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Prison Health Care Services And The Protection Of Inmate Rights: A Case Study Of Monrovia Central Prison, Liberia

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Abstract: The study focused on examining the relationship between prison health care service provision and protection of inmate rights using the case of Monrovia Central Prison in Liberia. The study investigates how access to medical care, the treatment of diseases, and the availability of health information for prisoners influence the realization of inmates' fundamental health rights. Simple random sampling was used for the selection of the 150 inmates for the study, while purposive sampling was used to determine the 28 key informants who constituted the qualitative sample. Quantitative data analysis was based on 127 questionnaires that were complete / retrieved for the study. The findings revealed an overall low satisfaction with prison health care services, with mean scores falling within the "disagree" range on key indicators such as access to medical care (mean = 2.48), ongoing treatment (mean = 2.46), and access to health information (mean = 2.42). Respondents also expressed significant dissatisfaction with the extent to which healthcare provision upholds inmates' rights (mean = 1.89). Qualitative interviews echoed these findings, highlighting concerns such as delays in treatment, limited availability of medication, and inadequate communication about health conditions. Despite these concerns, a statistically significant and moderately strong positive correlation ($r = 0.60$, $p < 0.01$) was found between the quality of health care services and the protection of inmate rights. Regression analysis further confirmed this relationship, showing that improvements in health care provision positively predict increased rights protection ($\beta = 0.439$, $p = 0.000$). These findings suggest that strengthening prison health systems is critical to advancing the health rights and overall dignity of incarcerated individuals. Based on the findings, the study recommends that the prison administration enhance healthcare services by improving access to medical care, strengthening illness prevention strategies, and ensuring inmates are adequately informed about their health status. The implementation of routine health examinations and timely medical interventions is essential for safeguarding inmates' health rights.

Keywords: Prison, Health Care Services, Inmate, Right to Health, Liberia

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1. Introduction

Liberia is one of the sub-Saharan African Countries with a high prison population. UNDP (2023) reported that the prison population in the country has increased from 2,129 (2018) to 4,000 in 2024, with a significant portion of the inmates (71%) comprising pre-trial detainees. There are more male than female detainees. In Africa, over the past three decades, leaders have made an intensive effort to promote persons in custody's fundamental human rights and well-being through regional declarations, conventions, and other legal instruments (Vessellee et al., 2023). Liberia, in particular is a signatory member to The Kampala Declaration on Prison Conditions in Africa (KDPCA, 1996), Kadoma Declaration on Community Service Orders in Africa (KDCSOA, 1997), Arusha Declaration on Good Prison Practice (ADGPP, 1999), Kampala Declaration on Prison Health in Africa (KDPHA, 1999), and Ouagadougou Declaration and Plan of Action on Accelerating Prisons and Penal Reforms in Africa (ODPAAPPRA, 2002), all aimed at improving conditions in the continent's prisons. According to the Constitution of Liberia and the Criminal Procedural Law of Liberia, upon admission to a correctional institution, each prisoner shall be given a physical examination. A prisoner suspected of having an infectious or contagious condition shall be segregated from other prisoners for a period of quarantine until he is known to be free of communicable diseases. Each prisoner shall have regular medical and dental care (Criminal Procedural Law of Liberia Article 34.8; Constitution of Liberia chapter (3) article (21)(e)). Despite the importance of improving conditions in the continent's prisons through the adoption of declarations, conventions, and the establishment of legislative and regulatory frameworks, conditions in most African jails continue to be inhumane, degrading, and uninhabitable (Motlalekgosi & Cilliers, 2020; Van Hout & Mhlanga-Gunda, 2018).

The health needs of prisoners are often neglected. Van Hout & Mhlanga-Gunda (2018) noted that the healthcare needs and experiences of prisoners in the Sub-Saharan African region remain de-prioritised and inequitable in prison health policies, prison-based health services, and SOPS, and yet are also poorly understood and rarely studied, especially female prisoners. Telisinghe et al (2016) noted that access to HIV testing and counselling and to HIV prevention, testing and care (PTC) programmes is often poor in Sub-Saharan African prisons and other closed settings. Todrys (2011) noted that in Zambian prisons, despite availability and in some instances low quality availability of counselling services that included SRH, and HIV testing and care, the situation is particularly adverse for young people with low HIV literacy, low uptake of HIV testing services, and who are competing against adult inmates for medical access and care whilst in prison. O'Grady et al. (2011) noted that infectious diseases such as Mycobacterium tuberculosis (Mtb) is a significant breeding ground in prisons in sub-Saharan Africa (SSA) due to the ineffectual health services and substandard living conditions. These evidences on prison health care services show that there are big problems with protecting the health rights of inmates. Different studies globally have also pointed to the inefficiencies of the prison systems in respecting the health rights and dignity of all prisoners. Baffour (2021 & 2024) and Dako-Gyeke & Baffour (2016) provide evidence that the prison climate is very important for reducing recidivism. They warn that a prison environment that is not supportive can make treatment programs less effective and lead to more crimes. Overcrowding, which is a common problem in many correctional facilities, has been linked to the spread of infectious diseases. For example, Chen et al. (2019) found that scabies was common among prisoners in Taiwan. Khorasani et al. (2022) did a mixed-method study in the US and found that prison settings had a higher risk of influenza outbreaks. Also, Massoglia and Remster (2019) found a strong correlation between being in prison and a number of health problems, such as obesity, high blood pressure, and heart disease. They stressed that reducing overcrowding might greatly lower the number of people who have these health problems. All of these results show that prison health care services need to be better and that structural changes need to be made to protect the health and basic rights of those who are in custody.

