available to Mr. Samuel Brima, who was the lead researcher in the

Truth and Reconciliation Commission in Sierra Leone in 2005. A reputable mixed methods methodologist, he reviewed the research design, data collection process, and data analysis. He was quite satisfied with the research that was done.

Mr. Brima served as a member of the Commission of Inquiry, which was established to look into abuses at Pademba Road Prison following the 1998 military coup. Another peer debriefer was Mr. Richmond Kpange, who was about to graduate from Walden University with a PhD in Public Health. Mr. Kpange was able to review the study from multiple perspectives. These contributions helped to make my study very objective. All these debriefings helped to enhance the trustworthiness and credibility of the findings.

### **Summary**

The research was conducted in the Pademba Road maximum security prison in Freetown, Sierra Leone. It included a total of 18 participants in three different categories. The study was a qualitative inquiry that involved face-to-face interviews and observation at the prison. The design methodology was a case study, which was linked to qualitative research because I studied people in the contexts of their pasts and the situations in which they find themselves. The use of the snowball sampling technique involved the prison administration's leading me to the correctional officers and ex-inmates. The findings gained trustworthiness as I ensured that findings were credible, transferable, dependable, and confirmable by ensuring the generation of accurate data interpretation, unbiased

findings, and non-falsified data. Chapter 4 presents the findings that emerged from the data analysis. A discussion of themes and other necessary data also appears in this chapter.



## Chapter 4: Findings

The purpose of this study was to help in the formulation of policy recommendations to address the inadequate food and poor sanitation prisoners' face at Pademba Road Prison in Freetown, Sierra Leone. Therefore, the research question was "What policies can be formulated that would give inmates access to adequate food and improved sanitation at Pademba Road Prison?" This research question encompassed a wide range of issues that are prerequisites for the well-being of human beings no matter their status. In short, this chapter will describe the setting where the research was conducted, the demographics involved in the study, and the types of instruments used to collect data. Evidence of research credibility, transferability, dependability, and conformability will be established. The analyses of the data aligned with the aim of the study and the research question. It is the lack of consideration, and refusal to accept the need to cater for all that had led to the need for public policy formulation and implementation for the welfare of all citizens of a country.

### **Research Setting**

This research took place within the precincts and immediate environs of the Pademba Road maximum security prisons in Freetown, the capital city of Sierra Leone in West Africa. The interviewing of currently serving correctional officer participants largely took place in the immediate surrounding of the jail. Some of the correctional officers were interviewed in the safety and security of their homes or quarters. In the same vein, the prison medical doctor was interviewed in the privacy of his office, which was just about 50 yards away from this prison facility. Most of these places or venues

were within or adjacent to the facility. Similarly, the ex-inmates chose a safe and secure location in downtown Freetown city for their interviews. This location was a quiet place where the face-to-face interviews took place uninterrupted.

### **Demographics**

A total of 18 participants contributed to face-to-face interviews. These participants included six currently serving male correctional officers and six ex-inmates who had been released from prisons within the last 5 years. The female officers were four in number. Then there was the prison medical doctor and the food contractor. The participants in this study included ex-inmates and serving correctional officers. My description will start with the ex-inmates. Most prison inmates are men (Roberts, 2015). Another distinguishing characteristic of ex-prisoner populations is their social class. Most ex-prisoners are unemployed and may have substance abuse problems (Roberts, 2015). Most suffer from medical or psychiatric conditions that may have played a role in the crime for which they were detained (Siegel, 2018). Approximately one-third of ex-inmates reported having family members who have criminal records and/or drinking problems (Siegel, 2018). Others report being suspended or expelled from school (Roberts, 2015). In short, ex-prisoners are typically men, members of ethnic minorities, and of lower socioeconomic classes (Roberts, 2015).

Correctional officer participants were part of the criminal justice system of the country. They enforce court orders. They are charged with the responsibility of supervising inmates who are incarcerated or in the custody of the state (Siegel, 2018).

They seek the welfare of inmates and make sure they are rehabilitated by creating a humane jail environment for them.

### **Data Collection**

Data was collected within the precincts of the Pademba Road Prison (now called the Correctional Center) and the official prison quarters. The instruments included an open-ended questionnaire completed by the prison's medical doctor, an observation recording sheet (which I completed), and interviews conducted with active in-service prison officers, a female ex-inmate, and five male ex-inmates.

The audio recordings were transcribed into a Word document and imported into the qualitative data analysis software (QDAS) NVivo. This software was able to code the cases, classify them, and then construct nodes to capture the themes of the study. Three main themes emerged from the study: food availability, health care, and sanitation, all of which directly aligned with the research question of the study.

NVivo has the capacity to analyze the qualitative data into word trees based on word frequency in the responses to provide visual representations of the data and content analysis. Data analysis provided about 18 components for discussion of food availability, health care, and sanitation at the Pademba Road Prison, some of which were the number of times participants mentioned food availability and provision of special diets for inmates with health problems, cooking utensils, food storage and preparation, general health screening, psychological screening, availability of running water and electricity, supply of basic items, laundry of garments, types of toilets, number of inmates in a unit cell, and visits by representatives of the Ministries of Health and Sanitation, Ministry of

Works and Infrastructure, and other independent bodies such as Prison Watch; the Coalition for Health, Sierra Leone; the Judiciary; and Human Rights Watch.

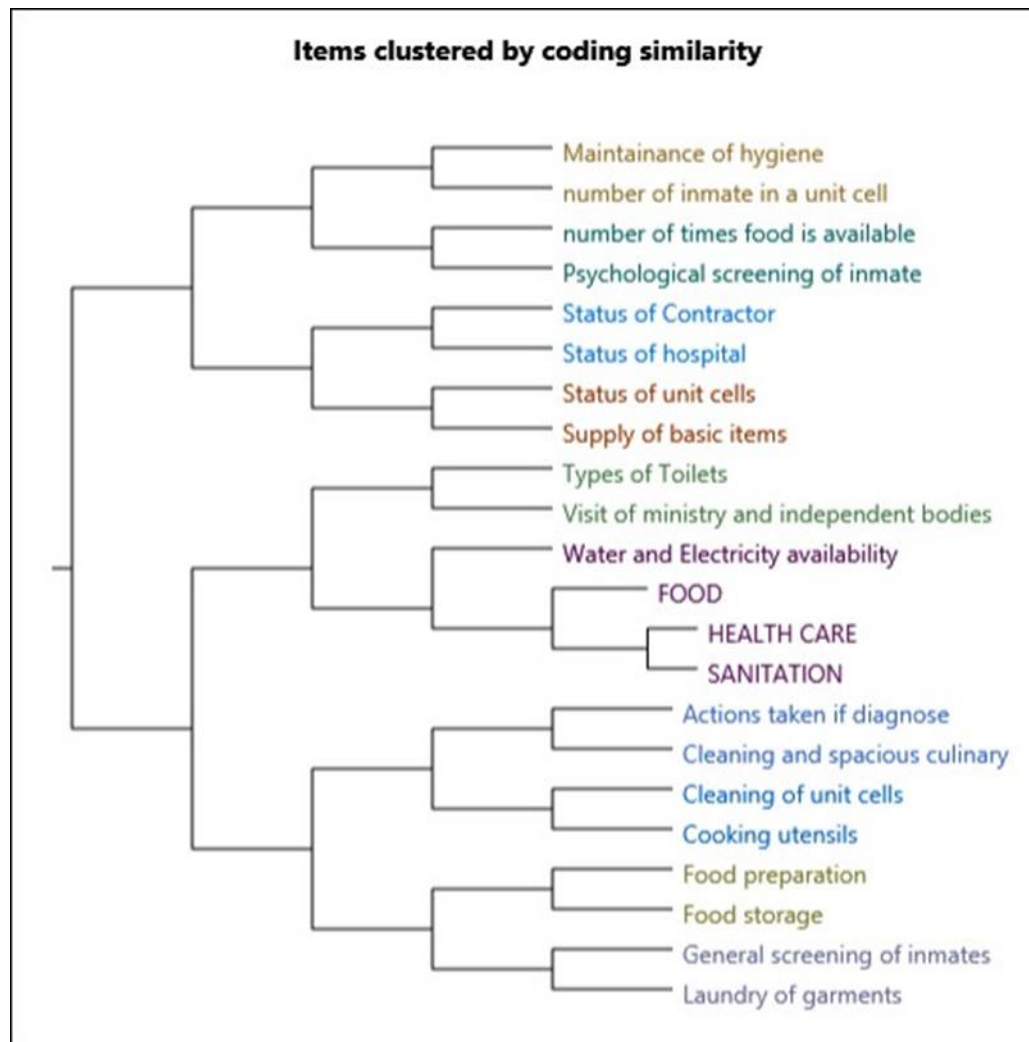
One capacity of QDAS I used was to establish an audit trail. NVivo captured each step necessary to build credibility for the study. These steps included importing the data as files, creation of nodes and subnodes that explain the phenomenon of interest, in this case, availability of food, healthcare, and sanitation in the Pademba Road Prison. The software was also capable of producing visual representations of word frequency in the data, including word trees, mind maps, and comparisons of themes, which guided the pathways of my final decisions for the policy prescriptions in this study.

