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ELDERS IN PRISON: THEIR HEALTH STATUS, WELL-BEING AND HEALTH-PROMOTING BEHAVIOURS IN NIGERIAN PRISONS

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Abstract

As prisons in Nigeria continue to witness ever growing number of aging women and men, concerns have been raised on the adequacy of the facilities in correctional institutions in the country to meet the support needs of the elderly inmates. Therefore, in order to advance knowledge on the well-being of elderly inmates in Nigeria's correctional facilities, and as a way of supporting global empirical interests in the management of the elderly in corrections, this present study examined the capacity of prisons in Ogun State to cater for the health and other physiological needs of the elderly under incarceration. Guided by an integration of importation and deprivations theories, the study conducted a qualitative exploratory research at two purposively selected prisons in Ogun State. Through in-depth

and key informant interviews, primary data were collected from 27 purposively selected inmates that were above age 55 and four officials of Ibara, Abeokuta and Ijebu-Ode prisons. The disposition of the elderly prisoners to report their health status was found to be low due to their perception that the prison authorities will not assist them medically, fear of stigmatisation, fear of confinement in solitary cells, and negative attitude of prison officials. The well-being of the elderly were further threatened by lack of proper diet, overcrowded rooms, lack of proper room ventilation, lack of regular exercises, inhaling of cigarette smoke from other inmates, irregular bath due to insufficient water, violence from other inmates, mosquito and other insect bites, sleeplessness due to discomfort and inadequate bedding facilities. In the light of the evidence provided by this present study, there is need to stress the benefits of improved health education and health awareness among the older prisoners.The government through the prison authorities should also show more commitment to the management of health of the aged in prisons.

Keywords: Elder, Health Status, Health-Promoting Behaviour, Prisons

Introduction

Indications are rife from recent studies that penal systems across the world are struggling to cope with a rising number of older prisoners (Moll, 2013; Sleap, 2014; Penal Reform International, 2015). Male offenders that are aged 50 or above have been said to be the fastest growing group in UK prison(Sleap, 2014), while reports from the US indicate that prisoners aged 55 and older which was 8,853 in 1981, rose to 124,900 in 2012 and was estimated to be over 400,000 by 2013 (Penal Reform International, 2015). Though there are no official statistics to support their claims, recent studies in Nigeria also affirm the growing rate of elders in Nigeria prisons (Obioha, 2011; Omale, 2011; Ojo & Okunola, 2014).

Quite a number of factors have been pointed out as being responsible for the global upsurge in older population in prisons. One suggestion indicates a general change in population demographics in countries like UK (Sleap, 2014) and US(Cohen, 2015), in which the older population in the prison is only a reflection of larger percentage of people aged over 60 in the countries. Another suggestion points out that tougher sentencing policy is responsible for the increase in elderly prisoners(Biswange, White, Perez Stable, Goldenson, & Tulsky, 2015). In other words, it is either more elderly people are being sentenced into prison or longer sentences means that people get to grow old in prison. However, though there is a dearth of empirical studies on factors attributable for the growing rate of elderly prisoners in Nigeria, articles in news journal have identified the worsening socioeconomic conditions and social neglect of the aged as an outcome of growing ageism which is responsible for increasing numbers of elderly offenders in the country's criminal justice system (Kumolu, 2012).

Though there are variations in the arguments put forward by different scholars on the factors responsible for the growing numbers of older prisoners, which is a factor of social environment, there is however a consensus on the implication that the increase will have on the prison systems. The issue of managing the elderly in prisons has emerged as one of the most significant and unplanned-for crises in corrections(Williams, Stern, Mellow, Safer, & Greifinger, 2012). Apart from the implication that this trend can have on the prison systems, it will also impact on the health needs of this changing population. Like other prisoners, the elderly in prison have the right to be treated with respect for their inherent human dignity and humanity; not to be subjected to torture or other cruel, inhuman, or degrading treatment or punishment; to receive appropriate medical and mental healthcare, to have reasonable accommodation for their disabilities; and for activities and programmes that support their rehabilitation to be provided for them (Porporino, 2015).

