Prevalence and Prevention of Health Problems Among Inmates in Agodi Gate Correctional Centre, Ibadan

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Abstract
Although physical, mental, and social well-being are fundamental health rights, incarcerated populations encounter persistent structural barriers to health equity, elevating their vulnerability to infectious outbreaks and psychological distress. In Nigeria, prison HIV prevalence is double the national average, exemplified by facilities such as Agodi Gate Correctional Centre in Ibadan, which holds 1,276 inmates despite a design capacity of 390.
This study evaluated the prevalence of physical, mental, and infectious morbidities among inmates at Agodi Gate. It utilizes a cross-sectional design, stratified random sampling was conducted to enroll 348 inmates. Primary data were gathered using a structured questionnaire and analyzed using SPSS (version 20) via descriptive statistics and Chi-square tests for statistical association.
The findings showed that 76.7% of participants experienced mental health disorders, 56.6% had infectious diseases, and 56.0% reported physical illnesses. Inadequate nutrition (63%) and adverse environmental conditions (60%) emerged as key risk drivers. Preventive measures remained underutilized, with 77.6% of respondents indicating that communicable conditions were typically diagnosed only after progressing to severe symptomatic stages. Major operational barriers included insufficient funding (87.6%), inadequate infrastructure (84.5%), and acute staffing deficits (82.5%). Addressing these critical health disparities requires mandatory institutional health screening, routine immunizations, and the transition of correctional healthcare governance to the Ministry of Health to integrate inmate care within the broader national healthcare framework.

Keywords: *Inmates, Correctional Centre, Health Prevalence, Mental Health, Infectious Diseases, Nigeria, Healthcare Implementation.*

1.0 Introduction

Conceptualizations of health have evolved across disciplines, shifting from traditional models focused on physiological functionality defining health as physical and emotional well-being marked by the absence of disease, pain, or injury, toward more holistic frameworks (Suwankhong

and Liamputtong, 2025). While the World Health Organization (1948) historically defined health as a state of complete physical, mental, and social well-being, its more recent formulation emphasizes dynamic adaptability and self-management when encountering social, physical, and emotional challenges (World Health Organization, 2023). This adaptive framework is particularly relevant to incarcerated populations, who routinely encounter systemic barriers to health equity alongside heightened susceptibility to chronic illnesses, infectious outbreaks, and severe psychological distress. In correctional centers, health burdens are notably pronounced and complex, encompassing chronic non-communicable conditions like hypertension and diabetes mellitus, communicable pathogens such as HIV, tuberculosis (TB), and Hepatitis C, and psychiatric disorders including depression, PTSD, and substance use disorders (Manna et al., 2022). Global incarceration rates exhibit substantial variation, ranging between 16 and 799 individuals per 100,000 people. The United States maintains an incarceration rate of 698 per 100,000, representing approximately 4.3% of the world's imprisoned population. Epidemiological data highlight a disproportionate burden of tuberculosis and Hepatitis C within correctional facilities worldwide. Although global tuberculosis incidence stood at approximately 10 million in 2019, declining by 1–2% annually in the general population (Dolan et al., 2022), TB incidence within prison settings can exceed community rates by 10 to 30 times (World Health Organization, 2023). In African correctional systems, tuberculosis and HIV represent primary health crises, driven by structural vulnerabilities such as severe overcrowding, inadequate ventilation, and widespread malnutrition (Olutayo and Thanni, 2025). East and Southern African regions record marked HIV prevalence ratios among prisoners, reaching 41% in South Africa, 28% in Côte d'Ivoire, and 27% in both Zambia and Zimbabwe (Moyo and Naravage, 2024). In Nigeria, correctional facilities similarly report elevated HIV prevalence at 2.8% overall with female inmates demonstrating a higher rate (6.9%) than male inmates (2.7%) representing double the national general population prevalence of 1.4% (Egbi et al., 2024). These disproportionate disease burdens reflect several intersecting structural determinants. Prison overcrowding fundamentally amplifies transmission risks while overtaxing fragile medical infrastructure (Santorso, 2025). Systemic underfunding, severe staffing shortages, and institutional neglect restrict healthcare access, leaving chronic illnesses such as hypertension and diabetes unmanaged (Cloud et al., 2020; Brinkley-Rubinstein & Cloud, 2021). Concurrently, deficient psychiatric services and punitive measures like solitary confinement exacerbate psychiatric morbidity (Simes et al., 2022), while persistent gaps in screening and preventive interventions sustain high transmission rates of HIV, Hepatitis C, and TB (Akiyama et al., 2020). Addressing these systemic vulnerabilities requires localized empirical evidence; hence, this study evaluates the prevalence and prevention of health problems among inmates at Agodi Gate Correctional Centre in Ibadan, Oyo State.