Monrovia Central Prison, also known as South Beach Prison, is the largest correctional facility in Liberia, located in the capital city of Monrovia (Geegbe, 2022). It has always been a reflection of the country's larger political and socioeconomic problems (ibid). The jail was built during the colonial era to house people accused of crimes against the state. After Liberia became independent in 1847, it continued to function under terrible conditions, often holding both political prisoners and regular criminals (ibid). For most of its existence, the prison system was more about punishment than rehabilitation. After the Second Civil War ended in 2003, the United Nations Mission in Liberia and other foreign partners worked together to make prisons better places to live, get medical care, and learn job skills (Khorasani et al., 2022; Geegbe, 2022; Sarkin, 2008). Among the key prison reforms included infrastructure rehabilitation and development, health care improvement, human rights and oversight mechanisms, reduction of pre-trial detention,

capacity building and professional training, inmate rehabilitation and reintegration programs, policy and legislative reform (ibid). Even after these changes, conditions in most Liberian prisons are still inhumane and unlivable. This is partly because of human rights violations like torture and inhumane or degrading treatment or punishment by state security and prisons agencies and other prisoners, as well as overcrowding caused by overreliance on colonial structures and limited resources, among other things, which harms the prisoners' health and well-being (Motlalekgosi & Cilliers, 2020; Van Hout & Mhlanga-Gunda, 2019). If the issue above isn't fixed, prisoners' rights protection is likely to get worse. So, this study intended to examine the relationship between prison health care service provision and protection of inmate rights using the case of Monrovia Central Prison in Liberia. This study is particularly important for Liberia because, (i) To the government: the study is timely to provide a basis for strengthening prisoners protection laws, (ii) To Human Rights Advocates: to advocate for necessary prison reforms, (iii) To policymakers: the study will document prisoner's experiences in prisons which will inform them in the design and response to the challenges faced by prisoners during incarceration, (iv) To researchers and academicians: the study will contribute to the existing body of knowledge in the subject area, and (v) To the International Community: this research will show how well the country has met its duties under international human rights and correctional standards. It will also include recommendations based on evidence for how to bring present policies in line with best practices and norms around the world.

2. Prison Health Care Service Provision and Protection of Inmate Rights

The Universal Declaration of Human Rights (UDHR) recognizes the right to conditions that promote health and well-being, especially concerning health (Chowdhury, 2023). The International Covenant on Economic, Social, and Cultural Rights (ICESCR) asserts that prisoners have the right to the highest attainable standard of bodily and mental health. The Standard Minimum Rules for the Treatment of Prisoners and other papers delineate healthcare provisions for jailed prisoners, as stated by the World Health Organization (WHO) (2014). The regulations, together with additional directions regarding prisoner treatment, have been thoroughly analyzed in a comprehensive publication by Penal Reform International (PRI) (Shomali & Gotlib, 2019). The Committee for the Prevention of Torture (CPT) set health service guidelines for prisoners in their 1992 annual report, and in 1998, the Committee of Ministers of the Council of Europe made further recommendations concerning healthcare in prisons. In addition to civil and political rights, prisoners are entitled to second-generation economic and social rights as specified in the International Covenant on Economic, Social and Cultural Rights (ICESCR), which includes the right to the best possible level of health, as noted by Sabjaly (2024). This right includes access to healthcare and a sanitary environment, emphasizing challenges such as HIV, which overlap with first-generation rights including non-discrimination, privacy, and confidentiality (Chibaya, 2022). Human rights standards assert that prisoners must get healthcare equivalent to that accessible to the general community. The term "equivalence" is favored over "equity" in this context, acknowledging the limitations of a closed custodial setting. The health requirements of inmates frequently surpass those of the general populace due to their deteriorated health at the time of incarceration and the aggravating circumstances within correctional facilities. Notwithstanding this necessity, providing even fundamental treatment to inmates is problematic, especially in areas where healthcare systems are inadequate or have deteriorated. Regarding HIV, this idea incorporates various aspects. Authorities must ensure the health of individual inmates while also taking into account the wider public health ramifications both inside and outside prison facilities, as noted by Fraser (2016).