Social psychological studies have asserted that elderly people are happier if they remain active, with close connections with family, friends and other social supports, and if they still feel they are contributing to the society in some meaningful way (Williams et al., 2012; Maschi,

Viola, Harrison, Koskinen, & Bellusa, 2014).Otherwise , the incarceration of the elderly makes them to be quite vulnerable to suffer from a variety of medical conditions which will increase their need for healthcare providers, and will typically make them require longer and more frequent hospitalisations. Some of these health conditions include age related changes in the nervous system such as tremor or shaking of the hands, body, parkinsonism, dementia, and stroke (Moll, 2013; Biswange et al., 2015). Also, they are vulnerable to increased heart problems related to either high blood pressure or to age related changes in the heart muscles, blood vessels, or lungs(Porporino, 2015). Furthermore, the elderly prisoners can be exposed to disinclination to eat as a result of bad teeth, no taste, denture problems, swallowing problems and gastrointestinal difficulties which will ultimately lead to weight loss (Maschi et al., 2014).

Extant literature on the conditions of prison facilities across Nigeria that can lead to physical deterioration of the elder prisoner include overcrowding, lack of portable water, inadequate sewage and recreational facilities, erratic power supply, lack of social support programs (Obioha, 2011; Aduba, 2013; Otu, Otu, & Eteng, 2013; Okwendi, Nwankoala, & Ushi, 2014).According to Aduba (2013) the rooms and cells are not good for human habitation, while the beddings are in most cases absent as many prison inmates in Nigeria sleep on bare floor. Aside from the inadequate infrastructural facilities of the prisons, questions have been raised on the adequacy of the training of correctional and healthcare professionals in prison vis-à-vis geriatric care and technical wherewithal for prompt intervention of numerous age-related illnesses. Therefore, it is the focus of this study to examine the capacity of prisons in the country to cater for the health and other physiological needs of the elderly under incarceration. Specifically, the overall well-being of the aging prisoners will be evaluated to determine their level of adaptability to the prison environment. In addition, the current health status of the elderly will be examined, while the health-promoting habits of the elderly will be investigated. This is with a view to advance knowledge on the well-being of elderly inmates of Nigeria's correctional facilities in order to support the global empirical interests in the management of the elderly in corrections.

Theoretical Orientation: Importation and Deprivation Models on Health Problems in Prisons

The importation model suggests that maladaptation such as poor mental and physical health is imported into the prison environment (Carrol, 1974). Importation theorists have suggested that mental health issues in particular may be a common factor which leads to criminality and thus arrest and imprisonment (Edwards & Potter, 2004). This therefore suggests that pre-prison experience and health status together with prisoners' adversities and characteristics best account for high rates of mental and physical health problems in prison population. According to Mudiare (2013), existing trauma histories, including both traumatic and abusive experiences are common among prisoners. In supporting this assertion, Maffullul, Ogunlesi, & Sijuwola(2011) connected psychiatric cases to criminal homicide in Nigeria and they were able to affirm that psychiatric disorders and substance use are significantly involved in homicide events in Nigeria. Meanwhile, Uyang, Nponyen, & Bassey(2016) equally identified the socioeconomic challenges faced by Nigeria as a key factor driving the high rate of crime in the country. In their research, they examined the relationship between socioeconomic status and accessibility to healthcare as one of the push factors to correctional homes.

Aside from the research that focused on pre-prison health experience of prisoners, there are other scholars that have studied the problems of ages and the problems of aging in Nigeria as one of the culminating factors into crime(Ola & Olalekan, 2012; Oluwabamide & Eghafona, 2012;Mudiare, 2013). The abuse and neglect faced in both physical and psychological form are capable of driving them to untoward behaviour which can easily land them behind bars(Oluwabamide & Eghafona, 2012). According to Mudiare(2013) some elderly live in destitution and are left at the mercy of the public or good samaritans. Such elderly people are highly vulnerable to engaging in crimnal acts as a desperate means to survive. The neglect and abuse that the elderly face is often aggravated by the perennial denial of pension payments by successive governments(Okechukwu & Ugwu, 2011). This makes the condition of the elderly to be deplorable and a willing mind to engage inunscrupulous s activities.

Therefore, when such individuals are arrested and imprisoned, they are likely to import negative and detrimental effect of traumatisation into prison. When imprisoned, it is common for prisoners to experience additional traumas, such as assaultive violence and solitary confinement (Stephan & Karberg, 2003; Metzer & Fellner, 2010) to mention only a few. A limitation of importation models is simply that they ignore the effects of deprivation (Dye, 2010), suggesting that prisoners are not affected by the prison environment and associated occurrences such as assault.