1.1 Objectives of the Study

The general objective of this study is to examine the prevalence of health problems among inmates in Agodi Gate Correctional Centre, Ibadan, Oyo State

The specific objectives are to:

1. determine the prevalence of major physical, mental, and infectious diseases affecting inmates in Agodi Gate Correctional Centre, Ibadan, Oyo State.
2. assess the factors contributing to health problems among inmates in Agodi Gate Correctional Centre, Ibadan, Oyo State.
3. identify the current preventive health services available to inmates in selected correctional centers in Agodi Gate Correctional Centre, Ibadan, Oyo State.

4. identify the challenges affecting the implementation of health prevention strategies in Agodi Gate Correctional Centre, Ibadan, Oyo State.

1.2 Hypotheses

H_O1: There is no significant association between factors contributing to health problems and the high prevalence of preventable health problems among inmates in selected correctional centres in Ibadan, Oyo State.

2.0 Methodology

2.1 Research Design

A cross-sectional study design was adopted for this study.

2.2 Research Settings

The research was conducted in Agodi Gate Correctional Centre located in Ibadan, Oyo State, Nigeria. It is one of Nigeria's oldest and most significant penal institutions. It was established in 1894 during the British colonial administration. The facility houses 18 cells, 16 designated for male inmates and 2 for females. Despite its original built capacity of only 294 inmates, the centre has been plagued by chronic overcrowding and underfunding. As early as 1997, it housed 559 inmates, and currently, it accommodates no fewer than 1,276 inmates, far exceeding its intended limit of 390, making it one of the most congested correctional facilities in the region. Two major categories of inmates are held at Agodi: those convicted of crimes and serving sentences, referred to as "convicts", and those awaiting trial, individuals detained pending the outcome of their court cases. Unfortunately, due to systemic delays and inefficiencies in the Nigerian judicial process, many awaiting-trial inmates languish in custody for years, contributing significantly to the centre's overcrowding crisis.

2.3 Target Population

The target population for this study were inmates in Agodi Gate Correctional Centre, Ibadan, Oyo state.

2.4 Sample size

The sample size for the study was determined using Taro Yamane's formula:

$n=N/1+N(e)^2$

$n= 1500/1+ 1500(0.05)^2$

$n=1500+ 1500(0.0025)$

$n= 316$

The total number of respondents is 316

Attrition rate (10% of the total population) = 316/10= 31.6

Total sample of respondents = 316+31.6

Hence, 348 questionnaires were distributed

2.5 Sampling technique

A stratified sampling method was used in this research because inmates were divided into subgroups. The stratified random sampling technique was used to select participants from each group. The participants comprise inmates in Agodi Correctional Centre in Ibadan, Oyo State.

Inclusion criteria: Inmates in Agodi Gate Correctional Centre, Ibadan, and Inmates who gave consent at the time of data collection.

Exclusion criteria: Inmates who are not accessible at the time of data collection, and Inmates who did not give consent at the time of data collection.

2.6. Instrument of data collection

A well-structured questionnaire formulated after a rigorous literature review was used to elicit information from the respondent. The questionnaire consists of five (5) sections. The first section contains items related to the demographic data of the respondents. The second section consists of items related to the major prevalence of physical, mental and infectious diseases among inmates. The third section is related to factors contributing to health problems among inmates. The fourth section consists of items related to the current health needs and services available among inmates. The fifth section contains items regarding the challenges affecting the implementation of health preventive strategies among inmates.

