



Safeguarding the Rights and Health of Pregnant Inmates within Nigeria's Correctional System

¹Ebobo, Urowoli Christiana, ²Aje-Famuyide Olufunke Ayilara.

¹Department of Criminology and Security Studies, Faculty of Social Sciences,
National Open University of Nigeria, Abuja, FCT

²Faculty of Law National Open University of Nigeria, Abuja, FCT
Email: cebobo@noun.edu.ng, Oaje-famuyide@noun.edu.ng

Abstract

It is a known fact that many females are being incarcerated at the Nigerian Correctional Service across the nation for various reasons ranging from culpable homicide to armed robbery, drug trafficking, abduction, assault, stealing, etc. Some of these females were pregnant either before or during their incarceration. This informed the focus of this paper, which is an exposition of the rights of pregnant female inmates in Nigeria with special emphasis on their health needs during pregnancy up until delivery. The rights being referred to here are innate and protected by the letters and the spirit of the law. It adopted a feminist theory and conceptual framework to demonstrate the interconnectedness of variables throughout the period from pregnancy to delivery. The data for this study were primarily derived from secondary sources, including academic journals, bulletins, judicial opinions, and legislation. The data gathered was analysed using content analysis. The study, therefore, concludes that pregnant female inmates in Nigeria have the right to routine medical checkups and treatments to see them through the period of pregnancy successfully; antenatal care, special therapies and provisions, access to safe delivery in government-approved maternity hospitals, and postnatal care while in custody. Consequently, this study recommends, amongst others, that the Federal Government should be more inclusive in its treatment of pregnant female inmates by formulating more proactive policies aimed at protecting them and their unborn children.

Keywords: Pregnancy, Rights, Women, Inmates, Correctional Service

Introduction

Pregnant female inmates refer to women who are incarcerated in the correctional Centre and are pregnant at the time of their incarceration or become pregnant while in custody. As of March 4, 2024, the total number of inmates in the Nigerian Correctional Service was 80,183, comprising both males and females (Kekere-Ekun, 2024). Specifically, the total number of female inmates is 1,855, which is approximately 2.3% of the total number of inmates, including males. Out of the 1,855 female inmates, 433 have been convicted (CVF), with 73 on death row (DRF) and 1,789 awaiting trials ATF) (Kekere-Ekun, 2024). Whereas on December 4 2021, the Nigerian Correctional Service had about 1,297 female inmates across the nation; 984 awaiting trials, which included five pregnant inmates (Olabimtan, 2021). This shows an increase of 558

female inmates across the nation between 2021 and 2025 (5 years). The most common offences for which these females have been arrested and detained are child trafficking, criminal breach of trust and cheating, theft/stealing, kidnapping, unlawful possession of firearms and culpable homicide (Kekere-Ekun, 2024).

Specifically, the number of females in custody at the Female Custodial Centre, Kirikiri, Lagos State, in December 2021, was 312, comprising 250 awaiting trial, 50 convicted, six lifers, and six on death row (NCoSR, 2021). As of 2020, the same Female Custodial Centre, Kirikiri, Lagos, had 292 inmates, out of which 244 were awaiting trials, 43 were convicted, one was a lifer, and four were on death row (NCoSR, 2020). In 2016, the same Female Custodial Centre, Kirikiri, Lagos,



housed 222 inmates; 175 were awaiting trial, 43 were convicted, two were serving life sentences, and two were sentenced to death (Ibiroga, 2016). In the same year (2016), eight babies spent the early part of their lives in the Female Custodial Centre, Kirikiri, Lagos, with their mothers, while nine other inmates were pregnant. Consequently, this study focused on investigating the rights of pregnant female inmates in custody.

The above data indicate an increasing rate of female admissions into the Nigerian Correctional Service over the past five years (2020-2024). For instance, the total number of female inmates increased from 1,297 in 2021 to 1,855 in 2024 and 1,966 as of May 12, 2025 (462 convicted and 1,504 awaiting trial). Narrowing it down to the Female Custodial Centre, Kirikiri, the number of female inmates grew from 292 in 2020 to 312 in 2021 and 371 in 2024 (NCoS, 2024). The Executive Secretary of the National Human Rights Commission, Ben Angwe, at the Commission's prison audit, added that about 90 per cent of female prisoners in the Nigerian prisons were either pregnant or nursing mothers. He noted that:

"In our prisons today, we have a lot of nursing mothers who are being locked up with their children and are nursing these children in the prison cells. We also have instances where such women who are still carrying babies in prison are also pregnant. It is also sad to note that more than 90 per cent of the total number of nursing mothers are still awaiting trial. These are women who should have been released on bail while awaiting their trial. But they are kept there in prison with their children, who are made to serve prison terms when their mothers are not yet convicted. One therefore wonders how, in a situation where such mothers are eventually discharged as innocent citizens, how much compensation can be given to a child who is made to pass through the conditions that we presently have in our prisons" (Angwe, 2016).