Deprivation theorists (Sykes, 1958; Goffman, 1961) propose that maladaptation, such as mental illness, and other related health conditions are attributable to the 'pains of imprisonment' in the prison environment. Agbaegbu (2011) stated that the conditions of the prisons in Nigeria are characterised by several physical and psychological deprivations. The feeding and healthcare system of the prisons have been questioned and adjuged to be grossly inadequate and unbefitting of even condemned criminals(Aduba, 2013). This has largely been attributed to corruption in high places within the prison system as contractors in collaboration with prison officials divert funds and materials meant for the improvement of the living standards of inmates to personal use(Okwendi, Nwankoala, & Ushi, 2014).As a result, it is a common sight for prisoners to look starved and unkempt while some have literally turned into living skeletons. In addition, mentions have been made about the deplorable sanitary conditions of the cells which leads to frequent illnesses and deaths of inmates(Aduba, 2013).

Dye (2010) stated that a "…paramount component of the pains of imprisonment" (p.789) is violence. Indeed, it has often been reported that inmate on inmate assaults are extremely common (Stephan & Karberg, 2003)albeit that epidemiological and indeed phenomenological research related to the extent and context of prison violence is limited (Blitz, Wolff, & Shi, 2014). One of the major criticisms of the deprivation model is that it fails to account for individuals who do not develop maladaptation, in this case mental and physical illness, whereas other do(Dye, 2010). If deprivation was the sole factor in maladaptation then all prisoners should have

mental health problems, however, as is seen in a number of studies this is not the case(Fazel & Danesh, 2002).

Prison suicide literature has suggested that suicide (another form of maladaptation) is best explained by combination models (Dear, 2006). Thus, suicide is explained by a combination of imported factors and deprivation factors during imprisonment. The same may hold true for the health conditions of prisoners in correctional facilities especially in Nigeria. In other words, the 'pains of imprisonment' may further exacerbate pre-prison, prisoner characteristics and adversities. This may explain why the 'pains of imprisonment' may increase the likelihood of mental and physical illness for some but not for all individuals. Therefore, examining the mental and physical health status of the elderly inmates in Nigeria prisons will help in identifying the implications of adverse health of the elderly on their reformative process.

Methods and Materials

The research settings for this study are two purposively selected prisons in Ogun State that have provisions for female prisoners, namely, Ijebu-Ode and Old Abeokuta Prisons. Ijebu-Ode prison was established in 1925 with a capacity for 322 inmates. As at the time of visit of the researchers (25th February- 10th March, 2016), there were 308 (male: 295 and female: 13) inmates in the prison with 259 (male 251 and female 8) of them awaiting trial while convicted inmates were 49 (male 44; female 5). The Old Abeokuta Prison was established in 1900 to house a capacity of 900 inmates. As at the time of the researchers' visit, the total inmate population was 385 (male: 361; female: 24). The awaiting trial inmates were 241 (male: 229; female 12) while those already convicted were 144 (male: 132; female: 12).

A qualitative, in-depth oral interview was employed to gather information from the respondents. The interview guide was validated by an experienced researcher in the Department of Sociology department of University of Ibadan, Nigeria. The In-depth Interview Guide (IDI) consisted of two sections, with nine questions which sought to elicit responses about the health status and health seeking behaviour of the elderly (for example: 'What are those

activities or practices here that you think may negatively affect your health'), how they cope with the 'pains of imprisonment', and the measures put in place by the prison authorities to manage their health. In addition, the instrument included a series of questions used to gather social and demographic data. The interviews were conducted in English, Pidgin English and Yoruba to sooth the preferred means of communication of the respondents and to engender proper understanding of the questions asked. Also, a Key-Informant Interview (KII) Guide was designed to elicit information from prisons officials based on their job experience as correctional officers.