2.7. Validity and Reliability of instrument

The questionnaire was properly reviewed by the researchers to establish the validity of the instrument. Reliability was established through a pilot study, which was carried out among inmates at Abolongo Custodial Centre. The pre-test was carried out on 35 inmates in at Abolongo Custodial Centre. The instrument had a Cronbach's Alpha score of .883 showing that the instrument can consistently measure what it is intended to measure.

2.8. Method of data collection

The Questionnaires were distributed and collected within a week, under the supervision of a pre trained warden, who volunteered to distribute and retrieve the questionnaires. The inmates were provided with explanations on how to fill the questionnaire and granted the opportunity to seek clarification or assistance with any question in the questionnaire. The questionnaires were collected immediately after they had answered the questions and cross-checked to ensure the answers were necessary and complete.

2.9 Method of data analysis

The data were entered and analyzed using SPSS version 20 and summarized into frequency tables. Descriptive statistics, such as mean, frequency, cross-tabulation, and percentage was used when necessary. The results were presented in tables as appropriate. Using chi square the existence of the relationship between variables (if any) were determined.

2.10. Ethical considerations

An ethical clearance letter was collected from the ethical research committee of the Oyo State College of Nursing Sciences, Eleyele, Ibadan, Oyo State. Informed consent was obtained from participants, ensuring they had ample time to ask questions and make decisions. The research was carried out with full respect for the norms and regulations of the correctional facility. The respondents were assured that their personal information and responses would be kept confidential and anonymous, and accessed only by authorized individuals to maintain privacy and protect participants' identities.

3.0 Results

3.1: Socio-Demographic Characteristics of Respondents

Table 3.1: Socio-Demographic Characteristics of Respondents n=(348)

Variable	Categories	Frequency	Percentage%
Age	(16-25)	64	18.4
	(26-35)	123	35.3
	(36-45)	86	24.7
	(46-55)	49	14.1
	(56-65)	26	7.5
	Total	**348**	**100.0**
Gender	Female	21	6.0
	Male	327	94.0
	Total	**348**	**100.0**
Religion	Christianity	167	48.0
	Islam	147	42.2
	Traditional	31	8.9
	Others	3	0.9
	Total	**348**	**100.0**
Tribe	Yoruba	146	42.0
	Igbo	97	27.9
	Hausa	95	27.3
	Others	10	2.8
	Total	**348**	**100.0**
Duration of imprisonment	(1-10)	235	67.5
	(11-20)	49	14.1
	(21-30)	45	12.9
	(31 and above)	19	5.5
	Total	**348**	**100.0**
Marital status	Single	134	38.5
	Married	130	37.4
	Divorced	31	8.9
	Widowed	21	6.0
	Separated	32	9.2
	Total	**348**	**100.0**
Do you have any known health conditions before imprisonment	Yes	81	23.3
	No	266	76.4
	Total	**348**	**100.0**
Education level	No formal education	48	13.8
	Primary	76	21.8
	Secondary	159	45.7
	Tertiary	65	18.7
	Total	**348**	**100.0**

From table 3.1 above, the age distribution of respondents revealed that the highest proportion of inmates was within the age range of 26–35 years, representing 35.3% of the population. With

regard to gender, the study found a strong imbalance as 94.0% of the respondents were male, while only 6.0% were female. Duration of imprisonment revealed that the majority of inmates (67.5%) had been imprisoned for a period ranging from 1 to 10 years. Regarding health conditions before imprisonment, 76.4% of the respondents reported that they had no known health conditions before their incarceration, while 23.3% admitted to having health issues.