### **Data Analysis**

I analyzed data using a systematic coding, as suggested in the QDAS, NVIVO. This type of analysis consists of a systematic coding (breaking down) of data according to a code list (Figure 1) to identify relevant patterns. I grouped and aligned coded segments into categories, which I then linked to more general themes and theoretical concepts. The result was careful development of a coding system (and the categories and themes that derived from the coding process). Finally, I developed the concepts (food availability, health care, and sanitation), which linked the codes, categories, and themes, on theoretical grounds.

**Figure 1**

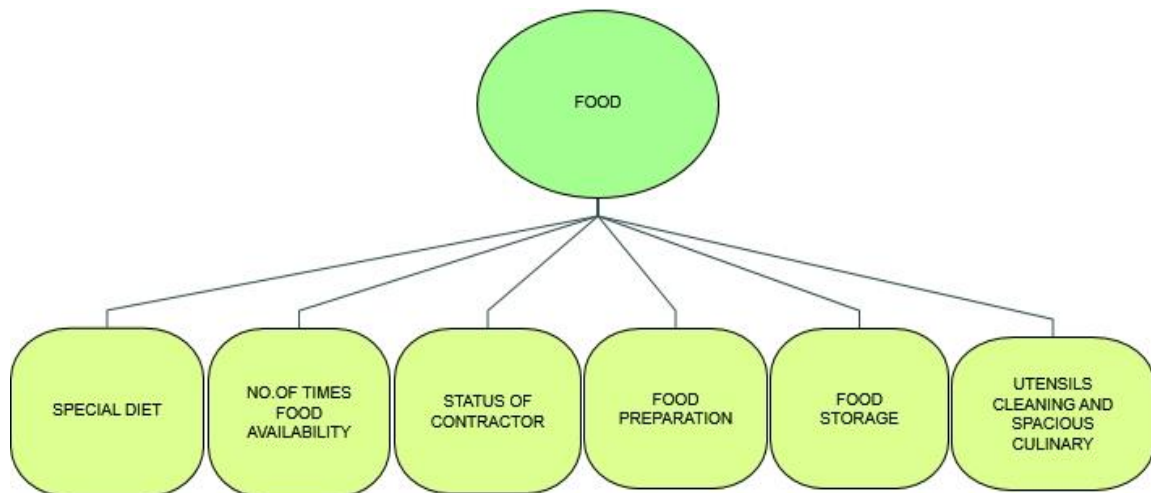
*Items Clustered by Coding Similarities*



The final code system (cluster by similarity) contained the following (main) categories: food availability, health care, and sanitation. Each of these categories consisted of several subcategories and codes. The categories mentioned most frequently by participants appear in the mind maps in Figures 2, 3, and 4.

**Figure 2**

*Theme 1. Food and Six Subcategories*

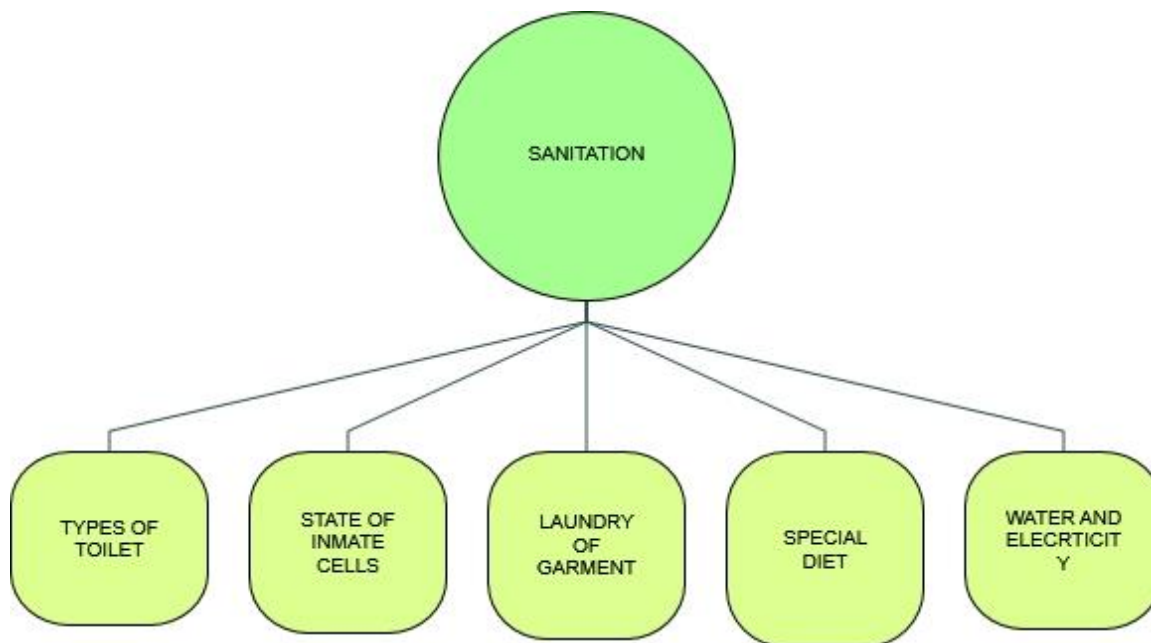
**Figure 3**

*Theme 2. Health and Four Subcategories*



**Figure 4**

*Theme 3. Sanitation and Five Subcategories*



### **Evidence of Trustworthiness**

To ensure the administration of the interviews and the data were credible, transferable, dependable, and transferable, I adopted the following approaches/strategies. The interview data contained the names of the respondents themselves, but the interview transcripts contained no information allowing me to link back the interview data to the survey responses of the interviewees. The active in-service prison officers considered their counselling of inmates as a psychological activity because they stated they were trained to counsel inmates.

**Credibility**

This study achieved credibility based on the responses of the ex-inmates and serving prison officers, who comprised 11 of the 18 participants, including the prison's medical doctor. Triangulation of data collection sources confirmed credibility in that participants' responses synchronized with some of my observations in the precincts of the Pademba Road Prison. For example, all the active in-service prison officers responded that psychological screening of inmates takes place, but the medical doctor and all the ex-inmates revealed that no psychological screening occurred, and no psychologists were employed at the prison to treat the inmates. Moreover, each participant engaged in a detailed discussion of the phenomenon being investigated. To minimize researcher bias, I trained graduate students to administer the questionnaires, and I undertook the position of observer to contribute my firsthand perspective of the prison environment.

**Transferability**

This study is fully transferable in Sierra Leone because the issues raised in the Pademba Road Prison can be replicated for the prisons in the cities of Bo, Bonthe, Kenema, and Makeni. Furthermore, the issues raised in this study and the research question this study sought to answer aligned with studies and findings from Benin, Cameroon, Chad, Ghana, and Mali (Van Hout & Mhlanga-Gunda, 2019, p. 7). After the interviews, I played the audio recorded responses for each participant and asked them to verify the accuracy of the recording.



**Dependability**

I recorded the interviews on a Sony IC Recorder ICD-BX140. All interviewees gave their explicit consent to being interviewed and for the interview to be audio recorded. They were informed of the context of the study and learned that this interview would be used only for academic purposes. By using the Sony IC Recorder, I was able to listen to the recorded responses many times before drawing any conclusions. This procedure provided me with a deeper insight into the phenomenon being investigated.