Apart from the overall aim of the study that sought the health status, well-being and health-promoting behaviour of elderly inmates of prisons, the smallness of available number of elderly inmates (55 years and above) of the two prison facilities that makes up the study population facilitated the use of qualitative techniques. Therefore, the preliminary information about the prisons affirmed the appropriateness of the use of qualitative technique for the study. In all, the study engaged 27 elderly inmates of Ijebu-Ode and Old Abeokuta prisons that freely consented to being part of the study, as well as four prison officials in both prisons (two apiece).

Procedure and Data Analysis

Consequent upon the approval given by the prison authorities for the conduct of the study and involvement of the inmates in the research, the researcher solicited for participation of the inmates. Prison officials who volunteered to assist the research were requested to inform and invite the participation of the inmates for the study. As a result of the small number of elderly inmates that were above the age of 55 years (adopted by this study as constituting the elderly age range) in the two prisons purposively selected for the study, a specific sampling frame could not be drawn for the study; rather, selection was based on consent for participation. Out of the 31 inmates that expressed their willingness to be part of the study, four of them were dropped as two of them had not stayed in the prison long enough to offer useful information for the study, while the other two were not in a proper mental state to be positively engaged

in the study. The criteria set by the researcher for respondents' participation is for them to have stayed at least six months in incarceration. The 27 purposively selected elderly inmates were thereafter engaged in face-to-face interviews with the aid of two research assistants who were students of Sociology and Social Work, adequately trained before the exercise.

Approvals for the study were obtained from the Ethics Committee of Tai Solarin University of Education, Ijebu-Ode, Ogun State.The respondents were duly informed about the purpose of the study and other rights as respondents of the study including confidentiality. Data collected from the field were analysed in order to meet with the research objectives. Information from in-depth interview collected with electronic tapes and notes were transcribed, synthesized and organised under thematic headings using MAXDA, software for qualitative analysis.

Research Findings

Socio-Demographic Characteristics of the Respondents

As evident in Table 1, the socio-demographic characteristics of the respondents were quite diverse. The table shows that the male elderly inmates were overwhelming in the majority (85.19%) as against the females that were only four (14.81%). This is in spite of the fact that the two prisons visited are mixed gender. The respondents were relatively elderly as at the time of incarceration with majority of them imprisoned after they had attained age 50 (70.4%). This portends that majority of them entered into the prison at a period that they were meant to be receiving care and constant check-ups based on their age. In respect of the present age, majority of them (14) are in the range of 55-60 (51.85%), followed by seven (25.93%) of them that are 61-65 years old.

Table 1: Socio-Demographic Characteristics of Respondents

Variable		N=27	(%)
Gender	Male	23	85.19
	Female	4	14.81
	Total	27	100
Age (in years)	55-60	14	51.85
	61-65	7	25.93
	66-70	5	18.52
	>70	1	3.70
	Total	27	100
Age (at the time of incarceration)	<45	3	11.10
	46-50	5	18.52
	51-55	8	29.63
	56-60	2	7.41
	61-65	7	25.93
	>65	2	7.41
	Total	27	100
Status in the Prison	Awaiting Trial Prisoners	13	48.15
	Vonvivted Prisoners	11	40.74
	Vondemned Prisoners	3	11.11
	Total	27	100
Prison facilities	Ijebu-Ode Prison	9	33.33
	Old Abeokuta Prison	18	66.67
	Total	27	100
State of family residence	Ogun	11	40.74
	Lagos	5	18.52
	Other South Western States	8	29.63
	Outside the South West	3	11.11
	Total	27	100
Marital Status	Married	16	59.26
	Divorved	1	3.70
	Separated	3	11.11
	Widow/Widower	7	25.93
	Total	27	100

In respect of the status of the respondents in their various prisons, majority of them (48.15%) were still awaiting trials while 11 (40.74%) of them had their cases concluded and three (11.11%) had been condemned to death. In order to determine the proximity level of the prisoners to their home-family base, their states of residence were solicited. This is in order to assess how convenient it was for the families to visit them. Majority of them 11 (40.74%) have their families residing within Ogun state while only a few of them have their families residing outside the South-western States, 3 (11.11%). The married ones among them were in the majority 16, (34.38%) while seven (25.93%) of them were widows/widowers.