3.2 Prevalence of Major physical, mental, and infectious diseases

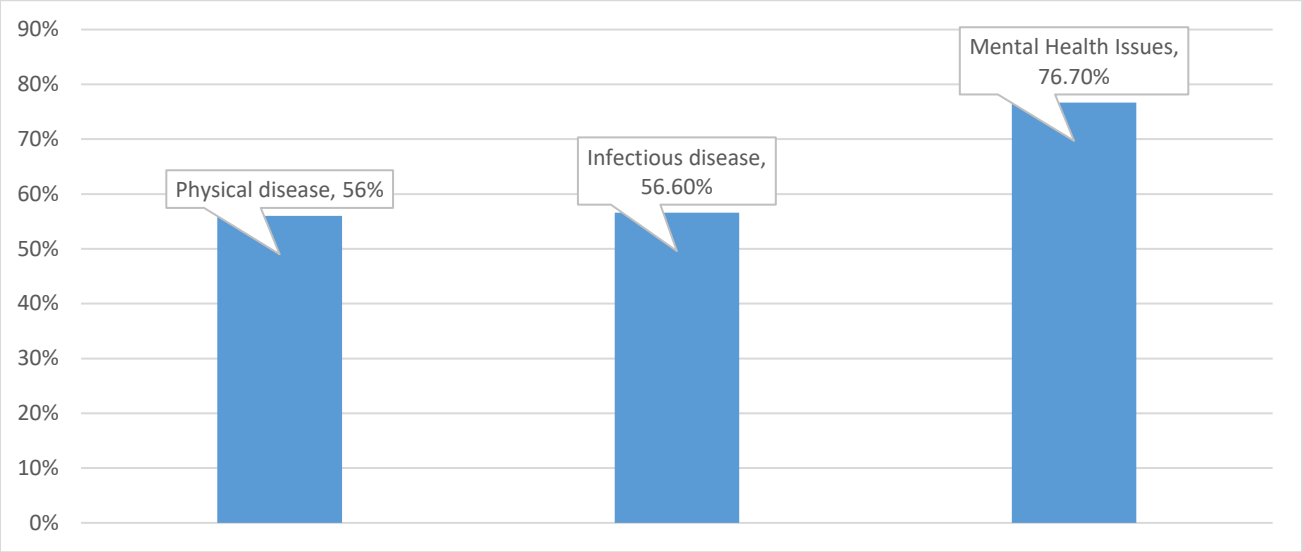

Fig 3.1: Prevalent physical, mental, and infectious diseases affecting inmates

Figure 3.1 shows that over half of the inmates **(**56.0%**)** reported suffering from at least one physical illness (malaria, hypertension**,** diarrhea and diabetes mellitus). Mental health issues were widespread, as 76.7% of inmates reported persistent sadness and feeling hopeless, alongside symptoms such as trouble sleeping and anxiety). Infectious diseases were also prominent, with 56.6% diagnosed while in prison, particularly (skin infections**,** tuberculosis**,** hepatitis B or C**,** and HIV/AIDS**).**

