International Journal of Social and Development Concerns

ISSN 2524-1478 (Online)

Vol. 3 | Social and development concerns in Africa (b)
Vol. 3 Article 3/15 | October 2018

(An International Publisher for Academic and Scientific Resources)

PALLIATIVE CARE AND THE WELL-BEING OF CHRONICALLY ILL INMATES IN ELDORET PRISON UASIN-GISHU COUNTY, KENYA

[1]Faith Kimutai, [2]Johnson Mavole and [3]Michael Sitawa Mugah
Corresponding Author: Faith Kimutai, E-mail: faithkimutai2@gmail.com
[123]The Catholic University of Eastern Africa, P.O BOX 62157 00200 Nairobi, Kenya

Abstract: *The aim of the study was to investigate the palliative care and the well-being of chronically ill inmates in Eldoret Government of Kenya prison Uasin-Gishu County. The specific objectives of the study were: To determine the extent to which psycho-social support influences the wellbeing of chronically ill inmates; to establish the influence of hygiene standards on the wellbeing of chronically ill inmates at Eldoret GK prison and to establish the influence of clinical service provision on the wellbeing of chronically ill inmates at Eldoret GK prison and to investigate the influence of spiritual support on wellbeing of chronically ill inmates at Eldoret GK prison. The study targeted inmates and the prison officials in charge of provision of health services to inmates who complemented information collected from chronically ill inmates. The study had a target of 50 chronically ill patients but only 37 were available for the study. From the findings, the researcher found out that other forms of spiritual service provision including trainings for spiritual leaders; exchange programmes; provision of bibles; and giving opportunities for staff and outsiders to minister to the inmates was practice as well though not in a big scale. In conclusion, the inmates appreciated the services they received from while in prison. There was a significant level of satisfaction from the inmates in terms of the accessibility to these services. The study recommends that an independent agency be set up and tasked with the coming up of standards of hygiene in prisons. It should also be tasked with the planning prison set ups that are not only cognizant of the nature of sentence but also, sensitive to the illness that the inmates. In view of the potentially high cost of prison expansion, the prison departments should come up with a policy to give decongest the prisons that allots special consideration to the chronically ill inmates. This will serve to reduce the prison wage bill that goes into taking care of them.*

Key terms: *Palliative care, well-being, chronically ill, inmates, prison*

1.1 Study background

According to World Health Organization (2015), palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. According to recommendations from the United Nations and the Council of Europe (Gallagher, 2001), the quality of health care available to prisoners should be equivalent to that of any other person living in the community, as outlined by the principle of equivalence of care (Linnes, 2006). Those imprisoned according to Coyle (2002) retain their fundamental right to enjoy good health, both physical and mental, and they retain their entitlement to a standard of medical care which is at least the equivalent of that provided in the wider community.

Palliative encompasses a wide range of specialist services, but began in the UK in the late 1960s with the development of the modern hospice movement by Dame Cicely Saunders when she founded St. Christopher´s Hospice in Sydenham, London (Thembinkosi, 2015). The number of hospices and specialist palliative services has increased rapidly since that time. In United Kingdom, the National End Life of Care Programme has been working in partnership with the department of health's offender health team to support the development of guidance intended to promote a high standard of care for all prisoners regardless of the diagnosis at end-of-life, by improving the quality of care offered and enhancing the dignity and choice for serving prisoners approaching the end of life.

In United States of America Kinder and Meyer (2009) found out that when inmates are facing a life - limiting condition, a growing number of prison systems in that country have hospice care available. Managing the special needs of chronically ill inmates behind bars is indeed challenging, but it is a responsibility that all prison systems must face. Treating a terminally ill individual in prison is difficult at best. More so, prison health care systems were not originally designed to provide sophisticated and intensive care to large numbers of chronically ill and/or elderly inmates (United State Department of Justice, 2004). Greater numbers of inmates are aging and dying in prison, creating a demand for enhanced end of life care (Ashpole, 2016).

In India, it was reported that India's obligation to ensure palliative care estimated that hundreds of thousands people in need of pain management in India were unable to access strong pain medications. It found that India's central and states governments had essentially abdicated their responsibility to ensure the availability of palliative care, the provision of which was largely left to the non – governmental organizations and individual health care workers. India's government has however undertaken a number of steps to improve the access to palliative care. In 2012, India's federal health ministry launched the National programme in palliative care, which seeks to increase palliative care capacity throughout the country and develop a supportive policy and regulatory environment (Lohman & Amon, 2009).

In West Africa at present, access to palliative care in prisons in Nigeria is limited and hard to come by for prisoners. Nigeria prisons cannot ensure that conditions in all their facilities are adequate for the health and well-being of the prisoners due to overcrowding and inadequate funding (James, 2015). Releasing a subset of prisoners with life-limiting illness is necessary because warders and other inmates are not prepared for the death of inmates. Consequently, there is no proper arrangement for assisting inmates in their final moment; dying in prison means experiencing a feeling of hopeless solitude. All prison staff transfers inmates whenever possible

to hospital in their final days. There arises the issue of escort officers; difficulty of calling on polices servicers and attitude of some doctors who often send patients back to prison to later die. There is no dignity dying in prison. The psychological burden of knowledge of incurable fatal disease may be easier to bear in a family environment than in prison.

In eastern Africa, access to palliative care is problematic; however, Rwanda and Mozambique are developing national palliative care policies; Kenya and Uganda have achieved a degree of integration of palliative care into mainstream health services; and Tanzania is achieving a significant service scale-up (Namisango et al, 2013). In Uganda, eight organizations are delivering 155 hospices and palliative care services. The Palliative Care Association of Uganda was founded in 1998 and has over 180 members. Its aim include introducing and maintaining standards, bringing together key players and stakeholders, establishing a journal, quarterly continuing medical education (CME) update, publications, advocacy and coordination of education and CME. Uganda is the first and only country in Africa that has made palliative care for people with AIDS and cancer a priority in its National Health plan, where palliative care is classed as essential clinical care (Clark, 2007).

In Kenya, there are six established hospices: Nairobi, Meru, Kisumu, Nyeri, Eldoret, and Mombasa. Twenty five services exist in total. The Kenyan government does not have an official palliative care policy, although it is in support of palliative care in the country (Clark, 2007). The increased population of chronic ill inmates is a global problem facing correctional institutions. Just like any other African countries, Kenya prisons have not been left out. The purpose of Kenya Prison Service is to provide rehabilitation programmes aimed at changing the criminal behavior of offenders to become better citizens (Langat, Kabaji & Poipoi, 2015). Palliative care services in Uasin-Gishu county is being provided at Eldoret hospice and Moi Teaching and Referral Hospital (MTRH) where most of the prisoners from Eldoret G.K. prison are referred to. From all the information gathered it is clear that most of the African countries especially East Africa and more specifically in Kenya have not put much effort in palliative care to cancer patients in prisons, therefore the need for this study to fill the existing gap.

1.2 Statement of the Problem

The provision of quality and appropriate health care is part of the human right to the highest attainable standard of health. Many inmates have complex needs, mental health problems and disabilities. Often, this will also be compounded by complicated family relationships, poor education and, for some, revolving admissions to the criminal justice system. The chronically ill inmates in prison need to know how to cope and adapt to the nature of prison environment, and therefore, palliative care is essential due to their health condition. Studies in the field of Palliative care are still inadequate in the local and international context. Most studies highlight the doctors and nurses role in helping patients whose lives have been thrown into chaos but inadequate research have focused on prisons.

1.3 Research Objectives

The main research objective was to determine the importance of palliative care services to the wellbeing of chronically ill inmates at Eldoret GK prison.

Specific Objectives

The specific objectives of the study were;

i. To determine the extent to which psycho-social support influences the wellbeing of chronically ill inmates.
ii. To establish the influence of hygiene standards on the wellbeing of chronically ill inmates at Eldoret GK prison.
iii. To establish the influence of clinical service provision on the wellbeing of chronically ill inmates at Eldoret GK prison
iv. To investigate the influence of spiritual support on wellbeing of chronically ill inmates at Eldoret GK prison

1.4 Review of empirical and theoretical literature

Critical review of relevant theories

The study was informed by the desire theory of wellbeing. Desire theory was developed by Griffin (1986). This theory recognizes wellbeing as the satisfaction of human desires and also points out the most important part as informed desire which stipulates that desire sthat are relevant and rational are the ones we give detail information and reflection (Nwogu, 2014). Most people concur with the theory because it is obvious that people do not get satisfaction from desires that are based on ignorance and irrationality. Desire theories highlight the following: What is best for me depends on what I care about and matters which am sovereign; Peoples desire can be self-sacrificial in the sense that people can sometimes desire things which are unrealistic and can be destructive to their wellbeing; Desire can be adaptive. When people are faced with difficulties in life, they tend to adapt to possibilities that are available (Randy, 2008:23).