Edelstein (2019) discovered that insufficient access to healthcare in prisons can directly violate inmates' rights to healthcare, as stipulated by international human rights standards. This study emphasized inequalities in access to vital healthcare services, including mental health treatment and chronic disease management, influenced by factors such as race, gender, and socioeconomic position. A study by Fiscella et al. (2018) examined the quality of healthcare in prisons and its ramifications on prisoners' rights. The results revealed that deficient healthcare services, such as postponed or refused treatment, insufficient medication administration, and absence of follow-up care, were widespread in numerous correctional facilities. These shortcomings not only jeopardized prisoners' health but also infringed upon their rights to prompt and proper medical care. Trestman (2014) investigated the legal and ethical aspects of healthcare delivery in correctional facilities. This study highlighted the conflict between prisoners' rights to autonomy and self-determination in medical decision-making and the obligation of correctional authorities to maintain security and order inside the prison setting. It emphasized the significance of maintaining ethical standards, including respect for patient autonomy and confidentiality, while addressing the distinct problems of providing healthcare in carceral environments.

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Likewise, research conducted by Beeler-Stinn (2021); Link, Novisky & Fahmy (2024); and Miley (2023) investigated the correlation between healthcare availability in prisons and the rehabilitation chances of offenders. The research indicated that sufficient healthcare services, encompassing mental health therapy, drug addiction counseling, and preventive care, were essential for treating the fundamental issues associated with criminal conduct and facilitating successful reintegration into society after release. In contrast, obstacles to healthcare access and substandard care impeded rehabilitation initiatives and elevated the likelihood of recidivism. Also, research conducted by McLeod (2020) highlighted systemic issues and obstacles that hinder the provision of quality healthcare in prisons. The difficulties encompassed overcrowding, resource scarcity, understaffing, and insufficient training of healthcare providers. The report emphasized that these structural flaws not only jeopardized the health and well-being of prisoners but also violated their rights to equitable and humane treatment during incarceration. Baillargeon et al. (2019) and Akiyama et al. (2020) investigated new treatments and best practices aimed at enhancing healthcare delivery within penitentiary environments. The research underscored the efficacy of multidisciplinary care teams, telemedicine, and community collaborations in addressing obstacles to healthcare access and improving the quality of care for jailed individuals.

Therefore, integrating information from prior studies reveals that the delivery of healthcare services in prisons substantially influences the safeguarding of prisoners' rights. Timely, egalitarian, and high-quality healthcare is crucial for protecting inmates' physical and mental health, as well as for respecting their fundamental rights to healthcare, dignity, and rehabilitation. Confronting systemic issues and implementing evidence-based interventions are essential measures to guarantee that inmates have the necessary care and support for leading healthy and productive lives during and post-incarceration.

3. Methodology

The research utilized correlational and descriptive methodologies. These research approaches elucidate the correlation between inmates Health Care Services and the preservation of their rights in Liberia, as specified in the study purpose. Correlational design examines the link between variables without exerting control or manipulation over them. Correlational design research, as defined by Bhandari (2021), indicates the intensity or direction of the association among two or more variables. Descriptive study design entails the observation and characterization of a subject's behavior without any form of influence. This is utilized when the aim is to furnish a comprehensive and precise depiction of the characteristics of a populace (Siedlecki, 2020). Both the qualitative and quantitative approaches to research were employed. The quantitative research approach was predominantly selected due to its reliability and objectivity, enabling the researchers to do statistical analysis on the data acquired throughout the study process. Nonetheless, the qualitative approach was employed, as it addresses human behavior and motivation, particularly in interpersonal relationships, which cannot be quantified. According to the Liberia Prisons Service (LPS) Report (2023) by the Bureau of Corrections and Rehabilitation (BCR), the population of the Monrovia Central Prison (MCP) has escalated from 9,507 in 2000 to 15,228 in 2023. Due to the complexities involved in studying prisoners, this study focused on a sample of 320 individuals knowledgeable about prison welfare and rights protection, as indicated by the prison superintendent of MCP. This sample included both prison officers and inmates, as documented in the records of Monrovia Central Prison. The research employed Yamane's formula to determine sample size (Yamane, 1967).

$$n = \frac{N}{1 + N(e^2)}$$

Given a population size (N) of 320 and a precision level (e) of 0.05, corresponding to a 95% confidence level, the sample size was calculated as follows:

$$n = \frac{320}{1 + 320(0.05^2)}$$

$$n = \frac{320}{1.8}$$

n= 178

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Therefore, a sample of 178 respondents was selected to represent the target population of 320 employees. This sample size ensures adequate representation and statistical reliability for the study findings. Table 1.1 presents the distribution of the selected respondents.