3.3 The key factors that contribute to health problems among inmates

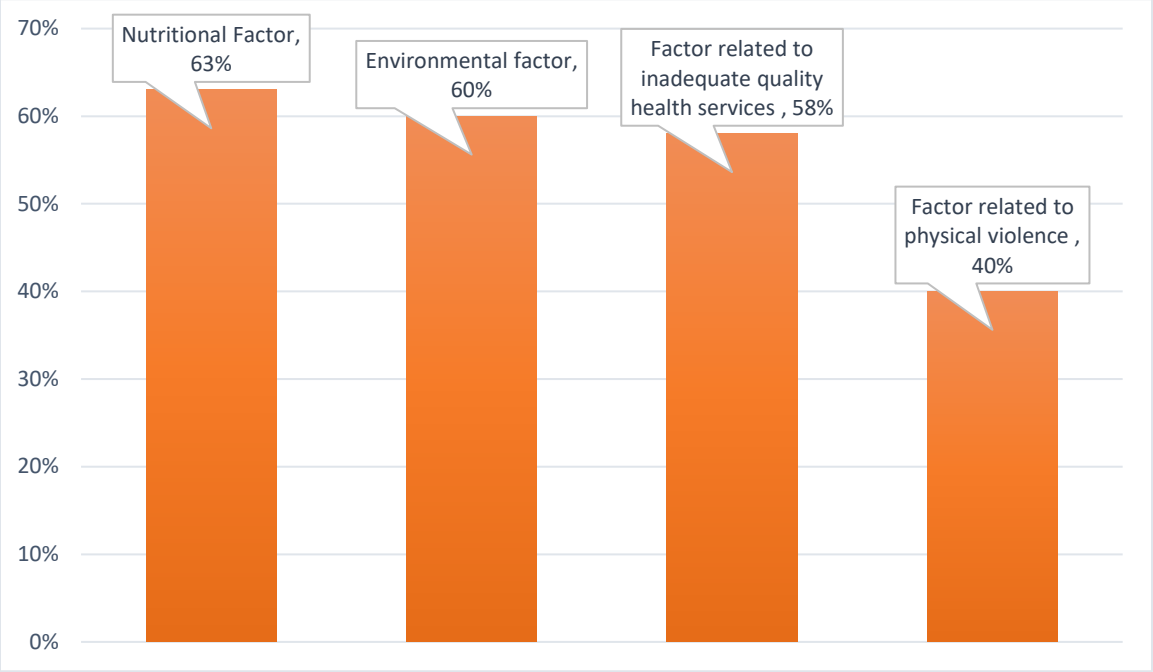

Fig 3.2: Bar chart representing factors contributing to health problems among inmates

Figure 3.2 showed that nutritional factor 219(63%) is the most contributing factor followed by 210(60%) environmental factor, factors related to inadequate health services 185(53%) and factors related to physical violence 139 (40%)

3.4 The current preventive health service available to inmates

Table 3.2: Responses on the current preventive health service available to inmates

Variable	Categories	Frequency	Percent
Routine immunization are available for the inmates	True	137	39.4
	False	211	60.6
	Total	**348**	**100.0**
Communicable Diseases are often undiagnosed until symptoms become severe	True	270	77.6
	False	78	22.4
	Total	**348**	**100.0**
There is poor implementation of health screening in the correctional centres.	True	270	77.6
	False	78	22.4
	Total	**348**	**100.0**
Early diagnosis of health problems are adequately practiced in correctional centres	True	135	38.8
	False	213	61.2
	Total	**348**	**100.0**
STI prevention is a current preventive health service available among inmates in correctional centres	True	217	62.4
	False	131	37.6
	Total	**348**	**100.0**
There is proper Waste disposal system available to curb the increased air- borne infections	True	209	60.1
	False	139	39.9
	Total	**348**	**100.0**

There is adequate access to clean water in correctional centres for adequate personal hygiene	True	168	48.3
	False	180	51.7
	Total	**348**	**100.0**

Table 3.2 revealed that routine immunization programs were not readily available to the majority of inmates, as only 39.4% of the respondents confirmed their presence, while 60.6% stated otherwise. Only 43.1% of the inmates indicated that health screening was a criterion for admission into the prison, while 56.9% disagreed. Furthermore, a majority (77.6%) agreed that communicable diseases were often undiagnosed until symptoms became severe, pointing to delayed interventions. 62.4% of respondents reported that STI prevention programs were available. Similarly, more than half of the inmates acknowledged that healthy lifestyle practices (57.2%), basic hygienic awareness (56.9%), and health education on preventive measures (54.0%) were emphasized within correctional centres. About 60.1% of the inmates confirmed the existence of a proper waste disposal system to curb airborne infections.

A majority (64.1%) of inmates agreed that the Ministry of Health should be the sole overseer of prison health programs to ensure standardization and accountability. In addition, 75.9% supported the introduction of regular immunization programs at consistent intervals, while 75.0% emphasized the need to train healthcare workers and prison staff on preventive health practices. 78.2% of respondents supported the implementation of water treatment systems to enhance healthy living within correctional centres.