Desire theories stipulates happiness is a matter of getting what you want (Griffin, 1986). Desire theory is considered when what we want is lots of pleasure and little pain. How-ever, desire theory and Hedonism often go hand in hand. Hedonism holds that the prevalence of pleasure over pain is the prerequisite for happiness even if this is not what one desires most. Desire theory holds that that realization of a desire have a say to one's happiness in spite of the amount of pleasure or displeasure (Royz-man, 2003).

Review of Empirical Studies

The purpose of literature review is to define and limit the problems in order to avoid duplication, to evaluate promising research methods, and finally relate study findings to the previous knowledge and suggest further research. The general topic for this study is palliative care and the well-being of inmates in Eldoret prison in Uasin-Gishu County, but the chapter will also review empirical studies related End of Life care that is: effectiveness of psycho-social support, access to balanced diet and type of spiritual support.

Psycho-social care Services to Chronically Ill Inmates

Goals of palliative care are to address physical, psychosocial, and spiritual health needs of individuals and their families with life limiting conditions (WHO, 2009). Psychosocial health services are those psychological and social services that enable patients, their families, and health care providers to optimize biomedical health care and to manage the psychological/behavioural and social aspects of illness and its consequences so as to promote better health. Some level of psychosocial support (e.g., providing emotional support and

information about one's illness) accompanies much of routine health care. Family members and other informal supports also meet many emotional and logistical needs in times of illness. However, when this level or type of support is insufficient to address a patient's needs, more formal services are needed (Usher K.S).

Psychological care addresses the psychological experiences of loss and facing death for the patient and their impact on those close to them. It involves the spiritual beliefs, culture and values of those concerned and the social factors, which influence experience. Psychosocial care includes the practical aspects of care such as financial, housing and aids to daily living, and overlaps with spiritual care. Spiritual care is less easy to define and it is often subjective, arbitrary, and personal. It is generally assumed to include individual's beliefs, values, sense of meaning and purpose, identity, and for some people religion. It may also encompass the emotional benefits of informal support from relatives, friends, religious groups, and more formal pastoral care. For many existential questions about the human condition can be ignored during many phases of life but are brought into acuity at the end of life (Williams, 2006).

Most inmates who are suffering from cancer and are approaching end of life need more psychological support due to the nature of trauma that they may undergo as a result of the fact that they will die soon. The National Council for Hospice and Specialist Palliative Care Services (now the National Council for Palliative Care NCPC) defined psychosocial care as 'concerned with psychological and emotional well-being of the patient and their family/carers, including issues of self-esteem, insight into an adaptation to the illness and its consequences, communication, social functioning and relationships' (National Council for Hospice and Specialist Palliative Care Services, 1997).

Linder (2007) observed that the number of older inmates in US correctional facilities is increasing and with it the need for quality palliative health care services. Morbidity and mortality are high in this population. Palliative care in the correctional setting includes most of the challenges faced in the free living community and several unique barriers to inmate care. Issues specific to palliative care and hospice in prison include palliative care standards, inmate physician and inmate-family relationships, confidentiality, interdisciplinary care, do-not-resuscitate orders and advance medical directives, medical parole, and the use of inmate volunteers in prison hospice programs

A study by Linder and Meyers (2009) found out that dying inmates face many of the same issues as the terminally ill in free society. However, death behind bars also poses some unique challenges to the dying, their prison family, their biological family, their caregivers and health care providers, custody staff, prison administration, and society as a whole. Social workers can play an important role in the care of these individuals and the people they are connected to both in prison and beyond its confines. This article provides important background for understanding the unique and the ubiquitous aspects of dying inmates and offers direction to social work professionals in serving these inmates, their loved ones, their custodians, and the larger society.

A research done by Canada Peternelj-Taylor, Holtslander and Burles (2014) established that prisons were not sufficiently resourced to provide for the end-of-life needs of prisoners. Prison staff often ill prepared, lack training and experience in providing end-of-life care, physical environment were not conducive to providing end-of-life care, Family rarely able to visit or attend to their dying relatives and providers fears of being manipulated for medication.

In Nigeria, Nwogu (2014) sought to find out find out the factors that affect wellbeing of people who suffering from terminal diseases in palliative care. Literature review through content

analysis was employed through the collection of data which was done by extensive database search. The database selection for electronic material was based on availability of full text on the database. The utilization of various database helped in achieving organized and comprehensive information. The factors that affect wellbeing of a cancer patient in palliative care are psychological, physical and social factors. However psychological factors are key factors that cause distress among patient suffering at the end of life, nevertheless these factors can be alleviated or reduced by pharmacological or non-pharmacological interventions.

In Kenya, Langat, Kabaji and Poipoi (2015) study determine the influence of educational and vocational programmes on psychosocial adjustment of the elderly male offenders inside prison in Kakamega Main Prison in Western Kenya. The study utilized qualitative and quantitative research methods. The target population comprised of 235 elderly offenders, 400 prison staff and 5 in charge officers. The sample size comprised of 50 elderly male offenders, 30 prison officers and 2 officers in charge sampled purposively. Findings indicated that there was need to revamp rehabilitation programmes targeting the criminogenic needs of elderly offenders so as to increase their level of participation in educational and vocational programmes. Findings also revealed that educational and vocational programmes influence was minimal since majority of the elderly offenders were found to be recidivists.

2.2.2 Provision of Hygiene Services for Chronically Ill Inmates

Inmates' right to nutrition is protected by Article 25 of the UDHR, which guarantees the right of everyone to a standard of living adequate for the health and well-being of himself including food. Nutrition plays a major role in many aspects of cancer development and management. Malnutrition is a common problem in cancer and important component of adverse outcomes, increased morbidity and mortality and decreased quality of life. Depending on the type of cancer, some persons die because of severe malnutrition rather than malignancy per se.

A nutritious diet is necessary for ARVs to be effective, but prisoners are not provided with a healthy, balanced diet (Berger & Bulbulia, 2008). Inflexible mealtimes may be a major barrier to adherence, especially for those ARVs that require administration with meals and fluids (Singh, 2007). The routine of prison meals poses a barrier to adherence as meals are standardised and not tailored to the needs of individual prisoners. At best, prisoners are given nutritional support in the form of extra fruit (Muntingh &Tapscott, 2009). It has been recommended that a healthy diet consists of three regular meals and additional nutritional support through 'fresh fruit and vegetables' and vitamin supplements Berger & Bulbulia, 2008. Ideally, prisoners should have their diets customised to cater for their nutritional needs, (Berger & Bulbulia, 2008) but this is impractical in the present prison setting in the short-term.

A study by Linder and Meyers (2009) established that prison population in the United States has grown fivefold in the last 27 years. Like the general population, the inmate population is aging. With age comes infirmity, disability, and chronic conditions that may, over the course of years or decades, lead to death. Inmates enter the prison system in poorer health than their age-matched free counterparts. A growing number of inmates will die in prison. A few will receive medical or compassionate release in order to die outside the walls. Whether inside or outside, these dying men and women are entitled to receive high quality health care, including palliative care.

Stone, Papadopoulos and Kelly (2011) examined the evidence from the United States and the United Kingdom on the promotion of palliative care in the prison sector, summarizing examples of good practice and identifying barriers for the provision of end-of-life care within the prison environment both in the USA and UK. An integrative review design was adopted using

the Green et al. model incorporating theoretical and scientific lines of enquiry. Literature was sourced from six electronic databases between the years 2000 and 2011; the search rendered both qualitative and quantitative papers, discussion papers, 'grey literature' and other review articles. The results highlight a number of issues surrounding the implementation of palliative care services within the prison setting and emphasize the disparity between the USA model of care (which emphasizes the in-prison hospice) and the UK model of care (which emphasizes palliative care in-reach) for dying prisoners.

In some of Zambian correctional centres, there is still some dissatisfaction at the treatment of inmates with fresh wounds, sexually transmitted infections and those who are on Anti-Retroviral Therapy (ART). Furthermore, Zimbabwe's correctional centres are characterized by outdated regulations, lack of medications and the lack of specialized medical personnel. In some correctional centres, there is a lack of access to medical care, special food and beds (Todrys & Amon, 2011; there is also inadequate lighting, ventilation, mattresses, warm clothing; and the lack of access to clean water in Zimbabwe.