Ebobo & Aje-Famuyide (2017) and Ebobo & Aje-Famuyide, (2021) revealed a sizeable number of females who were pregnant and some others with

babies below 2 years who were in custody with their mothers. The study also showed that some of these children were taken away from their mothers when they attained the age of 18 months to trusted and appointed relatives by the mothers. However, some of these children were taken to the Motherless Babies Homes in cases where close relatives were absent to accept and care for the babies. In addition, in August 2013, it was reported that two female inmates also in the Centre, Kirikirir, who were awaiting trial for capital offences had their babies with them. In another case in Katsina State, a female inmate who was on death sentence had her baby with her for two years (Vanguard, 2013). These evidences point to the fact that so many babies are serving jail terms with their mothers in the Nigerian Correctional Service despite the unhealthy conditions of the prisons.

In agreement with Angwe, "there is no amount of compensation that would be given to such a child or the mother that would be commensurate with the hardship suffered if eventually the mothers are discharged and acquitted having been found not guilty of the offences charged". Even where the mother is found guilty, the fact remains that the child was not the one who committed the offence. Hence, there should be a difference in the policy of imprisonment regarding males and females arising from the fact that males do not give birth.

However, on admission into the Nigerian Correctional Service (NCS), a pregnancy test is said to be conducted for female inmates and those found to be pregnant are followed up to know the person responsible and immediately contact and inform their families to continue with the necessary follow-up. After this, the pregnant inmates are registered in tertiary care facilities for antenatal care (Enobore, 2012). The crucial medical and legal care required for the welfare of female inmates, according to the NCS operational laws, is given to pregnant inmates and their babies, and females enjoy special attention while in custody (Idem, 2021).

Health is an essential requirement of every human, and, for women, the biological phases



from a child to the teenage, onset of menstruation, pregnancy, peri-menopause, and menopause come with attendant physiological and emotional needs. In the context of this study, pregnant female inmates' needs are not the same as those of the other female inmates, because their needs range notably from mental to emotional, physical and medical needs.

The period of pregnancy is a delicate time when the hygiene of both mother and baby is crucial. Any minor infection from the mother can harm the newborn baby. Infections that are considered as little but dangerous as toilet infections can go a long way to harm the fetus in the womb and consequently the baby at birth. Most times, such infections have been proven to be one of the reasons for jaundice in newborn babies. Aside from toilet infections, infections such as Hepatitis A, B, and C are prevalent in prisons (Elijah & Irebanije, 2014). This infection could be transferred to the foetus in the womb, at birth, or during postnatal care, and it could be dangerous for both mother and baby because it can cause chronic liver disease, cirrhosis, or primary liver cancer and put them at high risk of death from thrombosis (Idem, 2014).

Compared to the general population, inmates worldwide continue to demonstrate a significantly higher prevalence of hepatitis B virus infection. (Volf et al. 2008). This phenomenon has been attributed to factors such as high-risk sexual behaviour before and during incarceration, intravenous drug use with sharing of syringes and drug paraphernalia, as well as tattooing among inmates (Fayyaz, 2006). Hepatitis B virus is more common among prison inmates mainly because most of the inmates come from a marginal section of the population where there are intravenous drug users, among whom they are highly exposed to the virus. So, they spread the virus to other inmates by sharing sharp objects, such as razors, Needles, and shavers, which are in short supply in the prison, and by body contact with bodily fluids (Solomon, 2004). Prisons could serve as reservoirs that could amplify transmission of this viral infection in the general community as infected inmates are released (Mohammad et al. 2011).