3.5 The challenges that affect the implementation of health prevention strategies

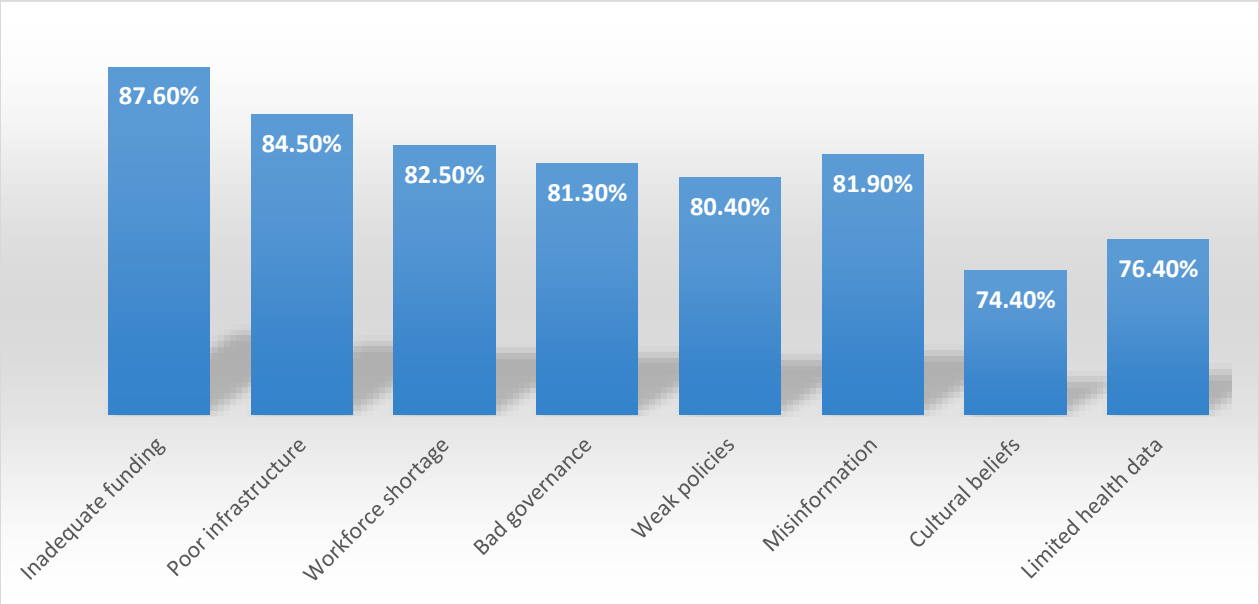

Fig 3.3: Bar chart representation of the challenges affecting the implementation of health prevention strategies

Figure 3.3 revealed that inadequate funding was the most prominent barrier, cited by 87.6% of respondents, followed closely by poor infrastructure (84.5%) and workforce shortages (82.5%). Bad governance (81.3%) and weak policies (80.4%) were also identified as institutional barriers, while misinformation (81.9%) and cultural beliefs (74.4%) shaped inmates' attitudes towards

health interventions. In addition, limited health data (76.4%) undermined effective planning and evaluation of prevention programs.

3.6 Hypotheses

Ho1: There is no significant association between factors contributing to health problems and the high prevalence of preventable health problems among inmates in selected correctional centres in Ibadan, Oyo State.

Table 3.3: Chi-square test

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	16.828[a]	3	<.001
Likelihood Ratio	18.512	3	<.001
Linear-by-Linear Association	15.657	1	<.001
N of Valid Cases	348		

Table 3.3 indicates a highly significant association between the two variables. Since the p-value is less than 0.05 level of significance. Therefore, the null hypothesis, which states there is no significant relationship between factors contributing to health problems and the high prevalence of preventable health problems among inmates, is accepted.

4.0 Discussion of Findings

4.1 Socio-demographics

The study revealed that the majority of inmates were young and middle-aged adults, with the highest proportion (35.3%) within the 26–35 years range. This finding aligns with the report by the United Nations Office on Drugs and Crime (UNODC, 2025), which indicated that incarceration globally tends to disproportionately affect individuals within their most productive years. Similar studies in Nigeria have shown that a large number of inmates are within the economically active age group, suggesting that imprisonment contributes to the loss of national productivity and family instability (Adefisoye et al., 2024). Findings on pre-existing health conditions revealed that 76.4% of respondents had no known illnesses before incarceration, while 23.3% reported existing health issues. This corroborates previous studies showing that a substantial number of Nigerian inmates enter prison in relatively good health but often develop illnesses during incarceration due to overcrowding, inadequate sanitation, and poor nutrition (Adefisoye et al., 2024; UNODC, 2025).