**Confirmability**

I created an audit trail, capturing each step in the NVivo software, from importing the data as files to creating nodes and subnodes to provide a clear picture of the phenomenon being investigated. I generated a detailed description of the research processes, especially the conduct of interviews and the administration of the questionnaire to the prison medical doctor. I took notes during the conduct of interviews and underscored the themes that emerged during the analysis of data. I also selected verbatim responses of participants to highlight relevant and evocative statements such as “This place was meant for 324 inmates; now it has more than 1,000” and “The buckets we use as toilet are the ones we clean to use for the laundry of our garments” recurred throughout the in-person interviews.

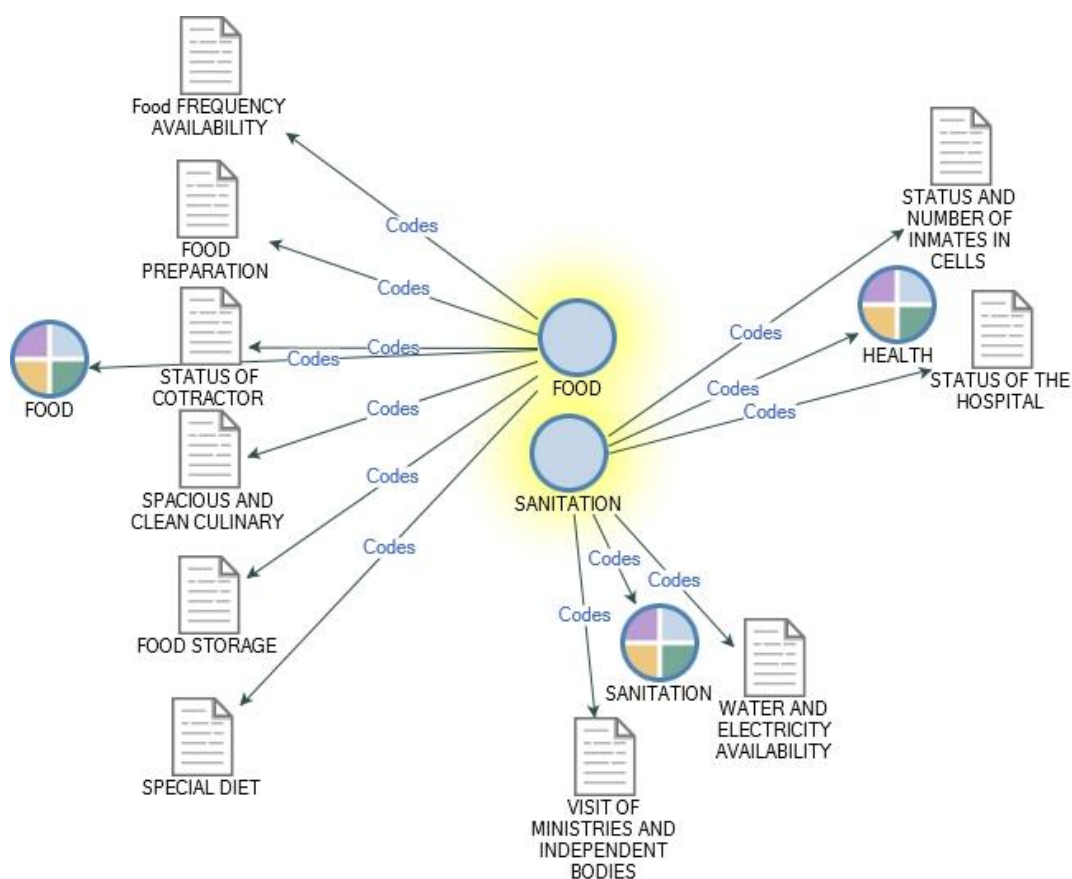
**Results****Theme 1. Food**

The data analysis in this study proceeded from a hybrid approach, a combination of deductive and inductive coding. The categories developed from the theoretical basis of

the study and appeared in the interview part of the survey unchanged. The following subcategories related to the dominant food availability and sanitation phenomena in the sample, as illustrated in Figure 5.

**Figure 5**

*Comparison Diagram Showing Relationship of Services Available to the Main Themes and Their Subcategories*



### ***Food Frequency or Availability***

The respondents produced a variety of responses; the opinions of active in-service officers differed from the perceptions of inmates. The consistency occurred in the explanations of the food provided for inmates who attend court sittings on certain days.

The common response was “They combine it,” meaning putting together the food for lunch and dinner. Both groups of respondents indicated inmates received only one meal on court days, instead of the two they normally received.

Inmates were very emphatic about the inadequacy of food. Other views that emerged were related to the provision of special diets for those diagnosed with renal problems, diabetes, high blood pressure, peculiar eating habits, and Muslims during Ramadan. Inmates complained about the discrimination based on availability of personal resources or wealth for these special diets, indicating unless the prisoner has the funds to purchase the foods they need, the prison provides nothing.

**Figure 6**

*Chart Indicating Food Availability or the Number of Times Inmates Get Food*

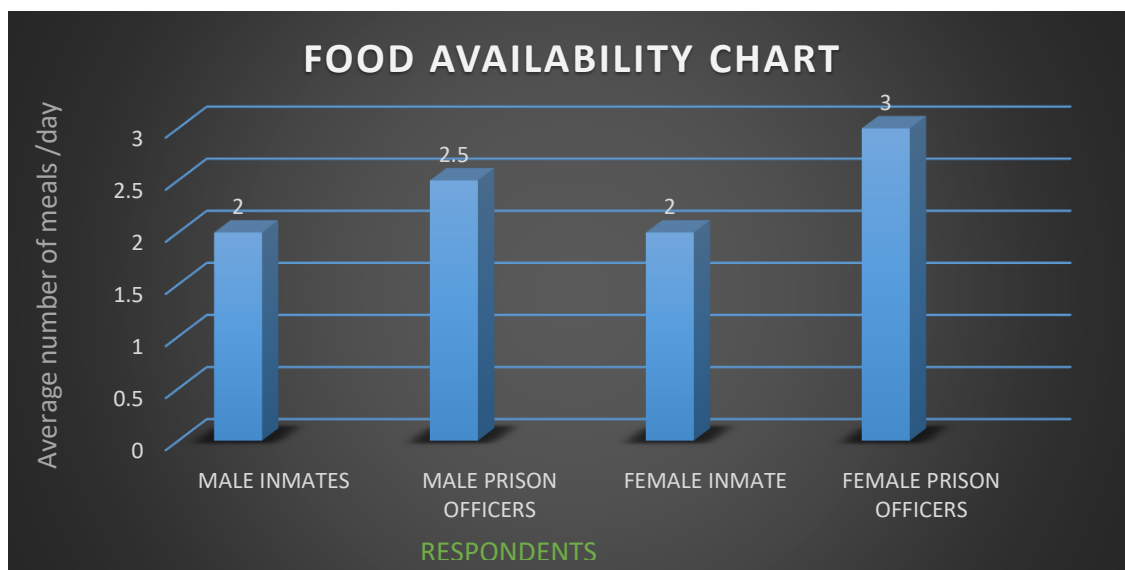


Figure 6 shows the average number of times respondents perceived food was served per day. The female officers were aware of the number of times food was supposed to be served, not the number of times it was actually served. The only female

ex-inmate and the five male ex-inmates agreed about the number of times food was actually served. Some of the male officers responded that inmates received meals three times a day, and other officers answered two times (thus the average response of 2.5).

### ***Food Preparation***

Another aspect of food availability about which respondents were fully concerned was food preparation. Two views emerged regarding this topic as well. Some participants indicated that inmates prepared the food for inmates, and others responded that prison cooks prepared the meals with inmates as assistants. The issue of who prepared the meals was important because if the food was prepared by an untrained and unqualified cook, the possibilities that the food would not meet basic standards increased. If the food were contaminated, inmates were not able to eat; hence, their nutrition and food would not be adequate for that period.

### ***Status of Contractor***

Only the currently serving prison officers mentioned the status of the food contractor in their responses, and even in those cases, the officers' knowledge of operations was not clear. The question of whether the food contractor operates a processing company with qualified nutritionists was farfetched because in Sierra Leone, contractors bid for supply of these public institutions and the bidder who is contracted as vendor is not publicly known. Besides, it is hard to come by such contractors, since there are "portfolio contractors," and some contractors thrive on patronage.