Thembinkosi (2014) critically analyses the protection and enforcement of inmates' socio-economic rights in South Africa. Inmates' socio-economic rights included the right to adequate medical treatment, accommodation, nutrition and education. This analysis is informed by the fact that South African courts are struggling to interpret and enforce inmates' socio-economic rights as required by the Constitution and international norms and standards. The objective of this study, therefore, is whether South Africa protects and enforces these rights as required by the Constitution and international norms and standards. The methodology of this study relied on a legal methodology which focuses on a review of law books, journal articles, the constitutions, statutes, regulations and case law. The study concludes that South Africa protects and enforces these rights as required by the Constitution and complies with international norms and standards.

Motala and McQuoid-Mason (2013) observed that the prevalence of AIDS in prisons was believed to be higher than in the broader community. While the courts have used their powers to enforce prisoners' rights in terms of the Constitution, specifically their right to medical treatment, the state needs to adopt a holistic approach when providing antiretroviral therapy (ART) for prisoners. Failing to provide support for ART, beyond its mere provision, would offend the values of the Constitution. This support includes comprehensive HIV and AIDS care and prevention, treatment of opportunistic infections, access to nutritional supplements, access to palliative care and compassionate release.

In Nigeria, James (2015) study examined the policy and practice of compassionate release of terminally ill prisoners and its implications for Nigerian criminal justice administration. Qualitative methodology using structured interview was adopted to elicit data from key informants and content analysis was used in data analysis. The study revealed that the health status of inmates and health care delivery in prison is poor. This situation is exacerbated by poor condition of detention, poor provision of drugs and personnel, and inadequate funding. James (2015) study revealed that because of overcrowding of prisons in Nigeria, the authorities experience difficulty in the control of inmates; inmates are hardly fed; detained in inhumane conditions and have limited access to medical facilities. Prisons overcrowding have also contributed to the growth of communicable disease among prisoners. Consequently, diseases are prevalent and the death toll of inmates is high (James, 2015).

Kenya's correctional centres are reported to be providing inmates with three inadequate meals a day (Mwangi-Powell et al, 2011). They also experience challenges relating to water shortages and inadequate sanitary facilities. In Kenya, Wanjiku (2014) study focused on status of

HIV/AIDS management strategies in correctional settings in Kenya. Specifically, it examines in detail how the transmission and spread of HIV is mitigated by the Kenya Prison Service. The study sought to identify the current practices of managing HIV in Kenyan prisons and assess the success of such practices in containing its spread. To achieve the three objectives, the study adopted a survey research of 142 inmates. Of these, 98 (69 per cent) were males from Kamiti and 44 (31 per cent) were females from Lang'ata prisons. About half of the inmates covered reported to be HIV positive. This could be attributed to high prevalence of HIV among inmates in the prisons studied. Data on inmates' knowledge about HIV indicated that majority of inmates were exposed to HIV information. VCT centres were available in both prisons and this is where majority of inmates got exposed to HIV/AIDS information in both prisons. Thus, VCT centres played a key role in informing inmates about HIV/AIDS. The review of above theoretical, conceptual and empirical literature suggests that there exist gap in literature on how provision

Spiritual Support Provided to Chronically Ill Inmates

A systematic review was undertaken by Harding, Karus, Easterbrook, Raveis, Higginson and Marconi (2005) to appraise the effect of models of palliative care on patient outcomes. A detailed search strategy was devised and biomedical databases searched using specific terms relevant to models of palliative care. Data from papers that met the inclusion criteria were extracted into common tables, and evidence independently graded using well described hierarchy of evidence. 34 services met the inclusion criteria. Of these, 22 had been evaluated, and the evidence was graded as follows: grade 1 (n = 1); grade 2 (n = 2); grade 3 (n = 7); grade 4 (n = 1); qualitative (n = 6). Services were grouped as: home based care (n = 15); home palliative care/hospice at home (n = 7); hospice inpatient (n = 4); hospital inpatient palliative care (n = 4); specialist AIDS inpatient unit (n = 2); and hospital inpatient and outpatient care (n = 2). The evidence largely demonstrated that home palliative care and inpatient hospice care significantly improved patient outcomes in the domains of pain and symptom control, anxiety, insight, and spiritual wellbeing.

Clinical Services and Wellbeing of Chronic Illness

Inmates' right to health is protected and enforced by a number of international treaties and bodies which serve as a guide for health care professionals working in the correctional centres (Thembinkosi, 2015). Within the United Nations system, this right is entrenched in Article 25 of the Universal Declaration of Human Rights (UDHR), which guarantees the right of everyone to a standard of living adequate for the health and well-being of himself and his family.

In United States, Cecere (2009) said that nationally, more than 800,000 inmates 40 percent of the total prison and jail population reported a chronic medical condition, an illness rate far higher than other Americans of similar age. More than 20 percent of these sick inmates in state prisons, 68.4 percent of jail inmates, and 13.9 percent in federal prisons had not seen a doctor or nurse since incarceration. Nationally, more than 800,000 inmates, 40 percent of the total prison and jail population, reported a chronic medical condition, an illness rate far higher than other Americans of similar age. More than 20 percent of these sick inmates in state prisons, 68.4 percent of jail inmates, and 13.9 percent in federal prisons had not seen a doctor or nurse since incarceration.

Cropsey, Wexler, Melnick, Taxman and Young (2007) examined findings from the National Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) National Criminal Justice Treatment Practices survey to describe types of services provided by three types of prisons: those that serve a cross-section of offenders, those that specialize in serving offenders with special

psychosocial and medical needs, and those that specialize in serving legal status or gender specific populations. They found out that all the prisons report providing assessment and other services at a fairly high range, 65.3 per cent to 98.0 per cent. They found out that nearly all prisons screen at least some inmates for mental health issues (96 per cent) and TB (95 per cent), followed by HIV testing (90 per cent), HCV (89 per cent), and COD and substance abuse, each at 89 per cent. Among facilities that report conducting mental health assessment.

Dawn (2014) investigated whether equitable provision has been achieved for prison-based patients. Interpretivist in its methodology, this qualitative study adopts case study as an appropriate methodology. Research methods include focus groups, interviews, and participant correspondence. Research data indicates that, despite considerable policy focus and activity, the lack of integrated service commissioning means that equitable provision for this prisoner population has not been consistently experienced by imprisoned patients. In its absence, prisoners have themselves adopted the role of carer for the sick and frail amongst their prison communities. These individuals report that they undertake these caring roles unsupported by the NHS and/or the prison service, whilst at considerable risk to both themselves and the person for whom they care.

Agboola, Babalola and Udofia (2017) study was to determine the prevalence of psychopathology among inmates in a Nigeria prison. It also explored the relationship between psychiatric morbidity and physical comorbidity. Ninety four prisoners were administered socio-demographic questionnaire, General Health Questionnaire (GHQ 28) and Present State Examination was done. PULSE Profile was used to evaluate physical and functional disability. Majority of the inmates were young offenders (62.8 per cent), 57.4 per cent scored 5 and above on GHQ 28. One third of the inmates (32.8 per cent) had depression. There is high prevalence of psychopathology among prison inmates. They suggested that continuous efforts should be made to provide adequate mental health services in prisons. Armiya'u, Obembe, Audu and Afolaranmi (2013) study was aimed to determine the prevalence of axis 1 psychiatric disorders and associated factors among prison inmates in Jos, Nigeria. This was a cross-sectional descriptive study carried out in Jos maximum security prison among 608 inmates. This study showed that there was a high rate of psychiatric disorders among prison inmates in Nigeria, which should be a concern to health care policy makers in the country.

Topp, Moonga, Mudenda, Luo, Kaingu, Chileshe, Magwende, Heymann and Henostroza (2016) study aimed to identify and examine the interaction between structural, organisational and relational factors influencing Zambian women prisoners' health and healthcare access. They conducted in-depth interviews of 23 female prisoners across four prisons, as well as 21 prison officers and health care workers. They identified compounding and generally negative effects on health and access to healthcare from three factors: i) systemic health resource shortfalls, ii) an implicit prioritization of male prisoners' health needs, and iii) chronic and unchecked patterns of both officer- and inmate-led victimisation. Specifically, women's access to health services was shaped by the interactions between lack of in-house clinics, privileged male prisoner access to limited transport options, and weak responsiveness by female officers to prisoner requests for healthcare. Further intensifying these interactions were prisoners' differential wealth and access to family support, and appointments of senior 'special stage' prisoners which enabled chronic victimization of less wealthy or less powerful individuals.