Table 3.1: Sample Size

Respondent Category	Target Population	Sample Size
Prison Officers	50	28
Inmates	270	150
Total	320	178

Source: Records of Monrovia Central Prison, 2024 &Yamane's formula, (1967)

The inmates were randomly selected using simple random sampling. For this, the researchers had written all participants' codes or numbers on different pieces of paper. The codes of the respondents were shuffled to maintain transparency, until the desired sample was got. All respondents were given an equal chance to be part of the research to avoid bias. The prison officers were purposively selected. The researchers gathered information from both primary and secondary sources. Primary data was collected from the inmates, who served as the primary respondents, while supplementary information was acquired from staff (prison officers) at Monrovia Central Prison, who acted as key informants for this study. Secondary data was acquired through the examination of existing documents pertaining to Prison Health Care Services and the safeguarding of Inmate Rights, including newspapers, journals, reports, presentations, magazines, and internet publications. This was conducted to ascertain the current information pertinent to the study. Data collection methods for primary data included Interviews (with inmates and staff) and Focus Group Discussions (with inmates). The researchers visited MCP and collected primary data from the interviewees. The data collection team comprised seven individuals, and the fieldwork duration was one week. Informed consent was gained from the participants, and authorization was secured from the appropriate authorities. Additional ethical considerations encompassed safeguarding the security of information and the identities of respondents, as well as acknowledging the contributions of other researchers through proper citation. The data gathering instruments comprised a Questionnaire (administered to the inmates), a Key Informant Interview Guide (used with staff), and a Focus Group Discussion Guide (employed with the inmates). Key Informant Interview Guide and the Focus Group Discussion Guide facilitated respondents' candid expression, enabling researchers to further investigate the matter of Prison Health Care Services and the protection of Inmate Rights. The questionnaire facilitated the efficient collection of data from numerous respondents within a constrained timeframe and at a reduced cost. The questionnaire consisted of closed-ended questions utilizing a four-point Likert scale for responses (Strongly Disagree, Disagree, Agree, Strongly Agree). To ensure that the questionnaire was valid, the researchers contacted three research analysts to validate it. The experts analyzed the relevance and clarity of the questions in the questionnaire to the purpose of the study. The experts were asked to rate each item/ question regarding validity and relevance using the codes below: VR = very relevant; R = Relevant; I = Irrelevant; VI = very irrelevant. Each expert was asked to calculate a content validity index (CVI) using the formula: number of items declared valid/total number of items in the questionnaire.

Judge 1: CVI= 16/20 = 0.80

Judge 2: CVI= 17/20 = 0.85

Judge 3: CVI= 15/20 = 0.75

Therefore, the Average Content validity index was:

CVI = (0.85+0.80+0.75)/3

CVI= 0.80

The computed CVI was 0.80 and greater than 0.7, therefore the questionnaire was valid. To test the reliability of the questionnaire, the researchers conducted a pretest of the questionnaire before designing the final version that was used in the field for data

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collection. Pretesting was done on 20 of the respondents who never formed part of the final study. Data was coded and entered into the computer. Using the Statistical Package for Social Scientists computer program (SPSS) Version 24, Cronbach's Alpha Reliability Coefficient was generated to estimate the reliability of the questionnaire.

Table 3.2: Cronbach Alpha Coefficient Model Results Table

Variable	Anchor	Cronbach Alpha Coefficients
Prison Health Care Service Provision	5-point	0.876
Protection of Inmate Rights	5-point	0.883

Source: Primary data (2024)

Reliability coefficients by Cronbach's Alpha for items on the questionnaires were above 0.70, which is acceptable. According to Amin (2005), a research instrument is reliable within the range of 0.7 – 1.0 (Coefficient of Cronbach's Alpha). Quantitative data analysis was based on a total of 127 questionnaires that were complete, out of a total of 150 questionnaires considered for the study. The quantitative sample constituted responses from the inmates. Qualitative data was gathered from Key Informant Interviews and Focus Group Discussions. There were three (3) Focus Group Discussions for purposes of this study, with inmates, and in each focus group, there were 5 inmates. Quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS). To examine the relationship between prison health care service provision and rights protection, data was analyzed using the Pearson correlation coefficient to establish the relationship and the extent of the relationship between prison health care service provision and rights protection. Content analysis was used to analyze qualitative data.