Self-Reported and Officially Diagnosed Health Status of Inmates at the Point of Entry into Prison

This study is interested in examining the self-reported and officially diagnosed health status of the inmates at the point of entry into the prison facilities. This is premised on the postulations of importation theory that asserts that pre-prison health status is a major factor that could cause maladjustment into prison life(Edwards & Potter, 2004) leading to high rates of mental and physical health problems in prison population. The respondents were asked whether they had any symptom or disease prior to their incarceration. The entire 27 (100%) respondents stated that they were having medical conditions before they were admitted into prison. However, only 16 (59.26%) of them reported their ailments to prison authorities upon admission. Even among those that reported, six of them stated that they underreported their health conditions to the prison officials. What they reported is presented in table 2.

Table 2: Self-reported symptoms and diseases of prisoners at the point of prison entry

Category of self-reported symptoms	Reported to Prison Authority?		Total
	Yes (%)	No (%)	
Dental health problems	2 (18.18)	9 (81.82)	11 (100)
Arthritis or rheumatic pain	1 (5)	3 (75)	4 (100)
Eye problems	2 (11.11)	16 (88.89)	18 (100)
Gastro-intestinal disease	Nil (-)	1 (100)	1 (100)
Tuberculosis	5 (25)	15 (75)	20 (100)
High blood pressure	5 (31.25)	11 (68.75)	16 (100)
Bone fractures	3 (33.33)	6 (66.67)	9 (100)
Heart diseases	4 (33.33)	8 (66.67)	12 (100)
Diabetes	3 (30)	7 (70)	10 (100

Table 2 shows the different health conditions of the inmates at the point of entry into their prisons. In spite of the high level of entry point symptoms and ailments suffered by the elderly inmates, their rate of reporting to prison authority is very low even for serious ailments like high blood pressure (31.25%), tuberculosis (75%), heart diseases (33.33%) and diabetes (70%). The study moved to investigate why the inmates failed to report their ailments to prison authorities when they were admitted to their correctional facilities. Majority of those that failed to report and those that underreported stated that their failure to report was based on their lack of confidence in the prison system to address their health problem:

> …reporting will be a waste of time as we know we are on our own here as the officials cannot do anything to assist us. Even for sickness like ordinary malaria, we are left to take care of ourselves not to talk of serious heart problems…
>
> Respondent E/IDI/Male/66/Ibara, Abeokuta

Meanwhile, others gave reasons such as fear of stigmatisation, fear of confinement in solitary cells, omission, negative attitude of prison officials and lack of opportunity to divulge information. Meanwhile, the prison officials were asked if a comprehensive health check is usually carried out at the point of admitting the inmates. They

answered in the affirmative, however, they volunteered that only the basic medical check-up are done at the time of admission and no other check-up is done afterwards. The basic checks that are done through test include HIV, urine test for sugar level, blood and test for tuberculosis.

The capacity of the prisons to cater for the health and other physiological needs of the elderly under incarceration

The study further sought the adequacy level of the prison facilities to effectively manage the health needs and quality of life of the elderly while in prison. Through key information and observations of the researchers, data were collected to meet this objective. Though the prison officials confirmed that there are series of tests that the prisoners are put through when admitted, their treatment and general health management is however borne by the inmates and their families:

> …there are no treatment plans for those that test positive to any health problem. Though, this is not supposed to be the case as the prison is supposed to be responsible for the care and treatment of the inmates, however our health centres are poorly equipped to manage such cases. You will agree with me that even government-owned hospitals outside the prison walls are poorly equipped to manage serious health problems as well, so it is not peculiar to prison…
>
> Prison Official B/KII/Abeokuta

This submission was attested to by majority (85.19%) of the elderly prisoners interviewed and who had at one time or the other needed medical attention since their stay in the corrections:

> …if you have any health problem that will require any medicine (drug) that is more than what paracetamol can cure, then you are on your own. You will need to give the officials money to help you get drugs from

> pharmacists outside the prison for you to get good medical attention…
>
> Respondent A/IDI/Male/66/Ibara, Abeokuta

This opinion was echoed by virtually all the other 23 that had requested for medical help from the prison facilities. They pointed out that those who do not enjoy good care and support provisions from their families will have to rely on the benevolence of the religious organisations to cater for their health needs. One of them stated that he stopped going to the clinic after he was given only paracetamol when he complained of serious cough.