1.5 Methodology

This study used a case study research design. Eldoret GoK prison is one of the Kenya's most

populated male prison and the only main prison in western part of Kenya located in Rift Valley province, Uasin-Gishu County. The study target population involved chronic ill patients who were serving various sentences at Eldoret GoK prisons. The study also targeted the prison officials in charge of provision of health services to inmates who complemented information collected from chronically ill inmates. The study had a target of 50 chronically ill patients but only 37 were available for the study. The study used multiple sources of data collection that involves; in depth interviews, obtaining information from secondary records and collecting data through focus group discussions. An interview is a process whereby the researcher asks the subjects questions face to face. The study used a semi-structured interview where the content and sequence of questions were left to the researcher. The advantage of researcher considering using interview was because it was flexible and to a great extent depended on the skills of the interviewer. The interviews were conducted for prison's officers involved in health matters.

Secondly, the research utilised focus group interviews to get information from inmates suffering from chronic illness. According to Kumar (2014), focus groups are a form of qualitative research strategy in which attitudes, opinions or perceptions toward an issue through open discussion between members of a group with the researcher. The researcher raised issues and asked questions that stimulated discussions among members of the group. This method was chosen because it was less expensive and needed far less time to complete. Secondary data were collected through document analysis and checklist method. Secondary data was mainly collected from the prisons authorities on the number of inmates admitted with various forms of illnesses. The study also looked at the documents to show the frequency to which palliative care services were provided to chronically ill inmates. To address validity issue, the information obtained from focus group interview were complemented by the information from secondary data sources. The researcher developed a form to record the required information as shown in the appendix section.

The researcher obtained an introduction letter from The Catholic University of Eastern Africa {CUEA} and a research permit form National Commission for Science, Technology and Innovation (NACOSTI) located in Utalii house, Nairobi. A letter from the Uasin-Gishu County director in-charge of education was also obtained for the approval to carry out the study in the County. The researcher proceed to the prison where permission was also sought from the officer in-charge of Eldoret Main prison for the provision of security needed during the entire period of data collection process. The researcher recruited one male research assistant as advised by the officer in-charge of Eldoret prison due to security reasons and oriented him on how to administer focused group discussion to the selected participants, informed consent from all respondents was sought before conducting interviews. The interviews with prisoners' officers in charge of health were conducted at their workplaces. Focus group interviews and discussions with chronically ill inmates were conducted in the morning when they were going for their medication at the dispensary and during the time they were not engaged with other activities within their facility. This meetings and discussions were conducted in coordination with the officer in-charge of the health.

Data analysis accompanied data collection process, as the two processes tend to occur simultaneously. The researcher critically analysed, examined and assessed the quality of data collected from the field. This research was a qualitative one and the data collected was analysed using techniques for analysing such kind of data. The common method used is the content analysis. The researcher developed a narrative to describe the situations that happened. Secondly, the researcher identified main themes that emerged from the field notes and transcriptions of in-depth interviews and focus group and wrote about them, quoted extensively verbatim and

quantified by indicating their frequency of occurrence, the main themes in order to provide their relevance.

1.5 Findings and discussions

This section entails the presentation of the findings as per what was collected from the field. It is divided into five sections.

Chronic disease incidents among inmates

Chronic Disease	Frequency	Percentage
Cancer	7	18.91
TB	7	18.91
HIV&AIDS	7	18.91
Cardiac diseases	5	13.51
Liver disease	4	10.81
Arthritis	3	8.10
Diabetes	2	5.41
Others	2	5.41
Total	**37**	**100.0**

Source: Field data, 2018

The findings from the table above, it can be revealed that Cancer, TB, HIV & AIDS incidence rates were highest, standing at 18.91 per cent. The second most-common of the diseases under focus were those that were cardiac-related which comprised 13.51 per cent of the total respondents/inmates who took part in the study. Those diseases that were liver-related came in third in term of frequency at 10.81 per cent. The fourth category among the disease that inmates mentioned that they suffered from was Arthritis. This was reported by 8.10 per cent of the respondents. Those who mentioned that they suffered diabetes accounted for 5.41 per cent of the respondents, who ranked fifth in the percentages ailments reported. Those that were less than 5 per cent were the sexually transmitted diseases (STIs), Asthma, Haemorrhoids, epilepsy; sight problem, and lymphoma. These combined accounted for 5.41 per cent. The findings shows that the ailments with the highest occurrence rates among inmates include Cancer, TB, HIV&AIDS, and Cardiac diseases. The prevalence of HIV and AIDS was mainly as a result of homosexuality in the prisons among inmates. This was manifested either willingly or unwillingly. In the former, inmates who needed certain items, majorly money, elected to engage in the act for pay. In the case of the latter, incidences of new inmates being attacked were common.

Interviews with prison officials in charge of palliative care services showed that other incidence of diseases include mental illnesses; major accidents; and urology diseases. TB includes cases of cerebral, pulmonary, and borne TB were mainly as a result of the ventilation of the prison cells in that the congestion meant that there could easily be a very rapid spread of it. The verbatim quote presented below supports the above-mentioned explanation.

> "It is common among us prisoners due to congestion in wards which leads to poor circulation of air hence easily spread but once one is suspected to have TB he is taken to isolation rooms until they are treated. Only those who come to prison when they are already infected are likely to suffer for a long time and even some are diagnosed when it has spread to important organs." *Source: FGD One*

Psychosocial services

The first objective of the study was to determine the extent to which psycho-social

support influences the wellbeing of chronically ill inmates. The researcher, during interviews sought to find out the different psychosocial services provided to inmates who suffered from the various chronic illnesses of interest in the study. Of specific focus were support towards mental health which mainly involved counselling, education as well as emotional support. The study was also interested in looking at the frequency which the psychosocial service was availed to the inmates. Lastly, the study also sought to find out effectiveness in enhancing the wellbeing of chronically ill patients.

According to the study findings, the interviews with prison officials in charge of palliative care services showed that there was a large array of services availed to the other forms of psychosocial service provision. In the case of education, it was clearly elaborated during the focus group discussions that the inmates got educated on the various facts concerning their ailments as well as dispel the various myths on the same. They were also taught how to manage the maladies so that they could live normal lives. They also got to be educated on the various aspects of medication in order to manage their ailments. For the case of diabetes, the following verbatim quote gives a statement that was shared by one of the inmates during a focus group discussion.

> "Education helps us by creating awareness of how we can live with diabetes and how to control the level of sugar from either going up or reducing. We are treated for free because we are sponsored by the government and anything to do with our health is the responsibility of the government as long as we serve our sentence. It is very important that I make it known that nurses and clinicians are very caring and very attentive when we approach them for help."
>
> *Source: FGD Three*

In the case of HIV and AIDs, it was noted that the inmates got vital education too on how to take their drugs as well as the need to adhere strictly to them. On the same note, they were brought up to speed on the potential side effects of the drugs they were taking as well as the need for them to maintain a strict diet.

In addition to the psychological aspects of the wellbeing of the patients, the findings revealed that granting mercy release by the President; counselling services provided by Moi Teaching and Referral Hospital (MTRH); frequent follow up to specific clients; and ward visits by the welfare office.

The study findings revealed that mental health counselling services were provided to the inmates on a weekly basis (every Thursday) to HIV & AIDS patients who comprised 14.29 per cent of the respondents. On the same note, the same category (HIV & AIDS patients) had basic education classes provided monthly. Emotional support was also given to Diabetes patients once too at a frequency of once a week. What stood out strongly was that most of these services were offered outside parties (individuals and agencies). These included but were not limited to Moi Teaching and Referral Hospital, AMPATH among others. The verbatim quotes below from one of the interviewees goes to buttress this position.

> *HIV positive inmates undergo health education when they are visited by the AMPATH team every Thursday. Those with diabetes, cancer, TB and other chronic illness are never educated on any disease unless when going for check-ups or when they are going for medication at MTRH once in a while.*
>
> *Source: Interviewee Three*

> *"Itakua miujiza kubwa sana kama watawahi tafta mtu wakutuongelesha haswa sisi wafungwa amboa ni wagonjwa.'* "It will be a miracle if they ever organize or see anyone come to talk to the chronically ill inmates"
>
> ....there is no form of education concerning their health have ever been provided to them not unless they go to MTRH. HIV patients only receive health education through the AMPATH team from MTRH, whereby in Kisumu where one of the group members was before he was transferred in, inmates were taught before given exams while in Eldoret GK prison they are given exams only for those who are interested. ….HIV positive inmates undergo health education when they are visited by the AMPATH team every Thursday. Those with diabetes, cancer, TB and other chronic illness are never educated on any disease unless when going for check-ups or when they are going for medication at MTRH once in a while.