### ***Spacious and Clean Culinary Preparation Area***

Comments regarding spacious and clean culinary preparation areas pointed to the overlap of the themes of food, health, and sanitation. Cooking and eating areas should be clean and decent, otherwise food consumed in unhygienic and unsanitary areas may be hazardous to well-being (DC Department of Corrections, 2014). Only the inmates expressed a negative view of the cleanliness and upkeep of the culinary area, while all other respondents suggested the area was clean and scrubbed every day after cooking.

### ***Food Storage***

Food storage was another issue related to food availability that came out clearly in the interviews. Whereas officers indicated that the food storage was adequate, and a freezer was available to preserve fish, meat, butter, cheese, and other perishables, the inmates referred to the food storage facility as a small place. One inmate asserted that food storage took place “in fact, [in] one of the cells.” Food storage is a very important component of the food availability concept, because if food is not properly stored, it might go bad, and hence the amount required for preparation would not be available. These events might lead to food rationing, which has its own ramifications for inadequacy of food.

### ***Special Diets***

Responses regarding the provision of foods for inmates on a special diet, or an “officer’s diet,” as the inmates called it, also reflected an aspect of food availability. If food was not available or adequate, there would be no alternative meals because food was scarce. However, this diet received attention from all respondents, and they insinuated

that food for a special diet can be available to inmates who have the wherewithal.

Respondents stated that with a doctor's recommendation, this special diet can be made available. Respondents also stated that Muslims enjoy this privilege during the holy month of Ramadan. Inmates noted that sometimes garri (a food processed from cassava and made into grains for easy consumption) is available as an alternative special diet.

Interview responses indicated that adequate, nutritious food is provided for the Prisons Department, but the amount of food that reaches the inmates is not adequate, and the quality of the therapeutic or medical diet is questionable. One stark reality is the lack of established policy regarding the status and capacity of the contractor that supplies the Pademba Road Prison.

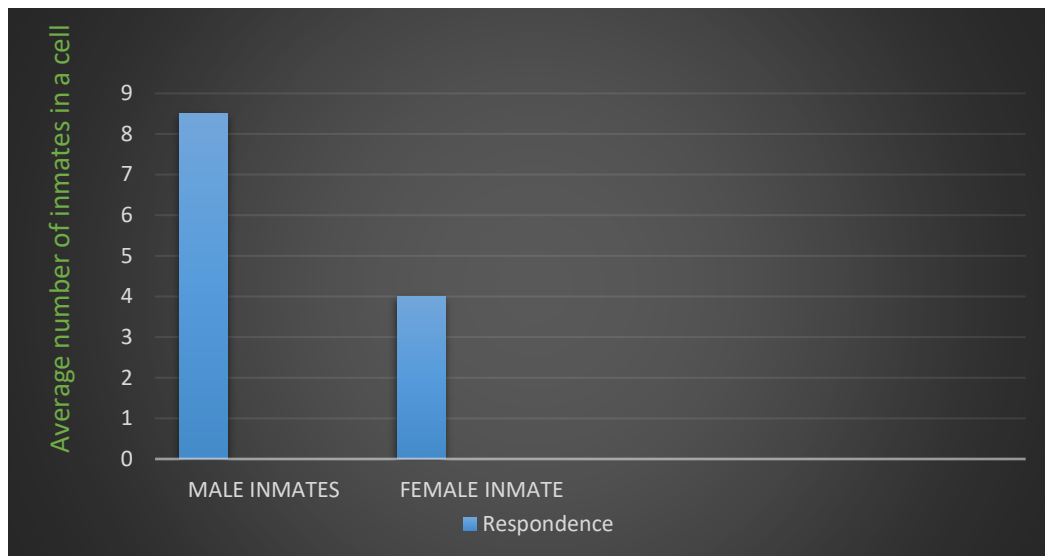
## **Theme 2. Health**

### ***Status and Number of Inmate per Cell***

Issues of healthcare in the prisons centered on the status and number of inmates in a unit cell (Figure 7). One indicator of overcrowding is if more than six persons inhabit a unit cell. Before getting the responses from inmates as to the number per unit cell, it was not uncommon to hear prison officers saying, "This place was meant for 324 inmates; now it has more than 1,000 inmates." This response was an indication that the Pademba Road Prison now houses more than three times its original accommodation capacity, a clear sign of congestion and overcrowding, a very unhealthy situation, which increases the likelihood of outbreaks of diseases.

## Figure 7

*Chart Showing the Average Number of Inmates in a Unit Cell*



The chart reveals that for the male inmates, the number of inmates in a unit cell ranged between 8 and 9 (thus, the average score of 8.5). For the females, the average was four because few women are incarcerated in Sierra Leone.

### *Status of the Hospital*

The status of the prison's hospital is important for taking care of the health of inmates. The medical doctor from the prison offered the following response to the question of whether the hospital operates according to standard procedures: "During the unrest, they burnt down the facility, but it can accommodate 10 patients at a time."

Respondents indicated that the Pademba Road Prison Hospital, which serves over 1,000 inmates, can only admit 10 persons at a time. Respondents further stated that the hospital has "only one medical doctor and some trained nurses." Pregnant women, according to respondents, are referred to either the clinic in the nearby community of

Dwarzack or to the Prince Charles Maternity Home (PCMH) at Fourah Bay Road.

Inmates diagnosed with TB or HIV/AIDS and those with mental illnesses also receive referrals for treatment, rather than begin treated in the prison hospital.

### **Theme 3. Sanitation**

#### ***Water and Electricity***

Water and electricity are basic necessities in any prison. Even though Freetown suffers sometimes from power outages, the Pademba Road Prison has constant electricity. As a security measure, because of the intermittent outages, the prison owns a reliable stand-by generator to provide electricity. Water, they responded, is not always available, but they can fetch water from near the prison, and sometimes the stored water is supplemented by a water bowser provided by the Guma Valley Water Company. These responses implied that water is not in short supply at the Pademba Road Prison. However, one inmate observed, “Sometimes for you to get enough drinking water, you have to pay.”

#### ***Visits by Ministries of Government and Other Independent Bodies***

Visits by government or other officials are a route to inspection of the precincts of the prison to determine what is happening behind the walls of the prison. Such visitors might inspect the maintenance of infrastructure, disinfection of public facilities, and human rights issues. Inspections reinforce the idea that having committed a crime does not absolve inmates’ rights as human beings or citizens of Sierra Leone or any other country. The overcrowding and unsafe conditions establish the need for the Ministry of Health and Sanitation to make periodic checks to maintain a healthy environment within



the walls of the prison for the health of the inmates and the prison officers. The need to regularly disinfect the unit cells and buildings cannot be overemphasized as it is a basic requirement for maintenance of safe, healthy, and hygienic living environment.

A few respondents, especially the prison officers, affirmed that representatives from the Ministry of Health and Sanitation visited the prison, but a few active in-service prison officers had mixed feelings about this activity. The ex-inmates had nothing to say about this activity. Another view was that the Ministry of Works, Housing, and Infrastructure was responsible for public facilities, but since Pademba Road Prison has its own Works Department, inspection of housing units should fall within the prison's purview. Conducting inspections was a practice in the early 1980s and 1990s, according to one prison officer. Two prison officers mentioned the visits of the judiciary and an independent organization, Prison Watch. One prison officer mentioned Coalition for Health, Sierra Leone, as another independent body that had paid a visit to the Pademba Road Prison.

### **Other Relevant Categories**

The following terms, though they were the least mentioned in the word frequency analysis (Figure 7), represented participants' identification of urgent matters of concern in the prison:

- Cooking utensils
- Maintenance of good hygiene in the kitchen
- Types of toilets

- Supplies of basic items, such as garments, shower shoes, soap, deodorants
- Laundry of garments.

### ***Cooking Utensils***

Cooking utensils play a major role in the preparation of food. All the respondents perceived the cooking utensils to be sufficient. The equipment includes five electric pots for general cooking and one for breakfast. Respondents added that they previously used firewood as source of energy, but currently they use cooking gas and follow environmentally friendly cooking methods.

### ***Good Hygiene in the Kitchen***

Maintenance of good hygiene in the kitchen is a prerequisite for serving safe and healthy food. One inmate felt the cooks did not take much hygienic care as “some had no head gear and or gloves, and only some have aprons” in the kitchen. The prison officers claimed the cooks always wear aprons and wash their hands before cooking.