4.2 Prevalence of Major Physical, Mental, and Infectious Diseases

The findings of this study revealed that 56% of inmates suffered from physical diseases**,** 56.6% had infectious diseases**,** and 76.7% reported having mental disorders**.** The study revealed that 56% of inmates had at least one form of physical disease**,** indicating that physical illnesses remain a major health concern among incarcerated populations. This finding is consistent with the results of Eze (2020), who also reported that more than half of the inmates surveyed in Nigerian correctional centres experienced one or more physical health problems. Similarly, Awofeso (2020) documented a notably high rate of physical morbidity among inmates in several correctional institutions across the country. Adesina et al., (2022) reported that physical health conditions constitute the most common form of ailment among incarcerated individuals**,** aligning closely with the 56% recorded in the present study. 56.6% of inmates suffered from infectious diseases in this

study, aligning with a recent investigation in Owo Correctional Facility observed the presence of co-infections of *Plasmodium falciparum* and Hepatitis B Virus (HBV) among inmates, demonstrating the widespread burden of infectious diseases in such confined environments (Ajakaye and Omidele, 2024). Furthermore, Egbi et al., (2024) reported that HIV prevalence in Nigerian prisons was twice the national average**,** reinforcing the persistent threat of infectious diseases among incarcerated population. Comparable results were also recorded in a 2023 study in Jos, which found a 12.2% prevalence of *Mycobacterium tuberculosis* among inmates (Yakubu et al., 2023). 76.7% of inmates reported having a mental health issues aligns with several recent studies highlighting the high burden of mental health problems among incarcerated populations in Nigeria. A study conducted by Ibrahim and Olawale (2023) reported that 47.4% of inmates in a north-western Nigerian correctional facility had psychiatric morbidity, with major depression being the most prevalent condition. Although this percentage is lower, it still demonstrates significant psychological distress among prisoners. Even higher rates were recorded among adolescents in a North-Central Nigerian juvenile correctional facility, where 82.5% of participants were diagnosed with at least one psychiatric disorder, including depression, anxiety, and disruptive behavior disorders (Abiodun et al., 2022).

4.3 The key Factor that contribute to health problem among inmates

From the study 63% of respondents identified nutritional factors as the most contributing factor to inmates' health problems aligns with recent studies highlighting widespread malnutrition and poor dietary adequacy in Nigerian correctional facilities. Adekanmbi et al. (2025) reported that almost all inmates in Osun State prisons had deficiencies in essential nutrients such as fibre, vitamins C and D, calcium, and iodine, with 99.7% showing inadequate fibre intake. Similarly, excessive fat intake and poor meal diversity were found to contribute to chronic health conditions among inmates (Adekanmbi et al., 2025). In addition, environmental factors, identified by 60% of respondents as major contributors to health problems, are well-documented in literature. A related study in Oyo State found that although inmates had good knowledge of hygiene, environmental conditions such as poor sanitation and limited access to clean water were major determinants of disease occurrence (Olatunji et al., 2023). Furthermore, inadequate health **services**, as reported by 53% of the respondents**,** have been similarly observed in other Nigerian correctional centres. A study conducted at the Makurdi Medium Security Prison revealed that more than half of the inmates (52%) were dissatisfied with available health services, with low access to medical care and poor screening practices contributing to undiagnosed mental and physical health conditions (Ogunlesi et al., 2020). This finding supports the notion that insufficient healthcare provision and the lack of routine medical checkups exacerbate existing health burdens in correctional facilities. Lastly, 40% of inmates in this study cited physical violence as a contributing factor to health problems, a finding that corresponds with existing evidence describing unsafe prison environments. Adefisoye et al. (2024) reported that physical violence, bullying, and overcrowding significantly reduce inmates' quality of life, often leading to psychological distress and injury. Similarly, Aluko et al. (2022) noted that congestion and poor supervision within prison settings increase interpersonal tension and conflict, indirectly escalating incidents of violence. These findings qualify and affirm that physical safety remains a relevant but often under-reported health determinant in Nigerian correctional centres.