Source: FGD Four

The above-mentioned positions are in tandem with the research study done by Canada Peternelj-Taylor, Holtslander and Burles (2014) established that prisons were not sufficiently resourced to provide for the end-of-life needs of prisoners. Prison staff often ill prepared, lack training and experience in providing end-of-life care, physical environment were not conducive to providing end-of-life care, Family rarely able to visit or attend to their dying relatives and providers fears of being manipulated for medication.

The findings show that the average level of psychosocial service provision is at 14.29 (SD = 0) to specific categories of ailments. The study findings were as presented in the table below:

Availability of psychosocial services to chronically ill inmates

Psychosocial services	**Frequency (1 = Yes; 0 = N0)**							**Percentage for availability of service**
	Cancer	TB	HIV AIDS	Cardiac diseases	Liver disease	Arthritis	Diabetes	
Mental health counselling	0	0	1	0	0	0	0	14.29
Education support	0	0	1	0	0	0	0	14.29
Emotional support	0	0	0	0	0	0	1	14.29

Source: Field data, 2018

Interviews with prison officials in charge of palliative care services also showed that the capacity of prison staff towards provision of palliative services to chronic ill inmates is limited in terms of qualifications; experience; and training & skills. Although the prison officials acknowledge that they have basic training, they do not have specializes training on palliative care since none of them has been trained on palliative care. Basically, the nature of psychosocial service depends on the inmate needs and the capacity of the prison officer. TPO, a NGO providing psychosocial support to inmates holds the view that the prison population constitutes one of the most disadvantaged groups in terms of access to psychosocial support services. There is need to build the capacity of the prisons' health staff and partner NGOs by expanding their knowledge about mental health counselling and enabling them to identify prisoners with psychological problems and refer them to the appropriate services (TPO Cambodia, 2016).

When it came to dealing with the cases of HIV and AIDS which was an area of keen

interest to the study especially since the disease had been adversely mentioned to have had infected a significant number of inmates. The findings that came forth from the field revealed that the prison was not doing enough to take care of the cases. This was especially in comparison to the real number of patients who were said to be HIV positive. The verbatim quote below from one of the in mates during a focus group discussion shed more light on the above-mentioned explanation.

> "We know that there over 400 prisoners who are HIV positive but have not come out openly to accept their health status and start medication. "I am sure that the officers will only give you the number of those under medication. The reason behind this is that they do not want to admit that there is homosexual behavior going among the inmates due to mixture of old and young inmates and also they want to be seen that they are doing a good job in addressing the spread of HIV/AIDS among prisoners while in real sense they are not doing anything about it." Those who are under medication are about 200 in number but confirm with the records."
>
> *Source: FGD Three*

Hygiene standards services

The research study, for objective number two, sought to establish the influence of hygiene standards on the wellbeing of chronically ill inmates at Eldoret GK prison. Under this section, the specific indicators that were chosen to elucidate this revolved around a discussion on the different hygiene services provided to inmates who are chronically ill. It's also the frequency of hygiene service provision; and its effectiveness in enhancing the wellbeing of chronic ill inmates. Cleaning of wards, toilets, utensils and kitchens is done daily by the inmates (87.5 per cent); cleaning of personal clothes is done regularly by the inmates; they are encouraged to wash hands after coming from the toilet and disinfectants are provided – though with some challenges (100 per cent); Special Diet is rarely done as per the doctor's prescription. The findings show that the average level of hygiene service provision is at 62.5 (SD = 54.49). This shows that hygiene service provision is uniform across the various categories of ailments but varies significantly depending on the nature of hygiene services. The position stated above is evidenced in the verbatim quote below.

> "All the vegetables are washed before cutting and cooking equipment are handled by the inmates who have been authorized to work in kitchen area after undergoing a thorough medical inspection by the health officer in-charge. Eating utensils are kept in the kitchen after they have been cleaned but the problem is that they are not properly cleaned. All the foods are kept in the prison store and only removed from store to kitchen under the authority of the officer in-charge of store. They are inspected before cooking therefore cases of food poisoning are very rare."
>
> *Source: Interviewee Four*

Discussions with the respondents showed that apart from unavailability of special diet, other hygiene related services are provided satisfactorily. However there are challenges such as water shortages; infrequent supply of soaps, tissue papers, gloves, and other disinfectants (sometimes they depend on well-wishers); sharing of beddings in some instances; congestion; sometimes food not well cooked; inadequate hanging lines; washing basins and utensils in the same sinks; and infestation by pests. One of the interviewee said.

"Hygiene is vital in human life hence lack of some of the hygienic

services make them uncomfortable also making control of TB difficult because of dust and congestion in wards". *Source: Interviewee Two*

The study findings were as presented in the table below:

Availability of hygiene services to chronically ill inmates

Hygiene services	Frequency (1 = Yes; 0 = N0)							Percentage for availability of service
	Cancer	TB	HIV AIDS	Cardiac diseases	Liver disease	Arthritis	Diabetes	
Cleaning of wards, toilets, and kitchens	1	0	1	1	1	1	1	87.5
Cleaning of personal clothes	1	1	1	1	1	1	1	100
Special Diet	0	0	0	0	0	0	0	0

Source: Field data, 2018

Interviews with prison officials in charge of palliative care services showed that other forms of hygiene service provision include giving special diet to special cases; provision of supplements; availability of nutritionist every Thursday; provision of a balanced diet (green vegetables and whole grains); giving the prisoners option to buy special diet for themselves; routine spraying of pesticides; and frequent inspection of prison facilities by the public health officials. In spite of the above-mentioned, it was noted that some inmates felt that there was room for improvement. They were of the feeling that the diet recommended to them by the doctors from Moi Teaching and Referral Hospital was wanting which therefore meant that their immunity was weak, prompting several visits by the doctors to address the lapses into ill health related to their terminal illnesses. They therefore suggested that the prison administration consider improving the availability of the diet, which could be made possible through an effective and sensitive welfare department.

Discussions with the respondents showed that hygiene services are critical in preventing further spread of opportunistic diseases such as TB; making the inmates feel comfortable; reduce stress levels; keep them clean and healthy; promote quick recovery; and create a conducive environment for rehabilitation. One of the inmate explained the situation with tears almost running down his cheeks in the verbatim quote shown below.

> "Some of us really suffer in this prison, imagine we are served with buckets that we use for personal cleanliness and even cleaning of our wards. Sometimes the inmates on duty doesn't wash the buckets before taking them to be served with food….*Aki ni Mungu tu ndio anatuchunga kwa sababu ile magonjwa yenye iko apo sio kidogo.* (translation, for sure it is only God who is taking care of us because the kind of aliments that are here are not minor)….We have tried to complain about this but it's none of their concern as long as we are still alive. We wash the plates in the sinks near the toilet because we have no other place to clean them and we are not even allowed to move out of the wards once the door is closed. We only live by the grace of GOD." *Source: FGD Six*

The study also found out that the inmates complained that one of the reasons as to why they had to share mattresses was because they were denied access to them. This was done by the

prison officers whom, according to the inmates considered them as criminals and thus did not merit any iota of comfort since they were supposed to suffer while in prison. The verbatim quote below attests to this above-discussed position

> "There is shortage of mattresses in prison and this has led to increase in chest related diseases like TB and pneumonia, those in ordinary wards with ordinary cases and short term sentences are forced by circumstances to sleep on the floor with one blanket alone. "We have tried to complain about the matter to the prison administration but in vain, the problem is not that there are no mattresses but the problem is that we know that there are mattresses in store but the officers doesn't want to give them to us because for them inmates are not humans but criminals who should go through hell in order to change behavior. They even forget that not all of us are real offenders but rather victims of circumstances who suffer the consequences of others because we did not have money to pay for lawyers who could remove us from the fixed crimes by the rich in the society" *Source: Interviewee Seven*

The above-mentioned position is in tandem with that taken by Ndemere (2015) who argued that the ratio of prisoners per water tap, toilet and hand washing facility is really wanting. The demand for Water, Sanitation and Hygiene (WASH) services is ever increasing due to the continuous influx of prisoners and staff without matching provision and increase in these services.