### ***Types of Toilets***

The types of toilets in the prison are an indication of how hygienic the living environment might be. All the male respondents stated that only one residential hall had water closet toilets, and all others employed the bucket method, an archaic and unhygienic method of collecting feces. The only female ex-inmate said, “They had clean and safe toilets,” a perception echoed by all the female officers. These responses implied buildings for the male inmates have a problem with unhygienic methods of collecting solid waste. These poor practices are the reason why in times of chaos in Pademba Road Prison, inmates have access to feces to use as a weapon against officers.



## **Summary**

This research was conducted in the immediate environs of Pademba Road Prison in Freetown, Sierra Leone. The sample of participants included currently serving correctional officers and ex-inmates of the Pademba Road Prison who agreed to in-person interviews and to be audio recorded. The audio recordings were transcribed into Word documents and imported into the NVivo software. The data were analyzed on the basis of a systematic coding system to identify themes and patterns. In effect, the study revealed food inadequacy at Pademba Road Prison with a substandard healthcare system. Food storage problems, overcrowding, poor toilet systems, and limited supplies of necessary personal items were among the salient findings of the study. These outcomes established a strong need for the Sierra Leone government to attend to the conditions at this public facility with the view to addressing these problems. Chapter 5 presents a summary of key findings and discusses the limitations that impacted this study. The next chapter also features recommendations based on the findings and discussions of the implications for social change and future research.

## Chapter 5: Conclusion

The purpose of this study was to gather data to support the formulation of policy recommendations to address the inadequate food and poor sanitation problems prisoners face at Pademba Road Prison in Freetown, Sierra Leone. The nature of the study required a qualitative approach in the inquiry because the aim of the study was to examine aspects of human behavior that cannot be quantified (see Noble & Smith, 2015). I conducted two prison observations in the prison environment and housing units and administered face-to-face interviews with a sample of 18 individuals, including prison staff and prisoners released in the last 5 years. The data helped identify the problems and yielded insight and information to support the formulation of appropriate policies. The study was conducted with the view to putting in place mechanisms that would secure the lives of citizens no matter their circumstance, status, creed, or race.

### **Summary of Key Findings**

The findings from this study revealed that food availability in the Pademba Road Prison is inadequate and that sanitation practices in the prison need urgent attention. The study also showed that ensuring nutritious food is provided is not a common practice. Findings indicated that food contractors who supply the Pademba Road Prison do not necessarily work with processing companies with expertise in nutrition. Instead, contractors are either governing/ruling party activists or businesspeople with connections who have farms or workers to supply the required goods and services, sometimes with little or no established standard specifications for the supplies. The data further revealed that the cleanliness of the kitchen came under question, which implied the need for

constant supervision of this area. Though there are indications that there is enough space for food storage, respondents indicated the need to check whether this space is enough for the storage of food now meant for more than 1,000 inmates.

Another finding of this study was that the hospital does not meet industry standards, employing only one medical doctor to care for all prisoners. The facility can accommodate only 10 patients at a time; however, this facility was burnt down during a jail break attempt. The hospital has no psychologists, the nutritionist comes from the Ministry of Health and Sanitation, and there are no professional guidance and counselling experts on staff.

The respondents provided anecdotal evidence that the unit cells are congested and overcrowded. This maximum security prison was constructed to house 324 inmates but now houses more than 1,000 (Sierra Express Media, 2015). This overcrowding is a cause for concern, especially if outbreaks occur. Findings from this study made clear that inmates receive only limited supplies of necessities such as garments and soap. Other items listed in the questionnaire, such as shower shoes and deodorants, are nonexistent for inmates. Another finding that has health implications was that inmates launder their garments in the same buckets they use to collect feces. The type of toilets used in the prisons do not meet current standards for safety, and the prison does not provide enough toilet facilities for its population, a situation likely to lead to ill-health among inmates. The fact that inmates have access to pools of solid waste, which they might use as weapons during conflicts, should be considered a security risk in the prison.

## Discussion

### Implications of Findings to Previous Literature

The findings of this study aligned with previous characterizations of overcrowding, as explained in the literature review. Overcrowding was found to be a central focus of the literature reviewed. Pademba Road Prison facility was originally designed by the British colonial government for 324 detainees but now holds four times that capacity at 1,300 inmates (Sierra Express Media, 2015). Overcrowding therefore invariably becomes evident and leads to degrading practices and poor personal hygiene. Moreover, all prison systems around the world face the issue of overcrowding with their attendant health hazards. According to McCarthy (2018), the top 10 most overcrowded prisons in the world are in Haiti, Philippines, El Salvador, Zambia, Guatemala, Uganda, Sudan, Bolivia, Comoros, Benin, and Sierra Leone. In fact, Pademba Road Prison has cells measuring 6 ft. by 9 ft. holding nine or more prisoners (U.S. Department of State, 2014). These kinds of overcrowded conditions in prisons leads to many health hazards for inmates.

In the same vein, food inadequacy was another issue that resonated with indications from the literature review. According to the Danish Institute Against Torture (2015), food deprivation, either in the form of torture or because of poor prison conditions, has been documented in China, the United States, Turkmenistan, Sudan, Russia, Italy, Japan, Zimbabwe, Mozambique, Gabon, Palestine, and Tanzania, to name a few across the world. In short, irrespective of their economic structure and capabilities, both developed and developing countries experience prison overcrowding.

Another area of correlation was food scarcity. According to Human Rights Watch (2019), half a U.S. dollar a day was the budget to feed one inmate in Pademba Road Prison. This insufficiency was compounded by the inability of the government of Sierra Leone to pay food vendors to serve the prisons. The result was severe year-round food shortages and consequent malnutrition. In Sierra Leone and Ethiopian prisons, and in some developed nations, workers in culinary areas were inmates who did not understand the importance of proper food handling. These conditions were present in many other prisons in developing countries. The inmates tended to prepare food without following proper hygiene procedures. As a result, the food they prepared became contaminated and caused multiple intestinal infections.

Fry's (2019) concept of hidden hunger, which means a lack of vitamins and minerals in the food of people who may eat every day but do not get adequate nutrition, was also relevant to this study. The amount of food in prisons must be adequate, as well as nutritionally balanced and of acceptable quality. This concept aligned with the findings of this study. In Pademba Road Prison, inmates receive foods that grossly lack vitamins, and this deficit has been responsible for the malnutrition of inmates in this facility. Research and observation showed that Pademba Road Prison lacks the resources and policy guidelines to allow inmates to live a dignified existence during incarceration in this facility. These conditions have occurred in prisons in America and in developing countries in Latin America, Asia, and other continents, according to the Danish Institute Against Hunger (2015), the World Health Organization (2015), and the International Red Cross (2015).



Sanitation is another issue wherein the findings of this study confirmed the issues raised in the literature review. The problem was that the Ministry of Health and Sanitation in Sierra Leone did not have a specific sanitation policy or guidelines for its prisons. Improper food storage made it difficult for food preparers to maintain the freshness and cleanliness of the food they prepared for inmates. This shortcoming led to contamination and the outbreak of diseases in penitentiaries. According to the World Health Organization (2018), sanitation is an essential aspect of public health. The organization therefore offered appropriate guidelines to proper hygiene in prisons to ensure the health of inmates.

Improper food handling is directly related to sanitation issues in prisons. A penitentiary without proper sanitation policies tends to engage in improper food handling procedures. Regarding the situations of prisons in various countries, Abbas et al. (2018) urged governments to create a mandate and focus on policies that promoted personal hygiene and sanitation. According to the DC Department of Correction's (2013) food storage policy, there must be a clean and sufficient location for food preparation where workers can move freely and safely store raw ingredients before they are prepared and consumed. The findings of this study revealed that Clarkson Hall, one of Pademba Road's residence facilities, has water closet toilets, but all other housing units used the bucket method, an archaic and unhygienic method of collecting feces. These results implied the buildings that house male prisoners have a problem with the hygienic collection and management of solid waste. All these issues and policies related to the findings and recommendations of this study.

However, in some areas, the study's findings did not agree with the literature review, for example, in the topic of children taken into prisons by their incarcerated mothers. Previous findings indicated food shortages that impacted such children, but this study's findings did not reveal anything about such children having issues with food in the prisons. Furthermore, data from this study indicated pregnant women receive appropriate medical care, and very serious cases are referred to the maternity unit in downtown Freetown.