4. Results

4.1 Socio-demographic Characteristics

4.1.1 Gender of Respondents

The results in Table 4.1 indicate that 90 (70.6%) of the inmates were male, while 37 (29.4%) were female. The disparity in gender ratio did not adversely affect the findings, as the study's focus was to capture perceptions common to both genders. Furthermore, the inmates were randomly selected, ensuring equal opportunities for participation for both males and females. Key informants comprised 20 males (71.4%) and 8 females (43.3%). This distribution is ascribed to the predominance of males in leadership roles within official and governmental positions, along with a higher incarceration rate among males compared to females, as evidenced by the literature evaluated for this study.

Table 4.1: Gender of Respondents

Inmates	**Frequency**	**Percent**
Male	90	70.6
Female	37	29.4
Total	**127**	**100**
Key Informants	**Frequency**	**Percent**
Male	20	71.4
Female	08	28.6
Total	**28**	**100**

Source: Primary data (2024)

4.1.2 Age of Respondents

The data in Table 4.3 indicates the age distribution of inmates as follows: 17.3% were aged 19-25 years, 34.6% were aged 26-33 years, 25.2% were aged 34-41 years, and 13.4% were aged 42-49 years, while the remaining 7.9% were aged 50 years and more. The age distribution of key informants was as follows: 14.3% were aged 19-25 years, 17.9% were aged 26-33 years, 28.5% were aged 34-41 years, and 25% were aged 42-49 years, while the remaining 14.3% were aged 50 years and more. The findings indicate that the study participants were typically at an age that afforded them adequate life experiences to comprehend, express, and analyze

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the presented questions. The results reveal all respondents were adults and had a strong understanding of issues relevant to inmates' care and rights protection in Liberia. Amin (2005) corroborates these findings, noting that a majority of respondents over 18 years of age enhances the study's significance, as the comments from mature individuals are more considered and articulate.

Table 4.2: Age of Respondents

Inmates Age group (years)	**Number**	**Percentage (N=127)**
19-25	22	17.3
26-33	44	34.6
34-41	32	25.2
42-49	17	13.4
50+	10	7.9
Total	**127**	**100**
Key Informants Age group (years)	**Number**	**Percentage (N=127)**
19-25	04	14.3
26-33	05	17.9
34-41	08	28.5
42-49	07	25
50+	04	14.3
Total	**28**	**100**

Source: Primary data (2024)

4.1.3 Education of Respondents

Table 3 below reveals that the predominant educational attainment among inmates was primary to high school level, with 58 individuals (45.7%), followed by bachelor level with 31 individuals (24.4%), diploma level with 22 individuals (17.3%), certificate level with 74 individuals (11.0%), and postgraduate level with 2 individuals (1.6%). The predominant educational attainment among key informants was a bachelor's degree (53.6%/15), followed by diploma holders (21.4%/06), postgraduates (14.3%/04), and certificate holders (10.7%/03). The participants' education level was deemed significant in this study as it influences their comprehension and familiarity with the research issue. The findings regarding the education of respondents indicate that a significant portion possessed some level of education; therefore, the information obtained from the research is credible, as most are capable of assimilating information and making independent decisions. Fujii (2017) asserts that experience, knowledge, and skills-based leadership and management necessitate a highly trained, well-educated, and technically proficient workforce, which is in agreement with the findings on the level of education of key informants.

Table 4.3: Educational Levels of the Respondents

Level of Education of Inmates	**Frequency**	**Percentage**
Primary- High school level	58	45.7
Bachelor	31	24.4
Diploma	22	17.3
Certificate	14	11.0
Postgraduate	02	1.6
Total	**127**	**100**
Level of Education of Key Informants	**Frequency**	**Percentage**
Bachelor	15	53.6
Diploma	06	21.4

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Certificate	03	10.7
Postgraduate	04	14.3
Total	**28**	**100**

Source: Primary data (2024)

4.1.4 Respondents' Number of Years at the Prison

Results from Table 4.4 reveal that 39.4% of inmates have resided at Monrovia Central Prison for 6-10 years, 25.2% for 1-5 years, 20.5% for over 11 years, and 14.9% for less than 1 year. The findings reveal that 25% of the key informants had resided at Monrovia Central Prison for 6-10 years, 10.7% for 1-5 years, 60.7% for over 11 years, and 3.6% for less than 1 year. The statistics indicate that the majority of participants had resided in Monrovia Central Prison for over five years, thereby providing authentic information for the study, which allowed the researchers to draw conclusions.