Spiritual support services

The study sought to discuss the different moral and spiritual support services provided to inmates who suffered chronic illnesses. In particular, the study sought to find out the frequency of spiritual service provision and effect it had on the enhancement of the wellbeing of the chronically ill patients. From the study findings, it was revealed that there was aspect of freedom to make a choice on the place of worship has been accorded to the inmates. This was a position that they unanimously took (100 per cent). They further mentioned, in unanimity that they had access to their various places of worship on a weekly basis (100 per cent). In addition to this, there was the unanimous position to taken by the inmates when they were asked about the degree of freedom they had to serve on a daily basis. They in addition pointed out that this was done by giving them the allowance to attend extra-spiritual meetings such as choir meetings; baptism classes; play musical instruments; and own bibles (100 per cent). The findings show that the average level of spiritual service provision is at 100 (SD = 0). This shows that spiritual service provision is uniform across the various categories of ailments and the nature of spiritual service. The study findings were as presented in Table below: Inmates interviewed said:

> "Inmates have freedom to choose which church to attend. Both are members of Catholic Church and have been baptised. Denominations present are catholic, SDA and protestants." *Source: Interviewee One*

> "We are free to worship as we attend church services every Friday for the Muslims, Saturday for the Seventh Day Adventists and Sunday for the Catholics and Protestants, these services are organized by the spiritual patrons in the prison. Also each day in the morning and evenings we are

allowed to worship and pray in our wards, these prayers are organized by our spiritual leaders who are prisoners but have trained to be pastors within the prison. Personally I was baptized in prison as a catholic member, I went through catechism classes and after completion I was baptized by a catholic priest and later received confirmation by Bishop Cornelius Korir of Eldoret diocese" *Source: Interviewee Two*

Availability of spiritual support services to chronically ill inmates

Spiritual support services	**Frequency (1 = Yes; 0 = N0)**							**Percentage for availability of service**
	Cancer	TB	HIV AIDS	Cardiac diseases	Liver disease	Arthritis	Diabetes	
Freedom to choose the place of worship	1	1	1	1	1	1	1	100
Access to the place of worship	1	1	1	1	1	1	1	100
Freedom to serve	1	1	1	1	1	1	1	100

Source: Field data, 2018

In terms of material gain, these inmates also benefited from the contact with the visitors as they were given gift packs that mainly contained the vital necessities that they normally would not easily access in the normal prison. In terms of enhancing people skills, the interaction with the visitors exposed them to a variety of personalities and thus served to build their social and networking skills. The above-mentioned benefits of spiritual wellbeing are in tandem with the position taken by Reeves (2014) who posited that spiritual nourishment behind bars helps inmates develop self-discipline; develop a sense of direction; cope with the stresses of life; resolve issues and avoid conflicts. Narayanasamy (2007) is also of a similar standpoint in reporting that 'being spiritual' decreases fear of death, increases comfort and enhance a positive viewpoint of death in terminally ill patients.

Clinical services provided

Objective number four of the study sought to establish the influence of clinical service provision on the wellbeing of chronically ill inmates at Eldoret GK prison. The specific indicators that the study selected to better elucidate this area of focus was to interrogate the different clinical services provided to inmates who are chronically ill. These included but were not limited to screening, medical review, the availability of full time/part time medical support, the presence of a centralized pharmacy for drugs and other pharmaceuticals, and availability of health personnel. These were doctors, nurses and clinicians. It also sought to assess the effectiveness of these clinical services towards the enhancement of the wellbeing of chronically ill inmates.

From the findings of the study, it was noted that screening, medical reviews of patients, the availability of full-time/part-time medical support, as well as the availability of health personnel i.e. doctors, nurses and clinicians were mentioned to be available. This was unanimously mentioned by all the interviewees and participants of the focus groups discussions who took part in the study. As for the centralized pharmacy for drugs and other pharmaceuticals, those who mentioned that this facility existed were 42.86 per cent of the total respondents who took part in the study. The findings show that the average level of clinical service provision is at

88.57 (SD = 25.55). This shows that clinical service provision is uniform across the various categories of ailments and the nature of clinical service provision except in centralized pharmacy for drugs and other pharmaceuticals. However unlike nurses and clinicians, doctors are unavailable to all categories of ailments. There are also concerns of negligent behaviour by clinical officers in prison, and feelings among inmates that their health is not a priority. On how clinical services influences the wellbeing, the interviewee said that

> Clinical services helps in early diagnosis of the disease hence immediate medication. However, there is lack of prescribed diet to the diabetic inmates. Inmates should be given recommended foods and fruits. They should also be given two meals a day like other inmates in similar prisons such as Kamiti and Naivasha. Also those with asthma conditions should be provided with warm clothing as prescribed by the doctor
>
> *Source: Interviewee Four*

The study findings were as presented in the table below:

Availability of clinical services to chronically ill inmates

Availability of clinical services	**Frequency (1 = Yes; 0 = N0)**							**Percentage for availability of service**
	Cancer	TB	HIV AIDS	Cardiac diseases	Liver disease	Arthritis	Diabetes	
Screening	1	1	1	1	1	1	1	100
Medical review	1	1	1	1	1	1	1	100
Medical support	1	1	1	1	1	1	1	100
Centralised pharmacy	1	1	1	0	0	0	1	42.86
Availability of health personnel	1	1	1	1	1	1	1	100

Source: Field data, 2018

Interviews with prison officials in charge of palliative care services showed that other forms of clinical service provision included the hospitality and humanity of the clinicians and nurses. This was in light of the fact that they were seen as professional, understanding and sympathetic to the plight of the inmates. They were also seen to be diligent in attending to medical emergencies whenever they arose. They also were seen to be competent in terms of early diagnosis and prompt referrals. The verbatim quote below further supports the above-mentioned explanation

> "Doctors are not available because the health facility that we have in prison is a dispensary we only see a doctor at MTRH when we are seriously sick. Nurses are there all the time because they are the ones to attend to us every day, clinical officer from Eldoret District Hospital comes once in a week to attend to some complicated cases that the nurses cannot handle. Dentist also from Eldoret District Hospital comes once a week to attend to those with teeth problems and can even do a minor surgery of removing a decayed tooth. We also have a lab technician who is present daily half a day except weekend but can also be called in case of an emergency." *Source: FGD Three*

Discussions with the respondents showed that clinical services played a vital role in serving to prolonging the lives of inmates through the diagnosis of diseases in good time. They also were seen to protect the health of the inmates. It was also noted that they engaged in the

close monitoring of chronic illnesses such the monitoring to insulin levels for inmates with who were diabetic. They gave them hope as the interviewees mentioned that they assured the chronically ill patients with drugs at a reduced cost which meant that there was a significant reduction in the probability that inmates could succumb to these illnesses. The above-discussed advantages/benefits of the clinical services are supported by the position taken by Stevens (2010) who posited that clinical services are categorised as acute care services, communicable disease control, chronic disease control and mental health. The core clinical services are generally delivered by health centre staff, with additional services provided by visiting community-based organisations and specialist in reach.

Obstacles and Suggested Solutions by the Respondents

When the inmates were asked to give their views on what they felt were hindrances to the access of clinical services, the chronically ill inmates identified lack of special diet to the diabetes patients as one of them. They pointed out that they were given low food rations which had the effect of upsetting their insulin levels. It was also mentioned that the prions were congested in rooms making it difficult to nurse patients to recovery. The poor state of their beddings exposed them to cold as according to the inmates, they were torn and inadequate.

The inmates, being cognisant of the fact that counselling services were an important component of clinical services, they pointed out that the services availed to the inmates were inadequate due to under-capacity of personnel to offer the service as well as the lack of technical competency to effective service delivery. It was also pointed out that the lack of sanitation services i.e. tissue paper and towels was a drawback to personal hygiene of the inmates. Some of the interviewees stated that there was a very high degree of doubt from the prison officers who often were of the thinking that the inmates were faking their sickness so as to get special attention that came with certain privileges beyond those available for normal prisoners. It was also mentioned that the speed with which the medical personnel responded to emergencies during night time was rather low which therefore meant that the chronically ill patients were prone to fatalities. It also came to the fore during the discussions with the inmates that due to the lax presence of surveillance within the prison cells, there was increased exposure to risky activities such as homosexuality.