In addition to proper hygiene, a pregnant woman requires a healthy, well-balanced, and nutritious diet for the well-being of both the mother and the healthy development of the foetus. The prenatal diet of the mother can have either a positive or negative impact on the child's development. Some studies have shown that a poor diet lacking in essential nutrients, such as iodine, iron, folate, calcium, and zinc, can lead to low birth weight, fetal growth restriction, or even be associated with the development of chronic diseases in adult years, as well as intergenerational effects. (Fleischacker, 2023). A Pregnant woman also requires appropriate and adequate nutrients to support herself to be able to carry a healthy baby to full term successfully. Where necessary, adequate supplementation is needed to enhance nutritional levels to prevent pre-eclampsia. It is therefore generally assumed that the Correctional Service may not be able to offer adequate maternity, antenatal care, and postnatal care, or appropriate access to maternal and baby hygiene products and a suitable environment. Having visited the Female Custodial Centre, Kirikiri, on research for several reasons, the sight of pregnant females and females with babies from newborn to about 18 months was heartbreaking. As such, this situation calls to mind the rights this class of persons has, given the peculiarities of their state during pregnancy and childbirth. It therefore necessitated this current study, which tried to examine the legal rights of pregnant female inmates, including their health needs during the period of pregnancy in Nigeria.

Methodology

This study was based on secondary data sources. It drew upon the Nigerian Constitution of 1979, Nigerian Correctional Service Reports, Nigerian Law Reports, the International Covenant on Civil and Political Rights, Academic Journals, Health Policy documents (both national/international), newspapers, and official news bulletins. Content analysis of the data was done to highlight the rights and health needs of pregnant female inmates in Nigeria.

Literature Review and Conceptual Clarifications
This paper reviews the international and domestic



standards that, in principle, guarantee the right of female prisoners to health. It outlines the implementation of health policies in Nigeria by assessing the requirements and providing strategies for ensuring that these standards are met.

The foundation of any democratic society is the rule of law. The rule of law governs all aspects of the state, and it is governed and guaranteed by the provisions of the Constitution. Human rights are one of the most fundamental rights protected by the rule of law, which inhere in human beings by virtue of their humanity, without regard to conduct or status. They are not privileges which may be withdrawn at will. Several international instruments also clearly state that everyone (without discrimination as to race, gender, or age) is entitled to the enjoyment of some basic human rights. In particular, Article 10 of the International Covenant on Civil and Political Rights states that: "All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person". Thus, the right of persons in incarceration is covered in provisions relating to health.

The right to health, being one of the fundamental rights, refers to the entitlement to enjoy a variety of goods, facilities, services, and conditions necessary to maintain or restore health. The preamble to the WHO Constitution reads, in part, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." (Author's Emphasis). The International Covenant on Economic, Social and Cultural Rights (ICESCR, 1976) states that the right to health is the enjoyment of the highest attainable standard of physical and mental health. General Comment 14 (ICESCR), for instance, elaborates on the nature of the right to health, stating that the right to health also shares a close affinity with other human rights and can only be realised upon the realisation of other human rights. By this interpretation, the right to health is not a right to healthcare, but is inclusive of the range of factors that promote conditions leading to

a healthy life, such as the rights to food, adequate nutrition, housing, work, education, human dignity, and equality.

Generally, the right to health of prisoners is protected by provisions in several ratified international human rights treaties, including the International Covenant on Civil and Political Rights (ICCPR, 1966), the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966), the Convention against Torture and other Cruel, Inhuman and Degrading Treatment, and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Regional treaties protecting the right to health include the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. The essence of these provisions is that all people, including prisoners, have the right to the best possible physical and mental health (ICCPR, 1966). Vivien (1998) aptly captures it that:

"Detained people are included because human rights extend to all human beings. It is a fundamental principle of international human rights law that no human being can be beyond the reach of certain human rights protections. ... But the basic right to life, health, fairness and justice, humane treatment, dignity and protection from ill-treatment or torture remain. There is a minimum standard for the way a state treats its people, regardless of who they are. No one shall fall below" (Vivien, 1998).

As analysed above, state parties to the ICESCR are mandated under international agreements to uphold specific basic standards for the right to health, including for those who are incarcerated. The health provision is comprehensive because it covers all necessary primary care, ensures non-discriminatory access to healthcare, especially for marginalised or vulnerable groups, and provides essential medications. It also ensures an equitable distribution of health facilities, goods, and services, as well as basic shelter, housing, sanitation, and portable water.