### **Implications of Findings to and Expansion of Knowledge**

Other findings from this study may broaden knowledge in this field. For instance, tattooing in prison by inmates involves the use of crude instruments, which are a major source of terminal illnesses like HIV, hepatitis, and so on. Another argument obtained from secondary sources was the offering of comforting food to dying inmates. Previous researchers documented those comforting foods may be provided through community projects largely funded by donations from some members of the public (Loeb et al., 2015). The researchers further explained that these funds are used to buy food items for inmates approaching end of life through the prison commissary system.

The findings raised the issue of the considerations given to dying inmates. Jail management provides the needs of inmates in this condition. This practice is commonly provided to old and sick prisoners, who are counting the days they have left to live. Jail managers appear to have a budget to provide special treatment for those in the end-of-life period. They are given the right food and meet other needs as a way of caring and

comforting inmates. However, this treatment may be somehow unfair to those inmates who may live for a longer period.

The findings about food preparation, consumption, and support to the inmates implied that some jail managers prioritized those who were in the end-of-life period while disregarding those who were strong enough to eat and survive. This kind of perspective raised a question about the quality of life in penitentiaries because inmates experienced good and acceptable things only a few days before they died. Those who were still living without a trace of sickness or suffering continued to face and experience problems in food rations.

Another area where I have gained knowledge about prisons and this field of study was the case of transgender women. Like other patients, transgender inmates also needed healthcare support and service, especially during their transition. Transgender inmates experience numerous discriminations inside the penitentiary because of their sexual orientation (White Hughto et al., 2018). This prejudice also affected their access to healthcare because they could not access services for their needs. Biased providers and sex-segregated services made it more difficult for these inmates to get the right support (White Hughto et al., 2018). Furthermore, I have been able to learn that economic status or development is not sufficient to change the structure or system in penitentiaries and that many countries in the world, including developed nations, face problems related to inadequate food, poor sanitation, and insufficient healthcare.

### **Implications of Findings to Theoretical Framework**

The results and literature that supported this study dictated the policy prescriptions and recommendations to ameliorate the problems derived from the situational analysis. Application of the stages heuristic theory of decision making was also pertinent to the process of making recommendations. This theory unfolds in six elaborate stages. The first step was to identify the problem, which in this case was food shortage and poor sanitation. This is a public policy problem because Pademba Road Prison is a public institution. This problem requires addressing and solution.

Once the problem has been identified, a serious debate can commence about the plans for a policy. In this second stage, the theory strongly resonated with the phenomenon being investigated. The problem can then be placed on a public agenda, and the process of mapping and developing policy to address the problems can begin.

### **Data Interpretation**

Similarly, the visualizations/diagrams can also be interpreted and explained for easy reading and better understanding. The first set of figures (Figures 1, 2 and 3) are mind maps generated in NVivo. They provide a visual depiction of the links between the nodes and cases. Nodes arrange similar responses at one place. Mind maps in this study depicted the subcategories for each of the three major themes—food, health, and sanitation. The mind maps provided the reminder of issues arising from the research question.

The mind maps illustrate the major issues discussed under each of the themes. For example, regarding the theme of food, discussions addressed special diets, the number of

times food was available, the status of the contractor that supplied food, modes of food preparation, and cleanliness of the culinary areas.

Discussions regarding health included the presence of general health screenings, psychological screenings, and referrals and special diets for inmates diagnosed with critical ailments. Relative to sanitation, the type of toilets, laundering of garments, number of inmates in cells, and provision of water and electricity were pertinent topics. The discussion of these issues generated the required information about the status of food, health, and sanitation in the prison. Figure 4 is a comparison diagram that highlighted the similarities, differences, and unique issues that arose in the themes and subthemes and indicated the prominence of issues in the research.

The bar charts in Figures 5 and 6 display the frequency and coverage of themes such as the number of times food was available to inmates and the number of inmates housed in a unit cell. Figure 5 indicated that all the ex-inmates (both male and female) indicated that they received two meals per day. The male prison officers in their responses stated food was available to inmates two or three times per day (an average of 2.5 times). The female prison officers reported about “what ought to be” not what was, and they stated that the three meals, breakfast, lunch, and dinner, were always available. These responses are unlikely to reflect the truth because, generally in Sierra Leone, not more than 50% of the prisons could afford to provide three square meals per day. The poverty profile of Sierra Leone in 2011 indicated that 52.9% of people lived in poverty with a high correlation between food poverty and total poverty. Figure 5 indicates that the prison inmates are not fed appropriately or adequately, which was the thesis of my study.

The bar chart in Figure 6 offers a vivid picture of overcrowding/congestion of male inmates in the prison. With eight to nine persons per unit cell, it is evident that there is a problem with accommodation. Anecdotal evidence indicated that the precinct currently accommodates three times its actual capacity, a major public policy concern.

Figure 7, the concept map, provides an illustration of policy issues arising from my study. It defines the interconnectedness of public policy issues to be addressed. For example, the adequacy and availability of food in the prisons should resonate with the status of the contractor, who should be a certified food processor, either trained as a nutritionist or employing a nutritionist. The Prisons Department should also house a nutritionist to ascertain that the food served to inmates meets minimum dietary and safety standards.

The map further illustrates that the six policy issues (in the quadrilaterals) are interconnected with the required personnel (procurement officer, nutritionist, psychologist), government ministries and their roles in ensuring the prison is not a health hazard but a place for correctional rehabilitation. That the prison is a public facility proves that its problems require attention. The map also indicates that services are inadequate to provide minimal safe care for inmates and thus constitute a dire need for public attention.

### **Limitations**

The extent of this study was limited by the time allotted for the administration of the questionnaires and the observations. This restriction was the result of Sierra Leone being red listed for the Corona virus variant in July 2021 when I was there to collect data.

Moreover, currently incarcerated inmates were not participants as they are vulnerable persons or populations. The IRB underscored this point in the approval letter. I was able to conduct observations on two occasions. The first observation took place between 7:00 a.m. and 7:30 a.m., and the second observation occurred between 7:00 p.m. and 7:30 p.m., when all the inmates had been locked in their respective housing unit cells.

The scope of the study, assessing conditions of food availability and sanitation condition in Pademba Road Prison, limited the generalizability and impact of this investigation, which was purely academic. This topic offers opportunity for a much greater scope, but lack of access to secondary data from the institution imposed a major limitation.

### **Recommendations**

The research question of this study was “What policies can be formulated that would give inmates access to adequate food and improved sanitation at Pademba Road Prison?” The recommendations that emanated from this study directly related to this question. The following policy recommendations are organized by the themes that emerged from data analysis, and the process of implementing the recommendations unfolds in a rough parallel to the stages of the heuristic model of public policymaking.

Each recommendation begins with a statement of the problem as identified by participants in this study. Next comes a proposed agenda and strategy for addressing the problem, followed by suggestion of how to implement the action. Finally, as in the sixth stage of the model, the recommendation includes a mechanism for evaluation or

inspection to support improvement of policy and to detect and eliminate corruption of the system.

### **Recommendations Related to Food**

Food services operation for inmates should comply with national laws and regulations, accreditation standards, policies, procedures, and best practices for health, dietary, environmental safety, and sanitation. The following recommendations promote those goals.

#### ***Provide Frequent and Nutritious Meals***

Findings from this study indicated that the number of meals inmates received varied when their typical schedule was disrupted (prisoners received only two meals on court days). Therefore, the first recommendation is that the prison managers ensure each inmate receives three meals per day according to the Sierra Leone Prison Ordinance, regardless of other circumstances. One possibility would be to prepare box lunches for the inmates who leave the jail to appear in court. Periodic inspections by Ministry of Health and Sanitation and Prison Watch, Sierra Leone and spot checks within the prison could ensure the maintenance of these standards.

Participants also expressed concerns about the quality and nutritional sufficiency of the food inmates receive. This problem also appeared as a common concern in the literature review. Therefore, to ensure that inmates receive nutritionally balanced meals each day and that meals meet recommended dietary standards, the prison should employ a nutritionist who is familiar with the guidelines and recommendations of the Ministry of Social Welfare and Gender Affairs. This professional could work with food service



workers to develop menus and ensure standards are met. Periodic inspections by the Social Welfare Ministry would also ensure adherence to this policy.