4.4 The current preventive health service available to inmates

The current study revealed, the most recommended preventive health strategies among inmates were the institutionalization of regular health promotion (78.1%), regular immunization programs (75.9%), health screening (62.1%), improved water disposal systems (60.1%), basic hygiene awareness (56.9%), and health education (54%). These findings are consistent with recent studies that highlight the importance of combining both infrastructural and program-based preventive strategies in correctional health systems. According to Aluko et al., (2022)**,** poor sanitation services, overcrowding, and insufficient hygiene facilities within Nigerian correctional facilities significantly contribute to disease transmission. Their study emphasizes the necessity of continuous health promotion programs to foster hygienic practices and improve inmates' overall health. This supports the present finding that institutionalizing health promotion is a key step toward sustainable prison health management. The strong endorsement for regular immunization programs (75.9%) also aligns with national and global efforts to extend vaccination access to incarcerated populations. Furthermore, the endorsement of water disposal systems (60.1%) and hygiene awareness (56.9%) as preventive health measures reflects a deep understanding among inmates of the environmental determinants of health. Aluko et al., (2022) found that inmates in a maximum-security correctional facility in Southwest Nigeria often experienced delayed access to toilet facilities, limited water supply, and inadequate handwashing stations conditions that heightened their exposure to infectious diseases. Likewise, Okareh et al., (2023) in their study on sanitary conditions in State correctional centres observed that despite inmates having a fair level of knowledge about hygiene, their ability to practice it was severely constrained by poor infrastructure. Although health education (54%) was the least endorsed strategy among the listed options, it remains a critical element in the prevention of communicable diseases. Okoh et al., (2022) demonstrated in their study of Delta State correctional facilities that targeted health education interventions significantly improved inmates' understanding of infection prevention and their compliance with hygiene protocols during the COVID-19 pandemic.

4.5 The challenges that affect the implementation of health prevention strategies

The study identified multiple barriers to the implementation of preventive health strategies, most notably inadequate funding (87.6%), dilapidated infrastructure (84.5%), and acute workforce shortages. These findings are consistent with recent evidence from Adewole et al., (2026), who highlighted a "fundamental disconnect between policy and practice" in Nigeria, where reformative mandates are consistently undermined by systemic inefficiencies and deteriorated facilities.
Furthermore, Daniel et al., (2026) empirically demonstrated that institutional funding constraints and the absence of specialized professionals remain critical impediments to delivering adequate care. This systemic failure is further corroborated by Ernest et al., (2026), who identified structural neglect as a primary driver of the uneven and ineffective implementation of national health screening and treatment protocols across the country's correctional facilities.

4.6 Limitations of the Study

The research was limited to quantitative data, conducting in-depth interviews to capture the lived experiences of the inmates, would have enriched the findings.

5.0 Conclusion

The study concludes that inmates in Agodi Gate Correctional Centre, Ibadan face significant health challenges, ranging from infectious diseases to neglected mental health needs. Environmental and

infrastructural factors, such as overcrowding, poor ventilation, and inadequate sanitation, worsen these challenges. Meanwhile, systemic issues, including inadequate funding, workforce shortages, and weak policy frameworks, hinder the implementation of effective health prevention strategies. Preventive health services are inconsistently practiced, leaving inmates vulnerable to avoidable health complications. Addressing these challenges requires urgent attention, as improving prison health is inseparable from improving public health.

5.1 Recommendations

Based on the findings, the following recommendations are made:

- Routine immunization and health screenings should be institutionalized as mandatory practices in all correctional centres.
- Overcrowding should be reduced through alternative sentencing (e.g., community service for minor offences).
- Correctional centres should be equipped with functional toilets, clean water systems, and proper ventilation.
- Balanced and diversified meals should be provided, with special attention to vulnerable inmates such as those on medication or with chronic conditions.
- Psychiatric services should be established, with routine psychological assessments and therapy sessions.
- Prison health should be fully integrated into national health systems and overseen by the Ministry of Health rather than correctional authorities alone.

5.2 Suggestion for further study

Further study could be expanded to include in depth interviews to further delve into the experiences of the inmates.

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