Table 4.4: Respondents' Number of Years at the Prison

Number of years in Prison		**Frequency**	**Percentage**
Inmates	1-5 years	32	25.2
	6-10 years	50	39.4
	11+ years	26	20.5
	Less than 1 year	19	14.9
	Total	**127**	**100**
Number of years in Prison		**Frequency**	**Percentage**
Key Informants	1-5 years	03	10.7
	6-10 years	07	25
	11+ years	17	60.7
	Less than 1 year	01	3.6
	Total	**28**	**100**

Source: Primary data (2024)

4.2. The Relationship between Prison Health Care Service Provision and the Protection of Inmate Rights

4.2.1 Descriptive Statistics for Prison Health Care Service Provision and the Protection of Inmate Rights

The study sought to assess the relationship between the provision of health care services in prisons and the safeguarding of inmate rights, utilizing a case study of Monrovia Central Prison, in which the researchers presented a number of items to respondents to collect their perspectives and opinions. The responses received are presented in Table 4.5 below.

Table 4.5: Descriptive Statistics for Prison Health Care Service Provision and the Protection of Inmate Rights

Prison Health Care Service Provision	**SD**	**D**	**N**	**A**	**SA**	**Mean**	**SD**
Prisoners have gained enhanced access to medical care.	24 (18.9%)	37 (29.2%)	8 (6.3%)	28 (22%)	30 (23.6%)	2.48	0.47
Prisoners receive ongoing medical treatment for their ailments.	28 (22%)	38 (29.1%)	6 (4.7%)	33 (25.9%)	23 (18.2%)	2.46	0.50
Prisoners have straightforward access to health information.	30 (23.6%)	40 (31.5%)	7 (5.5%)	29 (22.8%)	21 (16.6%)	2.42	0.58
The provision of health care services in Monrovia Central Prison impacts the rights of the inmates.	33 (25.9%)	43 (33.9%)	6 (4.7%)	28 (22%)	17 (13.5%)	1.89	0.64
Overall Mean &SD						2.35	0.52

Source: Primary data (2024)

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The interpretation of Table 4.6 regarding Prison Health Care Service Provision can be broken down as follows:

The overall average mean score for the prison health care service provision was 2.35, with a standard deviation of 0.52, as seen in the table above. The mean of 2.35 signifies that overall perceptions are unfavourable. On the Likert scale, this indicates that respondents predominantly disagreed on the adequacy and rights-promoting nature of prison health care services. The Standard Deviation of 0.52 suggests that responses were moderately consistent, reflecting a reasonable level of consensus among participants regarding the deficiencies in health service provision and rights protection. Regarding improved access to medical care, the mean of 2.48 signifies that the majority of respondents expressed disagreement or dissatisfaction with improvements in access to medical care. The minimal standard deviation (0.47) indicates that the replies were notably consistent. The mean of 2.46 and a standard deviation of 0.50 indicate that respondents predominantly disagreed with the statement concerning treatment for diseases. Repeatedly, low variability suggests agreement. Some inmates had the following to say about access to medical care and the treatment of diseases:

> *The health care services here are not enough—we don't get the treatment we need, and most times, we are just left to deal with the pain.* (Inmate, Female, 28 years, Monrovia Central Prison)

> *We now have some little access to treatment, and the prison clinic is always open though with little medication.* (Inmate, Male, 46 years, Monrovia Central Prison)

> *Access to medical care has not improved at all. It's still the same situation where we wait for days before seeing any health worker.* (Inmate, Male, 45 years, Monrovia Central Prison)

> *While we still face challenges, common illnesses like malaria and respiratory infections are treated regularly.* (Inmate, Female, 26 years, Monrovia Central Prison)

> *When you fall sick in here, it's like a death sentence. There is no consistent treatment, and many of us suffer in silence.* (Inmate, Male, 34 years, Monrovia Central Prison)

This consistency between the statistical data and the interview verbatim quotations strengthens the validity of the above finding.

The average score for access to health information was 2.42, with a standard deviation of 0.58. The marginally elevated standard deviation suggests more variability in replies; nonetheless, the mean reaction remains within the disagree range. The average score regarding the influence of healthcare services on inmates' rights was 1.89, with a standard deviation of 0.64. The low mean suggests that a significant number of respondents strongly opposed the notion that health services adequately safeguard inmates' rights. The elevated standard deviation (0.64) indicates greater discord or diversity among replies. The statistical findings are supplemented with the qualitative data below from some inmates.

> *Sometimes we don't know what kind of treatment we're getting, and we don't always understand the health advice given to us.* (Inmate, Male, 29 years, Monrovia Central Prison)

> *There are times when our health needs are delayed, and it feels like our rights are being overlooked.* (FGD, Inmates, Male, Monrovia Central Prison)

All the above statistics highlight an area of concern where prison health care might not fully meet the expectations of all inmates. In summary, the data indicate that most respondents expressed satisfaction with the health care services in Monrovia Central Prison, especially with enhanced access to medical care and ongoing disease treatment. There are divergent opinions regarding the

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accessibility of health information and the influence of healthcare on the rights of inmates. The qualitative data (verbatim quotations) typically corroborated the quantitative data, while also emphasizing areas for enhancement, especially with transparency and consistency in care.