Interviews with prison officials in charge of palliative care services further revealed that other challenges that impeded the optimal provision of clinical services included limited infrastructure whereby it was reported that there was a shortfall of theatres and equipment. Equally, there was a challenge in in terms of inadequate skilled personnel. The availability of drug supplies was also an issue as well as there being limited financial resources.

The study in tandem with the findings of Firger (2016) posits that most state prisons are well aware that chronic medical conditions are a serious threat to this population, but the care after an inmate is diagnosed is inconsistent and sometimes does more harm than good. In addition to medical emergencies, health care services in prison tend to focus on conditions that could have an immediate and widespread impact, such as infectious diseases like HIV and tuberculosis that could affect the larger population—both in prison and upon release.

1.6 Conclusion

The findings of the study concluded that the extent to which psycho-social support influences the wellbeing of chronically ill inmates was quite significant. The study concluded

that the inmates received counselling from prison staff as well as well-wishers and visitors form outside. It was however noted, as appoint of concern that the quality of the services provided for the inmates was mainly driven/provided by external entities, individuals and institutions alike.

On matters hygiene, the wellbeing of chronically ill inmates at Eldoret GK prison was reported to be of importance. It was reported that the prison staff ensured that the premises were kept clean either by they themselves engaging in cleaning or by them organizing the inmates to clean up their own premises. It was however also concluded that not all the inmates were satisfied with the hygiene standards. They mentioned concerns such as poorly cleaned utensils, eating from unclean buckets as well as unclean lavatory facilities. This was also emblematic of a shortfall in infrastructural capacity within the prison as well congestion within the facility itself.

On the aspect of clinical service provision on the wellbeing of chronically ill inmates at Eldoret GK prison, the study concluded that the inmates had access to healthcare facilities. It was however also concluded that the prison capacity to handle the ailments of the patients was low. This is because there was heavy reliance especially on expertise and equipment to assist the inmates. This was drawn from Moi Teaching and Referral Hospital, AMPATH among others.

The study also took interest in investigating the influence of spiritual support on wellbeing of chronically ill inmates at Eldoret GK prison. It was concluded that the inmates appreciated the services they received from while in prison. It was also concluded that there was a significant level of satisfaction from the inmates in terms of the accessibility to these services. On the same note, the inmates mentioned that they benefited immensely in various ways including making peace with prison life, seeking inner peace and coming to terms with being in prison as well as them forgiving any of the victims of their offences. This promoted societal reconciliation.

1.7 Recommendations

This section is divided into three sub-sections. This is mainly informed by the key aspects discussed in the significance of the study section in chapter one. These were focused on matters of policy and practice. Under policy, the main target audience was government (both county and national) as well as organizational (prison and supporting agencies).

Policy recommendations

Under objective one, the study focused on how psycho-social support influences the wellbeing of chronically ill inmates. The study recommends that the government of Kenya should make it policy that all the members of staff (employees) absorbed into the prison service be taken through training on counselling and psycho-social therapy. This will enable them increase the availability as well as the efficiency of the services provided to the inmates. The same training can be given to the inmates who are on the long-term and life sentences so that they can play a more meaningful role in the prison system, over and above the general management tasks they are engaged in.

Under objective two, the study sought to establish the influence of hygiene standards on the wellbeing of chronically ill inmates at Eldoret GK prison. The study recommends that an independent agency be set up and tasked with the coming up of standards of hygiene in prisons. It should also be tasked with the planning prison set ups that are not only cognisant of the nature of sentence but also, sensitive to the illness that the inmates.

In view of the potentially high cost of prison expansion, the prison departments should come up with a policy to give decongest the prisons that allots special consideration to the chronically ill inmates. This will serve to reduce the prison wage bill that goes into taking care of

them.

Under objective three, the study sought to establish the influence of clinical service provision on the wellbeing of chronically ill inmates at Eldoret GK prison. The government should partner with state agencies that train personal in the medical sector over and above the teaching and referral hospitals so that they may set up structures for the trainees to go for attachment and internships in the prison systems so as to improve the clinical services offered to the inmates.

Under objective four, the study sought to investigate the influence of spiritual support on wellbeing of chronically ill inmates at Eldoret GK prison. The study recommends that inmates suffering from any of the chronic illnesses be enlisted for spiritual support of their choice/preference when from the onset of their prison sentences. They should then be linked to spiritual advisors who can journey with them.

Practice recommendations

On issues of psycho-social support and the wellbeing of chronically ill inmates, the study recommends that the prison seeks collaboration with various institutions that offer psycho-social support so as to enhance the effectiveness of this service as well as improve the professional outlook. Those who offer the service on an informal basis for the inmates can be taken for further training. The system can also facilitate the setting up of support groups among inmates themselves. This will reduce the level of dependence on the prison resources and bring about sustainability in the programme.

On the issue of hygiene and the wellbeing of inmates, the prison system can seek to liaise with the communities around such as churches and corporates such that, through their community outreach and corporate social responsibility initiatives (CSR) they can provide the necessary equipment and supplies needed to foster hygiene in the system. These include but are not limited to utensils, buckets, detergents, disinfectants and so on. Other donations such as clothing, beddings will help reduce the need to re-wear clothes as well as the need to share beddings which will not only cut down the spread of the airborne diseases as well as the practise of homosexuality. The have separate room for those suffering from chronic illnesses such as HIV Aids, and TB.

On matters spiritual support, apostolate training can be offered to the inmates who have a strong inclination to spirituality and at the same time are endowed with people skills so that they can serve to boost the spiritual needs of the chronically ill patients. On the same note, the inmates who have seen an improvement in their lives on the basis of them accessing spiritual services should be encouraged to share their testimonies so that they can serve as examples as well as encourage the inmates who are yet to join enroll for the service to do so.

On the issue of the need to bolster the available clinical support, there is need for the prisons department to give detailed financial plans and budgets in good adequately in order to provide a balanced diet for the inmates. This will prolong their lives while they serve their term in prison.

On recommendations to enhance clinical services, the study recommends that the prisons through state intervention, purpose to increase their infrastructural capacities such as theatres and equipment and drug supply. This can be made possible through liaising with health institutions across the country and beyond. It would be important to have some of the inmates who are in for long sentences undertaking basic courses on how to handle emergency situations that occur within the cells. This would serve to mitigate the mortality rates related to the chronic illnesses.

In a bid to mitigate homosexual activity among inmates which is the leading driver of the spread of HIV and AIDS, it is important to not only have separate cells for HIV and AIDs victims, but also to step up vigilance during the late night hours when the inmates are asleep. The prison system should also encourage inmates to report any incidences of sexual aggression so as to allow necessary medical follow up with the hope of mitigating the spread of the virus.

The ministry of health should accept the fact that the there is a significant population of the gay community in our prisons. Thus, there is need to consider the adopting the various initiatives revolving around the education of inmates on pre-exposure to HIV and AIDS as well as the availing of the pre-exposure prophylaxis (PREP). This will help mitigate the spread of HIV and AIDs virus within the prisons.

References

Agboola, A., Babalola, E. & Udofia, O. (2017). Psychopathology among Offenders in a Nigeria Prison. International Journal of Clinical Psychiatry, 5(1), 10-15.

Armiya'u, A. Y., Obembe, A., Audu, M. D. & Afolaranmi, T.O. (2013). Prevalence of psychiatric morbidity among inmates in Jos maximum security prison. Open Journal of Psychiatry, 3, 12-17.

Berger J, & Bulbulia, A. (2008). Guidelines for the prevention and treatment of HIV in arrested, detained and sentenced prisoners. South African Journal of HIV Medicine, 21-33.

Bryman, A. (2016). Social Research Methods (5th ed.). Oxford: Oxford University Press.

Cecere, D. (2009). Inmates suffer from chronic illness, poor access to health care. Cambridge Health Alliance.

Coyle, A. (2002). A Human Rights Approach to Prison Management Handbook for prison staff. International Centre for Prison Studies.

Cropsey, K. L., Wexler, H. K., Melnick, G., Taxman, F.S. & Young, D. W. (2007). Specialized Prisons and Services: Results from a National Survey. Prison J., 87, 58 – 85.

Dawn, J. T. (2014). Prisoners' experience of healthcare in England: Post-transfer to National Health Service responsibility: A Case Study. D.Phil. Thesis, University of Lincoln.

Gallagher, E.M. (2001). Elders in prison. Health and well-being of older inmates. Int J Law Psychiatry, 24(2-3), 325 – 33.