It was observed that the facilities provided by the prison authorities for healthcare management of the prisoners are grossly inadequate. The health centres are not equipped to administer proper drugs beyond first aid medicines while the beddings and other facilities are old and worn out. At the Igbeba Prison in Ijebu-Ode, there is a room set aside for medical services for the inmates with a resident doctor and two nurses attending to patients with few bed spaces in the room for patients on admission or receiving treatment. This is similar to what is obtainable at Ibara Prison, Abeokuta that equally has a 10-bed room space for medical purpose with an attending doctor and four nurses. However, none of the two prisons have specialised caregivers for the elderly, while they do not also have special cells or any form of special arrangement for the elderly. One of the key informants volunteered:

> …though, the prison order stipulate that the elderly should be given different cells with some specific provisions, want of space and resources have not enabled us to make this the case with our aged inmates…
>
> Prison Official F/KII/Ijebu-Ode

Overall well-being and Health-Promoting Behaviour of the Aging Prisoners

Prior to this present study, previous local research has shown that feeding and healthcare system of the prisons in Nigeria are grossly inadequate and unbefitting of even condemned criminals(Obioha,

2011; Aduba, 2013). This assertion was seen as having dire implications for even those that are elderly among them. Hence, this present study moved further to examine the present health status of the aging prisoners within their confines. Eighteen (66.67%) of them expressed that their conditions have since deteriorated upon admission into prison.The respondents provided varied responses on identified threats to their well-being such as lack of proper diet (majority claim their meals are restricted to beans, rice and garri-cassava flakes), overcrowded rooms, lack of proper room ventilation, lack of regular exercises, inhaling of cigarette smoke from other inmates, irregular bathe due to insufficient water, violence from other inmates, mosquito bites inducing malaria fever, sleeplessness due to discomfort, inadequate bedding facilities (especially for those awaiting trials/sentencing).

Majority of the elderly that perceived their well-being to have taken a downward turn since their incarceration attributed their elderly status as a contributory factor to their struggle for adjustment. They are often exempted from several routine activities in the prisons which deny them of some form of exercises while they are often subjected to maltreatment and violence by their fellow (mostly younger) inmates.

> …sometimes they(younger inmates) smoke (and) we just breathe in the smoke of the cigarette. There was a day that I complained, but they attacked me and burnt my hand with the cigarette, I still have the scar (he showed the researcher)…
>
> Respondent F/IDI/Male/68/Ijebu-Ode

Another inmate expressed:

> …since I have been here, I am no longer as strong as before. I don't take my bath regularly because I am too weak to carry kegs of water and there is no one to assist me. They(younger inmates) won't offer to help you except you are ready to pay them…
>
> Respondent G/IDI/Male/74/Ibara, Abeokuta

The study also sought the health-promoting habits of the elderly inmates in the visited prisons. They were requested to volunteer information on how they try to remain healthy and their perceived threats to maintaining good health within the prison environment.Six out of eight that stated that they were into smoking prior to their incarceration stated that they had stopped smoking in order to promote their health. Eleven of them added that they stopped taking alcoholic beverages especially the locally made hot drinks as a way of staying healthy. Meanwhile, four of them stated that they often resort to remaining at the prison health centre and feigning illness even when they are healthy just to avoid the unpleasant conditions in their various cells. The respondents equally complained about their non-involvement in activities that could keep them active and lively together with the grossly inadequate visits of their families. This is in spite of the proximity of area of residence of their families to the location of the prison. Only 3 (11.11%) of the inmates stated that their families are based outside the South-Western part of the country where the prisons are located.

There are equally negative health-promoting behaviour from some of the elderly inmates that are still finding their adjustment cumbersome and who are vulnerable to violent and intimidating attacks from their fellow inmates. One of them told the researcher about how he is being forced to wrap Indian hemp (cannabis) and take it against his will. Another spoke about how he is often forced to answer to the needs of "cell chiefs" till late in the night by fanning them even with "my tired bones." Some also said they are made to wash toilets and fetch water in addition to other manual labour on the orders of their fellow inmates who often brutalise them if they fail to do their biddings.

Discussion of Findings

While there is a reasonable amount of research describing the older prisoner and their health needs, there is a distinct lack of information regarding Nigerian prisoners compared to those in Britain, USA and several developed societies. Comparing research findings from one country to the other is quite difficult because of the difference in the penal system and numbers of prisoners in Nigeria are much

lower when compared to that of the USA and UK. This present study came up with a number of important findings that could benefit the healthcare of older prisoners in Nigerian prisons.