***Ensure Food Preparers Are Adequately Trained***

Respondents in this study expressed concern about the qualifications of the individuals who prepared the food for consumption within the prison. Some participants indicated that inmates prepared the food for inmates, and others responded that prison cooks prepared the meals with inmates as assistants. Preparation of food by untrained and unqualified cooks increases the possibilities that food does not meet basic nutrition standards and that the food might be contaminated or otherwise unsafe to consume.

The prison's policy should require qualified and educated cooks to oversee and manage the preparation of all meals, and any assistants or other workers must receive training in safety and cleanliness guidelines. Supervising cooks should report to prison officials to verify adherence to these policies, and periodic inspections by the Social Welfare Ministry may help ensure compliance.

***Ensure Ethical and Legal Compliance by Contractors***

Some participants in this study intimated that corruption is a problem as the prison tries to secure reputable contractors. Often, the contract to feed the prison is given not to professional cooks or a food processing company but to political activists and local Lebanese businesspeople. Because these contractors are not food or culinary experts, they supply only items like rice, fish, meat, and condiments needed to prepare the meals (Sierra Leone Media News, 2015). When these condiments and other cooking items get to the jail, the correctional administrators are always the first to get their share of the raw

cooking items, leaving the rest for inmates and other correctional staff cook the food. With the best of the cooking items syphoned by the correctional administrators, the cooks end up cooking poor quality food, which causes most inmates to be malnourished. Moreover, corruption in this facility relates not only to food but also to nonfood items. Garments, jumpsuits, footwear, blankets, bedding, toothbrushes and toothpaste, and laundry and bathing soap are all carted away by prison staff to be sold in the prison stores (Sierra Leone Media News, 2015).

Findings also indicated that food contractors may be unfamiliar with standard procedures regarding the safe transport and provision of food. Procurement officers must ensure that clearly written specifications should accompany any Request for Bid that is issued when contracts are to be renewed or new contractors or vendors are sought. In addition, the contractors or vendors should be informed regarding quantity, quality, packaging, and specifications should include details to ensure a product's appropriateness for the menu.

***Assess and Establish Spacious and Sanitary Areas for Food Preparation and Storage***

The ex-inmates who provided data for this study expressed a negative view of the cleanliness and upkeep of the culinary area, while all other respondents suggested the area was clean and scrubbed every day after cooking. Cooking and eating areas must be clean and decent, otherwise food consumed in unhygienic and unsanitary areas are hazardous to well-being. Given the contradiction in the responses, the first recommendation is for prison officials to determine the cleaning schedule and practices in the prison.

Concerns about food storage was another issue that emerged in the interviews. Whereas prison officers indicated that the food storage was adequate, and a freezer was available for perishables, the ex-inmates referred to the food storage facility as a small, unsuitable space without proper equipment to safely keep food. Improper storage of food may lead to contamination or spoilage and hence to potential health hazards from consuming spoiled food or inadequacy of food and food rationing resulting from the need to discard unusable food. Again, the recommendation is for officials to determine the true conditions of the food storage at the prison.

Once a thorough assessment and determination of the circumstances is complete, prison officials, kitchen staff, and the Ministry of Health and Sanitation should ensure that all food service areas, including dining and food preparation areas, storage facilities, and equipment, are regularly inspected and the inspections documented to ensure compliance with national health and safety codes. Efforts should be made to minimize potential risks in the use of equipment and safety procedures for an environmentally safe and sanitary food service operation in the Pademba Road Prison.

### ***Accommodate Special Diets***

Inmates in this study mentioned the discrimination that characterized the provision of special diets for those diagnosed with medical conditions or those who had cultural or religious requirements regarding food. Inmates in this study indicated that the availability of personal resources or wealth determined whether a person could access the special foods they needed. While this issue did not specifically arise in the literature review, the comparable practice of providing comforting food to dying inmates did

emerge (Loeb et al., 2015). Prison officials could consider collaborating with community resources to provide special food for inmates, as Loeb et al. indicated jail managers did to make special accommodations to meet the needs of the sick and dying.

### **Recommendations Related to Health**

Plentiful evidence from the literature review indicated that overcrowding in prisons causes a myriad of health and sanitation problems (Roberts, 2015). Overcrowding undermines the ability of penal systems around the world to meet inmates' basic needs for food, accommodation, and health care (e.g., Lappi-Seppala, 2009; Penal Reform International, 2019; World Prison Brief, 2019). Another problem is that prison budgets are insufficient to provide for inmates' basic needs (Moschetti et al., 2017; Treacy et al., 2019). Pademba Road Prison now houses more than three times its original accommodation capacity, and the prison's budget is insufficient to remedy this issue. However, officials should undertake measures to assess and remedy the problems related to food availability and lack of sanitation that arise from overcrowding.

Another determinant of inmates' health, according to ex-inmates and the prison doctor, is the capacity of the prison's hospital. The doctor implied that the hospital cannot operate according to standard procedures because "it can accommodate 10 patients at a time." Ex-inmates confirmed that capacity and further indicated that the hospital has "only one medical doctor and some trained nurses." While pregnant women and those with severe mental illness receive referrals to medical providers outside the prison, most inmates struggle to access basic health care. Another recommendation is that the Pademba Road Prison staff and facilities should be expanded to provide basic services to

the prison's population, and the prison should also employ a professional psychologist and a guidance and counselling expert. This psychologist or counsellor will help offenders with preexisting problems that may have been a direct cause of their incarceration (Canter, 2010). The psychologist will also help assess the cognitive ability of offenders and help them adapt to jail life (Canter, 2010).

### **Recommendations Related to Sanitation**

All the male respondents in this study indicated that only one residential hall had water closet toilets, and all others used buckets as toilets, an archaic and unhygienic method of collecting feces. While the female ex-inmate and prison staff indicated the toileting facilities for women were adequate, the male inmates must deal with unsafe methods of collecting solid waste. These practices are potential sources of disease, contamination, and danger. Also, during previous riots in Pademba Road Prison, inmates used feces (from the buckets of open sewage in their cells) as weapon against officers.

Another issue in the prison was the failure to provide sufficient supplies for inmates to maintain personal hygiene and cleanliness in their cells. Respondents indicated they did not receive enough cleaning supplies, towels, deodorants, or shower shoes to keep themselves and their environments clean and safe. While ex-inmates responded that they received some soap every week, efficiently laundering their garments was impossible because they had to wash their clothes in the same buckets they used as toilets. While budgetary restrictions are hard to overcome, prison officials should implement inspections, supervision, and practices to keep inmates safe and healthy and to protect the lives of the prison staff who attend to the inmates' needs.

### **Implications for Social Change**

The findings and recommendations of this study, if earnestly implemented, may lead to the crafting of appropriate food and sanitation that will bring about far-reaching benefits to the prison systems of Sierra Leone. Inmates may begin to eat three nutritionally balanced meals per day. This provision will keep them healthy whilst they stand trial or serving their jail terms. If inmates have access to good and adequate foods, disease outbreaks may be averted, and lives may be saved. Moreover, unique dietary guidelines for inmates with medical conditions like diabetes, cardiovascular conditions, and renal diseases may be delivered. In this way, Pademba Road Prison may cease to be viewed as a death trap for incarcerated inmates.

Similarly, improved sanitation policies will make Pademba Road and the other prisons in the country cleaner and healthier places for human habitation. Sanitation policies relating to the culinary units of these facilities, especially the food storage areas, will make great difference. Proper sanitation policies tend to improve food handling procedures, which will help prevent disease outbreaks in the jail.

In addition to food and sanitation policies, other reforms may make room for the construction of more infrastructures, such as housing unit cells that will adequately accommodate all inmates and thereby prevent overcrowding with its accompanying health hazards. Additional infrastructure will also allow expansion of the hospital and housing of sufficient numbers of healthcare workers.

With proper food and sanitation policies in place, periodic inspection by the relevant stakeholders will become the norm and the basis for best practice. These periodic

inspections of buildings and the precincts will make prison administrators stay alert to their responsibilities of making the prison setting safe, secure, healthy, and hygienic. In short, inmates' rights to basic human needs such as food, water, shelter, and a clean and healthy environment will be provided.