The results indicate that enhancing healthcare services is essential for the safeguarding of rights. Access to prompt and reliable health care strongly influences inmates' fundamental rights, including the right to health, which is essential for their dignity and well-being. Consequently, although Monrovia Central Prison appears to be advancing in this domain, there remains potential for improvement in service delivery, especially with information dissemination and the comprehensive quality of care.

4.2.2 Descriptive Statistics for Rights Protection

The researchers examined the degree of protection afforded to health rights in Monrovia Central Prison. Participants were asked if they concurred with the assertion, "Prisoners have a right to health in Monrovia Central Prison." Responses were recorded using a 5-point Likert Scale: SD=Strongly Disagree, D=Disagree, N=Neutral, A=Agree, and SA=Strongly Agree. The findings of this investigation are presented in Table 4.7, which outlines the responses and data collected from the participants.

Table 4.7: Descriptive Statistics for Rights Protection

Rights Protection	**SD**	**D**	**N**	**A**	**SA**	**Mean**	**SD**
Prisoners have a right to health in Monrovia Central Prison	29 (22.8%)	34 (26.8%)	5 (3.9%)	34 26.8%	25 (19.7%)	2.50	1.33

Source: Primary data (2024)

The response percentages show a polarized view. Approximately 49.6% (SD + D) of participants contested the acknowledgment of the right to health. Conversely, 46.5% (A + SA) expressed agreement, while merely 3.9% remained neutral. Despite the mean (2.50) indicating overall disagreement, the high standard deviation (1.33) shows that the sample was divided—some believe health rights exist or are respected, while others strongly disagree. This polarization may indicate inconsistent service delivery, inequities in healthcare access, or varying experiences among inmates, with some receiving superior treatment or access compared to others.

4.2.3 Correlation Analysis on the Relationship between Prison Health Care Service Provision and the Protection of Inmate Rights

To show the strength and direction of the linear relationship between prison health care service provision and rights protection, Pearson's correlation (r) was calculated, as shown in table 4.6 below.

Table 4.6: Correlation analysis on the Relationship between Prison Health Care Service Provision and Rights Protection in Monrovia Central Prison

		Prison Health Care Service Provision	Rights Protection
Prison Health Care Service Provision	Pearson Correlation Sig. (2-tailed) N	1 127	.60** .001 127
Rights Protection	Pearson Correlation Sig. (2-tailed) N	.60** .001 127	1 127
**. Correlation is significant at the 0.01 level (2-tailed).			

Source: Primary data (2024)

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Interpretation:

The correlation analysis for prison health care service provision and rights protection revealed a moderate positive correlation ($r = 0.60$, $p = 0.001$). This indicates that as the quality of healthcare services improves, there is a positive impact on the protection of prisoners' rights, with a statistically significant p-value ($p < 0.05$).

4.2.4 Linear Regression Analysis

Linear Regression analysis was used to examine the relationship between prisoners' health care and rights protection in Monrovia Central Prison, as shown in Table 4.7 below.

Table 4.7: Regression Analysis for Prisoners' Health Care and Rights Protection

	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
Prison health care service provision	.598	.159	.439	4.071	.000
Dependent Variable: Protection of Inmate Rights					

Source: Primary data (2024)

The Unstandardized Coefficient ($B = 0.598$) indicates that for each 1-unit rise in the health care service provision score, the rights protection score, on average, improves by 0.598 units. This indicates the extent of change in rights protection directly linked to enhancements in health care services. The Standard Error ($SE = 0.159$) indicates the degree of variability in the coefficient estimate. A diminished standard error (compared to the B value) signifies a more accurate estimate, as evidenced above. The Standardized Coefficient (Beta = 0.439) facilitates comparison among variables by eliminating unit disparities. A Beta of 0.439 indicates that a 1 standard deviation increase in healthcare provision leads to a 0.439 standard deviation increase in rights protection. This indicates a moderate to substantial favourable impact. The T-Statistic ($T = 4.071$) assesses if the coefficient is statistically distinct from zero. A T-value of 2 (in absolute terms) is generally regarded as statistically significant, and 4.071 substantially surpasses that barrier. The significance level ($p = 0.000$) indicates the statistical significance of the link. The finding is very statistically significant, as $p < 0.001$. This indicates that the observed correlation is highly improbable to be attributable to chance.

In conclusion, there exists a statistically significant and favourable correlation between the provision of health care services in prisons and the protection of inmate rights at Monrovia Central Prison. The analysis shows that better health care services are associated with better protection of inmates' rights. The moderately strong Beta (0.439) and the high level of significance ($p = 0.000$) provide strong evidence to support this conclusion.