According to international law, incarcerated people are entitled to the same level and quality of healthcare as the general public, without regard to their prison status (CESCR, 2000). This includes gynaecological and obstetric care, ensuring reproductive, maternal, and child healthcare, providing access to information for significant health issues, and providing proper training for healthcare staff, all of which are tasks of equal priority in connection with pregnant women in custody. (CESCR, 2000) In a similar vein, the UN Principles of Medical Ethics (1983) relevant to the Protection of Prisoners against Torture states explicitly that 'health personnel ...charged with the medical care of prisoners and detainees have a duty to provide them with protection of their physical and mental health and treatment of the same quality and standard as is afforded to those who are not imprisoned or detained'. (UNGA, 1983). Marcus, in his work, opined that the ECHR has moved away from supporting inherent limitations to the rights of incarcerated prisoners to a more liberal approach and wider protection of fundamental human rights during imprisonment (Marcus, 2015). It is in the light of this fact that Rule 2 of the European Prison Rules provides that "persons deprived of their liberty retain all rights that are not lawfully taken away by the decision sentencing them or remanding them in custody" (European Prison Rules, Rule 2; See also European Prison Rules 2020).

In Nigeria, one of the most essential responsibilities of the democratic state is to protect citizens' human rights, which is based on a culture of human rights recognition and enforcement. All persons are guaranteed certain rights under the 1999 Constitution of the Federal Republic of Nigeria, from which the law cannot deviate. These rights extend to persons in incarceration except for the right to liberty. In addition, correctional centres in Nigeria (which are) regulated by the Nigerian Correctional Services Act (2019), focus on rehabilitating, reformation, and reinstatement of inmates (NCSA 2019, section 2) It is worth noting that the courts have, on numerous occasions, reiterated the rights available to prisoners. Thus, prisoners, like other Nigerians, are entitled to the fundamental human

rights entrenched and guaranteed in Part IV of the CFRN, to the exclusion of the right to liberty.

The Rights of Pregnant Inmates and the Unborn Child in Nigeria

The needs of pregnant women are peculiar, given the circumstances of their state. It is therefore imperative that these apparent needs be taken care of by the correctional facilities, even while serving their sentences. It is with this in mind that this paper considers some needs which are peculiar to this particular class of persons. It is interesting to note that these needs have specific resonance within the context of the rights of pregnant inmates in other countries, such as the U.S. Constitution's Eighth Amendment.

It is commendable that the Nigerian Correctional Service Act (2019), for the first time, acknowledges the physiological differences in male and female inmates and provides for separate facilities for female inmates in all states of the federation.

Section 34 of the 2019 Act serves as an umbrella provision that recognises women's uniqueness. According to the provision of that section, separate facilities shall be provided for women in all states of the federation. Section 34(2) requires that correctional facilities provide 'all necessary facilities to address the special needs of female inmates, including pregnant women, nursing mothers, and babies in custody'. Although the Act is silent on the nature of the special needs, the following section discusses the basic needs of pregnant women and their unborn children using international standards and instruments.

Right to Health Education

Health education is crucial for all persons in incarceration, as it has both personal and public health benefits. Scholars have also suggested that education about general healthcare and pregnancy, specifically, should be extended to all women inmates. According to Anita (1993), ..., *much of what {these} women understand about pregnancy – interpretation of symptoms, self-diagnosis, the need for clinical appointments, use of self-remedies, evaluation of treatment, and belief in professional explanation – comes from*



individuals who may themselves may be ill-informed routine counselling and education by health care providers to all inmates dispels misinformation and the stress it causes for pregnant inmates. (Anita. 1993).

Right to Access to Quality Medical Care

The pregnancy period requires regular prenatal medical checkups to ensure the well-being of both the mother and the unborn child, and to prevent any health emergencies that may endanger the lives of one or both of mother and child. Prisoners' access to quality medical care is a fundamental human right guaranteed by numerous international instruments to which Nigeria is a signatory. Article 16 of the African Charter provides that 'every individual shall have the right to enjoy the best attainable state of physical and mental health' (article 16 (1) African Charter, 1982) This means that health care should be consistent with that provided by the state to other citizens. This right encompasses the right to proper and timely health care (UNHRC, 2006b). Similarly, Article 9 of the ICESCR provides that 'prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal status.' An adequate healthcare facility includes a regular supply of drugs, particularly for pregnant and nursing women, the provision of a crèche for the well-being of the baby, and sanitary provisions for female inmates. Section 25 (1) of the Nigerian Correctional Service Act 2019 states that the Superintendent of Corrections, on the order of the medical officer, directs the removal of a seriously ill prisoner confined in a prison to a hospital specified in the order where there is a suitable accommodation for him in the prison. (Section 8 (1) Prisons Act, 2004). The 1949 Geneva Convention Relative to the Protection of Civilian Persons in Time of War, as well as its 1977 Additional Protocol 1, makes special provisions for detained pregnant women and mothers with babies, stating that their cases must be given top priority, and maternity cases must be admitted to any institution where adequate treatment can be provided.