Grant, L., Downing, J., Namukwaya, E., Leng, M., & Murray, S.A. (2011). Palliative care in Africa since 2005: good progress, but much further to go. BMJ Support Palliate Care; 1, 118–122.

Guba, E.G. & Lincoln, Y.S. (1994). Competing paradigms in qualitative research. In N, Denzin & Y.S. Lincoln (Eds), Handbook of Qualitative Research (pp. 105 – 117), Thousand Oaks, CA, Sage.

Harding, R., Karus, D., Easterbrook, P., Raves, V. H., Higginson, I. J. & Marconi, K. (2005). Does palliative care improve outcomes for patients with HIV/AIDS? A systematic review of the evidence. Downloaded from http://sti.bmj.com/ on July 7, 2017.

Human Rights Report Zimbabwe (2013). "Prison and Detention Centre Conditions", available at, http://harare.usembassy.gov/human_rights_report_2013.html, accessed on 20 May 2017.

Jacobi J V (2005). "Prison health, public health: obligations and opportunities", American Journal of law, Medicine, and Ethics, 31, 450.

James, G. (2015). Compassionate Release of Chronic Ill Inmates and its Implications for

Nigerian Criminal Justice Administration. American International Journal of Contemporary Research, 5(6), 35-42.

Kahneman, D., & Tversky, A. (1979). Prospect theory: An analysis of decision under risk. Econometric, 47, 263–273. Palliative Medicine, 20 (10) 1– 10.

Kenya Hospice and Palliative Care Association (2013). Legal Aspects in Palliative Care Handbook. Nairobi: KEHPCA.

Knapp, C., Woodworth, L., Wright M et al. (2011). Pediatric palliative care provision around the world: a systematic review. Pediatric Blood Cancer; 57, 361–368.

Knight, C., & Albertson, A. (2015). Rawlsian justice and palliative care. Bioethics, 29(8), 536-542.

Kuma, R. (2014). Research Methodology; A Step by Step Guide for Beginners (4th Ed.). London: SAGE Publications Ltd.

Langat, K., Kabaji, E. & Poipoi, M. (2015). Efficacy of Rehabilitation Programmes on Psychosocial Adjustment of Elderly Male Offenders in Kakamega Main Prison, Kenya. The International Journal of Humanities & Social Studies, 3(11), 70-80.

Linda, B., Haverman, M., Westerhof, G. J., Riper, H., Smit, F. & Bohlmeijer, E. (2013). Positive psychology interventions in: a meta-analysis of randomized controlled studies, http://www.biomedcentral.com/1471-2458/13/119 accessed 20.06.2017.

Linder, J. F. & Meyers, F. J. (2007). Palliative Care for Prison Inmates "Don't Let Me Die in Prison" JAMA, 298 (8), 894 - 901.

Linder, J.F. & Meyers, F. J. (2009). Palliative and End-of-Life Care in Correctional Settings. Journal of Social Work in End-of-Life & Palliative Care, 5, 1-2, 7-33, DOI: 10.1080/15524250903173579.

Lines, R. (2006). From equivalence of standards to equivalence of objectives: The entitlement of prisoners to health care standards higher than those outside prisons. Int J Prison Health, 2(4), 269 - 80.

Lynch, T., Connor S, & Clark, D. (2013). Mapping levels of palliative care development: a global update. J Pain Symptom Manage, 45, 1094–1106.

Merriman A. (2010). Emerging breast cancer epidemic: impact on palliative care. Breast Cancer Res; 12(4): S11.

Motala, N. & McQuoid-Mason, D. (2013). Do prisoners in South Africa have a constitutional right to a holistic approach to antiretroviral treatment? S Afr J BL, 6(2), 40-44. DOI:10.7196/SAJBL.290.

Muntingh, L., & Tapscott, C. (2009). HIV/AIDS and the Prison System. In: Roehleder P, Swartz L, Kalichman SC, Simbayi LC, eds. HIV/AIDS in South Africa 25 Years On: Psychosocial Perspectives. Berlin: Springer.

Mwangi-Powell FN, Ddungu H, Downing J et al. (2010). Palliative care in Africa. In: Ferrell BR, Coyle N (Eds). Oxford Textbook of Palliative Nursing, 3rd edn. New York: Oxford University Press, 1319–1329.

Namisango, E., Powell, R.A., Kariuki, H., Harding, R., Luyirika, E., and Mwangi-Powell, F. (2013). Palliative care research in eastern Africa. European Journal of Palliative Care, 20(6), 300-304.

Nwogu, A. (2014). Wellbeing in palliative care: A literature review. Degree Thesis, Human ageing and Elderly Services. Arcada University of applied Sciences.

Orodho, J.A. (2005). Education and Social Science Research Methods. Nairobi: Masola Publishers.

Peternelj-Taylor, C., Holtslander, L. & Burles, M. (2014). The Challenges and Opportunities of Palliative Care Provision in a Prison Setting. Paper Presented at Saskatchewan Hospice Palliative Care Association Annual Conference May 14.

Powell RA, Mwangi-Powell FN, Kiyange F, Radbruch L, Harding R. (2011). Palliative care development in Africa: how we can provide enough quality care? BMJ Support Palliate Care, 1, 113–114.

Rawls J. (1971). A Theory of Justice. Cambridge, MA: Harvard University Press.

Shaunna M. B., Sabiston C,. M. & Vallerand. R.J. (2012). Passion in breast cancer survivors: Examining links to emotional well-being. J. Health Psychol, 17(8), 1161-1175.

Singh S. (2007). Being a criminal ethnographer in a South African prison: A Search for dynamics and prevalence of HIV/AIDS in the Westville Prison, Durban, South Africa. J Soc Sci 15(1), 71-82.

Stevens, M. (2010). Assessment of Clinical Service Provision of Health Services of the Western Australian Department of Corrective Services. Department of Corrective Services 2010.

Stone, K., Papadopoulos, I. & Kelly, D. (2011). Establishing hospice care for prison populations: an integrative review assessing the UK and USA perspective.

Thembinkosi, W.M. (2015). Prison Inmates' Socio-Economic Rights in South Africa: Compatibility of Domestic Law with International Norms and Standards. LLD Thesis, University of South Africa.

Todrys, K.W. & Amon, J.J. (2011). "Health and human rights of women imprisoned in Zambia", BMC International Health and Human Rights, 11(8), available at, http://www.biomedcentral.com/1472-698X/11.8, accessed on 13 Jun 2017.

Topp, S. M., Moonga1, C. N., Mudenda, C., Luo, N., Kaingu, M., Chileshe, C., Magwende, G., Heymann, J.S. & Henostroza, G. (2016). Health and healthcare access among Zambia's female prisoners: a health systems analysis. International Journal for Equity in Health, 15, 157. DOI 10.1186/s12939-016-0449-y.

Trochim, W.K. & Donnelly, J. (2007). The Research Methods Knowledge Base (3rd Ed.). Mason, OH: Thomson Custom Publishing.

United States Department of Justice (2004). Correctional Health Care Addressing the Needs of Elderly, Chronically Ill, and Terminally Ill Inmates. National Institute of Corrections.

Universal Declaration of Human Rights adopted by General Assembly resolution 217 A (III), Proclaimed by the United Nations General Assembly in Paris on 10 December 1948.

Wang, E. A., Aminawung, J.A., Ferguson, W., Trestman, R., Wagner, E. H. & Bova, C. (2014). A Tool for Tracking and Assessing Chronic Illness Care in Prison (ACIC-P). J Correct Health Care, 20(4), 313 – 333.

Wanjiku, M.L. (2014). The Status of HIV/Aids Management Strategies in Correctional Settings in Kenya: A Case Study of Lang'ata Women and Kamiti Maximum Prisons. Master's Thesis, University of Nairobi.

WHO (2009). "Definition of Palliative" Geneva: WHO. Retrieved on 22/06/2017 from http://www.who.int/cancer/palliative/definition/en.

World Health Organization, United Nation Office on Drugs and Crimes and United Nations Programme on HIV and AIDS (2007). "Effectiveness of Interventions to Address HIV in Prisons: Prevention of sexual Transmission", available at, http://www.unodc.org/documents/hiv-aids/EVIDENCE%20FOR%20ACTION%202007%20sexualtransmission.pdf, accessed on 10 May 2017.

World Health Organization. (2007). Evidence for Action Technical Effectiveness of

Interventions to Address HIV in Prisons. WHO, Geneva.

Wright M, Clark D. (2006). Hospice and Palliative Care in Africa: A Review of Developments and Challenges. Oxford: Oxford University Press.