5. Discussion

The findings reveal that the overall perception of health care service provision in Monrovia Central Prison is largely negative. Descriptive statistics showed that the average mean score across key health-related indicators was 2.35 on a 5-point Likert scale, indicating general disagreement among respondents that prison health services are adequate or rights-promoting. Most inmates expressed dissatisfaction with access to medical care, consistent treatment for diseases, and the accessibility of health information. This is further supported by qualitative responses, in which inmates described experiences of delayed treatment, limited medication availability, and inconsistent communication of health-related information. The lowest mean score (1.89) was recorded for the item concerning the impact of healthcare services on inmate rights, suggesting a widely shared perception that the existing healthcare framework does not adequately protect those rights

Despite these negative perceptions, the statistical analyses indicate a strong and significant positive relationship between health care service provision and the protection of inmate rights. The Pearson correlation coefficient ($r = 0.60$, $p < 0.01$) suggests a moderately strong, statistically significant correlation, confirming that improvements in prison healthcare provision are associated with enhanced rights protection for inmates. This is reinforced by the results of the linear regression analysis, where the unstandardized coefficient ($B = 0.598$) and the standardized Beta (0.439) both point to a meaningful positive effect of healthcare services on rights

protection. The T-value of 4.071 and the highly significant p-value (p = 0.000) further validate this relationship, indicating that enhancements in healthcare provision are not only desirable but necessary for upholding inmates' rights in a measurable way.

Furthermore, the high standard deviation (1.33) in the responses to the question of whether prisoners have a right to health underscores a division in opinion among inmates, reflecting inconsistency in how healthcare services are experienced. Nearly half of the respondents disagreed with the idea that they have a right to health, while a slightly smaller proportion agreed, suggesting variability in the implementation of healthcare services across the prison. This polarization hints at systemic shortcomings, possibly influenced by overcrowding, limited resources, or administrative inefficiencies. These findings collectively suggest that while some progress may be evident, significant gaps remain in ensuring equitable and consistent health care access for all inmates. Addressing these disparities is crucial not only for improving health outcomes but also for safeguarding inmates' basic human rights.

The findings agree with Binswanger et al. (2018), who indicated that insufficient access to healthcare in prisons might directly violate inmates' rights to healthcare, as stipulated by international human rights standards. This study emphasized inequalities in access to vital healthcare services, including medical treatment and information. The findings are also in line with the research conducted by Fiscella et al. (2018) examined the quality of healthcare in prisons and its ramifications on prisoners' rights. The results revealed that deficient healthcare services, such as postponed or refused treatment, insufficient medication administration, and absence of follow-up care, were widespread in numerous correctional facilities. These shortcomings not only jeopardized prisoners' health but also infringed upon their rights to obtain timely and proper medical care.

The findings agree with Trestman (2014), who investigated the legal and ethical aspects of healthcare delivery in correctional facilities. This study highlighted the conflict between prisoners' rights to autonomy and self-determination in medical decision-making and the obligation of correctional authorities to maintain security and order inside the prison setting. It emphasized the significance of maintaining ethical standards, including respect for patient autonomy and confidentiality, while addressing the distinct problems of providing healthcare in carceral environments. Likewise, the findings agree with research conducted by Beeler-Stinn (2021), Link, Novisky & Fahmy (2024), and Miley (2023) investigated the correlation between healthcare availability in prisons and the rehabilitation chances of offenders. The research indicated that sufficient healthcare services, encompassing mental health therapy, substance addiction counseling, and preventive care, were essential for addressing the root causes of criminal conduct and facilitating successful reintegration into society after release.

6. Conclusion

The study concludes that there is a significant positive relationship between healthcare service provision and rights protection in Monrovia Central Prison. This indicates that improvements in healthcare services can directly enhance the protection of prisoners' rights, particularly in terms of access to medical care and treatment. The findings indicated that although health services are accessible, they are predominantly seen as inadequate, inconsistent, and insufficient in protecting inmates' right to health. Both quantitative and qualitative data revealed discontent over treatment accessibility, drug availability, and the delivery of health information. However, the correlation and regression analyses demonstrated that improvement in healthcare service significantly enhances the protection of inmates' rights. Consequently, enhancing prison healthcare systems via augmented resources, improved service delivery, and heightened transparency is vital for preserving the dignity and fundamental rights of incarcerated individuals.

7. Recommendations

The prison administration must enhance healthcare services by augmenting access to medical care, improving illness preventive strategies, and ensuring that inmates are well informed about their health status. The implementation of routine health examinations and timely medical interventions is crucial for safeguarding inmates' health rights.

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