Another contribution of this study is the alignment between this policy and the United Nations' (2022) sustainable development goal to "Leave No One Behind." This universal principle is defined by the goal "to eradicate poverty in all its forms, end discrimination and exclusion, and reduce the inequalities and vulnerabilities that leave people behind and undermine the potential of individuals and of humanity as a whole" (para. 1). This study has that same vision for policy prescription. Another similarity between the two is that operationalizing the UN's principle requires "a series of steps, including identifying who is being left behind and why; identifying effective measures to address root causes; monitoring and measuring progress; and ensuring accountability" (para. 5). These steps run parallel with the steps for implementing policy change in the prison, as summarized in Table 1.

**Table 1***Summary of Recommendations for Prison Policy*

Recommendation	Problem	Plan	Implementation	Enforcement
Food				
Provide nutritionally balanced menus	Missed meals, poor nutrition	Train food service personnel in nutritional requirements	Provide nutritious and plentiful menus	Kitchen supervisors, inspectors from Agency
Ensure food preparation is safe and sanitary	Untrained food workers	Appoint and train kitchen supervisors, train assistants	Adhere to safety and cleanliness guidelines for food preparation	Kitchen supervisors, inspectors from Agency
Ensure compliance by food contractors	Untrained, negligent food provision	Generate written specifications contractors must meet	Provide inspection and enforcement	Kitchen supervisors, inspectors from Agency
Provide spacious and sanitary food prep. areas	Lack of hygiene and sanitation in food prep. and storage areas	Train all kitchen personnel in proper sanitation	Establish cleaning schedule and practices	Prison officials, kitchen staff, Ministry of Health and Sanitation
Fairly accommodate special diets	Inmates with medical or religious diets do not receive the food required	Assess needs, determine clear policy	Ensure equitable administration of policy	Prison officials, kitchen staff, medical staff

(table continues)



Recommendation	Problem	Plan	Implementation	Enforcement
<b>Heath</b>				
Reduce overcrowding	Unsafe, unsanitary conditions	Assess and seek remedies	Enact measures to reduce harm	Prison officials, government officials, prison staff
Provide basic medical care	Shortage of medical personnel and facilities	Assess medical needs for current population	Enact measures to provide minimum acceptable medical care	Prison officials, government officials, prison staff
<b>Sanitation</b>				
Provide safe toilets for all inmates	Inmates use buckets for toilets	Assess needs to achieve minimum safety	Institute change to ensure safety of inmates and staff	Prison officials, and staff, government officials
Provide items for inmates' personal cleanliness	Lack of cleaning supplies and items of person hygiene	Assess needs; provide separate toileting and laundry facilities	Institute change to ensure safety of inmates and staff	Prison officials and staff, government officials

### **Implications for Future Research**

The results of this study provided suggestions and insights that could be used in future research. The gaps in research literature showed that food availability and proper sanitation have not been well discussed, explored, or examined, especially in countries like Sierra Leone, where prison conditions are significantly poor. This study focused on one prison in Sierra Leone to discuss the problems of sanitation and food availability. However, with the focus on a single prison in the country, the implication was to encourage future researchers to expand the discussion, scrutiny, and examination of prisons throughout Sierra Leone to determine if food availability and lack of food

sanitation are isolated cases or an institutional, economic, political, and national issue that must be considered and addressed.

Moreover, the results of this investigation may encourage future researchers to delve deeper into the issue of food availability and sanitation problems that may be relevant not only to the Pademba Road Prison in Sierra Leone but also to other countries, both developed and developing nations. Food and issues in prisons are valuable topics because the lack of sanitation and proper nutritious food could compromise the inmates' health, which could result in a greater economic and health burden since the prison and health institutions are required to treat the inmates for the sicknesses caused by improper food preparation and shortage of nutritious food. This study could serve as a primer in understanding the importance of food sanitation and nutrition not only in Pademba Road Prison but in all prisons worldwide. The results of this study could encourage more research in the future on food sanitation and nutrition in prisons that could be used in developing appropriate policies to address the identified issues.

Although prisons are institutions that operate in the dark margins of society and are therefore not taken as important public settings, yet they are equally important as any public institution. They are used as facilities to keep dangerous people from the public. However, these inmates should be supported by governments while they serve their jail term. Prisons, like any institution, need to provide proper service to inmates. Prisoners are human beings who need care, support, and acceptance. Therefore, society has a role in providing adequate budget to prisons to ensure inmates survive and do not die while

serving their jail time. Prisoners, regardless of their crimes, remain citizens of that country.

### **Conclusion**

The purpose of this research was to help bring about policies that address the problem of food availability and sanitation in Pademba Road Prison. A qualitative research design using snowball sampling was the means to gather respondents for the interviews with the aim of delving deeper into the identified problem. Working currently in the Washington DC jail encouraged me to investigate food availability and sanitation problems because I knew those to be significant issues in the prison.

Scholarly discussions and investigations of these topics were scarce. Information was insufficient, and few researchers had tackled the issue. Therefore, I was determined to conduct this study. After carefully reviewing the possibilities, with the help of friends working in the research setting, I began gathering data. Prison workers and former inmates participated in face-to-face interviews, providing their ideas, thoughts, and perspectives on the problems of food availability and poor sanitation at Pademba Road Prison. After the data collection, findings revealed that food shortage and poor sanitation were prevalent at Pademba Road Prison. The results could provide information in the development of appropriate policies addressing the issues.

Findings revealed information about happenings behind the prison walls and the general tendency to ignore the well-being of persons in a public facility. The study can serve as a basis for another study of a public facility or public institution such as prisons, and investigators may report similar findings as outlined in my study. The assumptions

and limitations presented in the previous chapters emerged in the course of data collection, analysis, and documentation process. However, I was able to successfully address those concerns and ensure the reliability and validity of the data gathered and analyzed. Overall, the study offered valuable insights, information, and findings that can be used in future research focusing on food shortage and sanitation in prisons—not only in Sierra Leone but in all prisons worldwide.

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## Appendix: Interview Questions

**Food** [All participants answered these questions.]

- 1 Do inmates with medical conditions like diabetes or cardiac and renal problems get special diets? Or do they eat the same general food as all inmates?
- 2 Who is the food contractor for Pademba Road Prison facility? Does the food contractor operate a food processing company with qualified nutritionists?
- 3 How many times do inmates eat for the day at this prison facility?
- 4 How nutritionally balanced are the meals at this facility?
- 5 Who are the cooks that prepare the meals? Do some inmates help in preparing the meals?
- 6 Are provisions for inmates with peculiar eating habits because of their cultural backgrounds?
- 7 Are special meals prepared for Muslims during the month of fasting or Ramadan?
- 8 How spacious and clean is the culinary areas of this facility?
- 9 Are there enough cooking utensils?
- 10 Is there enough spacious for food storage to keep the food items fresh?
- 11 Is the culinary or kitchen always clean, sanitized and mopped after cooking every meal?
- 12 Do the cooks maintain good personal hygiene? Do they always use hand gloves, shower hats, and white aprons?

**Healthcare** [The medical doctor was the primary source of responses to these questions.]

- 1 Do new intakes into the prison undergo screening for diabetes, cardia, renal and other ailments?
- 2 Do they also undergo psychological screening?
- 3 If screened and diagnosed of a particular ailment, what happens next?
- 4 If diagnosed of tuberculosis, HIV, or mental illness, are there psychologists or counsellors that counsel them?
- 5 How standard is the hospital in the prison facility?
- 6 Does the hospital have enough doctors, nurses, and other healthcare practitioners?

**Sanitation** [All participants answered these questions.]

- 1 Do the prison cells have self-contained sinks, and toilets?
- 2 How spacious and hygienic are the housing unit cells?
- 3 How many inmates are housed in one housing unit cell?
- 4 Are the inmates supplied with enough garments, linens and other personal effects like shower shoes, food wears, soap, deodorants, shaving sticks, wash cloths etc.?
- 5 Do inmates get regular haircuts?
- 6 How are their garments laundered?
- 7 How the housing unit cells cleaned daily?
- 8 Is there always running water in the jail? How about electricity?



- 9 Is there an environmental unit where correctional officers are posted to work during every shift?
- 10 Does the Ministry of Health and Sanitation conduct periodic inspection of the jail?
- 11 How often are thrash removed from the jail?
- 12 Does the Ministry of Housing conduct annual inspection of the jail to know the state infrastructure
- 13 Is there any other independent body that carries out periodic inspection of the jail to know if inmates' human rights are respected?