The study found that most of older prison population have chronic illnesses and disabilities. At the entry point into corrections in the country, even though some of these ailments are discovered by prison authorities, little or nothing is done by the institution to manage the health of this special population within the walls. Unlike in countries like the USA and Britain that make use of both self-reported and laboratory tested health information about their elderly inmates to make health management plans(Bastick & Townhead, 2012; Cohen, 2015; Porporino, 2015), evidence from the visited prisons shows that the elderly inmates in Nigerian prisons do not enjoy any special privileges in the management of their health compared to their other inmates. There is no specially arranged caregiver or social worker to cater for the needs of the older inmates, no gerontologist, no provision of special cells and any form of aids. Aside from the evidence from this study, the only differential treatment of the elderly as contained in the Standing Orders of the Nigerian Prison Service is in respect of medical examination to determine their ability to partake in manual labour.

A comprehensive medical examination and healthcare management of the elderly in Nigerian prisons is made even more imperative by the high level of self-reported symptoms and diseases by the aged prisoners. A systematic overlooking of the imported medical conditions of the aged in corrections will inevitably impact negatively on their adjustment and chances of completing their prison sentence alive as asserted by importation theorists (Carrol, 1974; Edwards & Potter, 2004). Extant literature had hitherto stated that incarceration of the elderly makes them to be quite vulnerable to suffer from a variety of medical conditions which will increase their need for healthcare providers, and will typically make them require longer and more frequent hospitalisations (Moll, 2013; Biswange et al., 2015). However, as found out in this study, the elderly are left to be financially responsible for the provision of quality healthcare for themselves. This apathy by the prison authority to the health needs of the elderly prisoners is one of the major factors that

is informing the nondisclosure of the aged prisoners about their health challenges at the point of entry and in the course of their term.

The study equally found that the aged inmates are suffering from loneliness as they are not allowed to partake in a lot of activities while they seldom get visited by their families. Social psychological studies have asserted that elderly people are happier if they remain active, with close connections with family, friends and other social supports (Williams et al., 2012; Maschi et al., 2014). The aged in the prison are equally exposed to violent attacks from the younger inmates which is a consequence of non-creation of special cells for the elderly as obtainable in best practices of correctional facilities in the world. This merger of elderly and younger inmates in the same cells negates the health-promoting drive of the older prisoners as evident in this study based on their coercion to engage in activities that are inimical to their well-being like use of drugs, smoking marijuana, secondary smoking of cigarette and subjection to undignifying manual labour.

Conclusion

As the population of older inmates continues to grow in Nigerian prisons, it is evident that the government and prison authorities are not alive to their responsibilities in confronting the challenges of housing elderly inmates. As presently constituted, the situation of prisons in the country as regards accommodating elderly inmates portends low chances of the aged successfully completing their prison term. Usually, mass incarceration of the elderly should be met be with the need for a broad revision of harsh sentencing practices and unhealthy prison conditions. This is however not the case in Nigeria as there is little evidence to show that the prison authorities are expecting elderly inmates with their peculiar health needs to be part of those they will have to cater for in their correctional facilities.

In the light of the evidence provided by this present study, there is need to stress the benefits of improved health education and health awareness among the older prisoner. This will help boost the rate of self-reported symptoms and illnesses among the elderly inmates.

The government through the prison authorities should also show more commitment to the management of health of the aged in prisons. Specialists in healthcare management of the elderly should be recruited for the prisons with older people's nurses to effectively cater for peculiar needs of the aged prison population. This study has shown the need for prison authorities to routinely monitor older prisoners to ensure they are not being victimised, and take the potentials for victimisation into consideration in their housing decisions. Meanwhile, the granting of conditional release to the elderly offenders who poses little or no risk to public safety should be given serious consideration by appropriate quarters. The appropriateness of an older prisoner with multiple medical problems, mobility issues and cognitive impairment being in prison should be looked into especially under the reality of Nigerian prisons that are lacking in basic human and material support for the well-being of the elderly. In reality, there is nothing very surprising about the research findings described in this study; however, it is important to make sure such results are disseminated widely in order to benefit practice.

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