Right to Decent Accommodation and a Birthing Centre

Section 34(1) of the Nigerian Correctional Service Act states that there shall be provision for all necessary facilities to address the special needs of

female inmates and pregnant women, which reveals the nature of accommodation in prison centres. In a 2019 editorial titled 'for babies in prison, life starts on shaky foundation', the author showed that about 14 pregnant women were kept in a room; the author further stated that interviewed inmates noted that the rooms are infested with bed bugs, mosquitoes, lack of adequate space and concluded that 'generally, the living conditions are inhumane and fall short of the minimum standard that can be found in prisons round the world'. (Sesan, 2019)

Where practicable, arrangements shall be made for a woman to deliver in a hospital. In protecting the dignity of the baby, Note That the 2019 Nigerian Correctional Service Act provides for a crèche for the well-being of the child. In this regard, Section 476 of the Nigerian Prisons Standing Order (Revised Edition) also includes the provision of cots and/or cradles for inmates with babies.

Right to Good Health and Nutritional Needs

Section 34 (2) of the 2019 Nigeria Correctional Service Act recognises the special dietary needs of pregnant women in prison or jail, as well as requirements for clothing, exercise, and instruction about pregnancy and childbirth. Nutrition is hardly mentioned in any human rights document, but it has been argued that, as an essential element of health and an extension of the right to food, it has emerged as a fundamental right. To enjoy the right to the highest attainable standard of health, states must protect this right by ensuring that everyone within their jurisdiction has access to the underlying determinants of health. The Committee on Economic, Social and Cultural Rights (CESCR, 1966) has this to say:

The right to adequate food shall therefore not be interpreted in a narrow or restrictive sense, which equates it with a minimum package of calories, proteins and other specific nutrients.

Scholars have long opined that special needs should be provided for them because babies at birth feed on the breast milk of their mothers (Yahaya et al. 2017). The Nigeria Service Correctional Act states that the correctional



service shall address the special needs of nutrition and medical provision (which is similar to the provision that 'every prisoner shall be allowed sufficient quantity of plain and wholesome food' (NCS Booklet Special Order). Article 215 states that the Medical Officer shall accompany the case note of any inmate requiring a special diet and ensure that they receive sufficient rations of the diet. (Section 214-216).

Abusive Shackling of Women During Pregnancy and Labour

Under the UN Convention against Torture (CAT) and the International Covenant on Civil and Political Rights (ICCPR). Pregnant women should not be in shackles during pregnancy or labour. When a pregnant woman is shackled, she is subjected to leg irons, waist shackles, and/or handcuffs before, during, and after labour and delivery. The Act of shackling of pregnant women as an abuse of human rights was brought up in the case of **Women Prisoners of District of Columbia Department of Corrections v. District of Columbia** (Nos. 95-7041, 95-7205, 1996). This was also in issue in the case of **Nelson v. Correctional Medical Services** (583 F.3d 522, 8th Circuit 2009) where the Eight Circuit Court of Appeals decided that a prisoner had a clearly established right not to be shackled, absent clear and convincing evidence that she was a security or flight risk. **The case of Nelson v. Correctional Medical Services** has been upheld in the case of **Brawley v. Washington** (712 F. Supp.1208, W.D Wash. 2010), which states that "shackling inmates while they are in labour is a violation of the Eighth Amendment's prohibition against cruel and unusual punishment". With reported cases of widespread practices, the UN Standard Treatment of Prisoners states that 'shackles should not be used on inmates unless they are a danger to themselves, others or property or have a history of absconding' (Rules 33 UN Standard for the Treatment of all Prisoners).

According to the National Commission on Correctional Health Care (2010) in the prison context, restraints are recommended only, when necessary, for example:

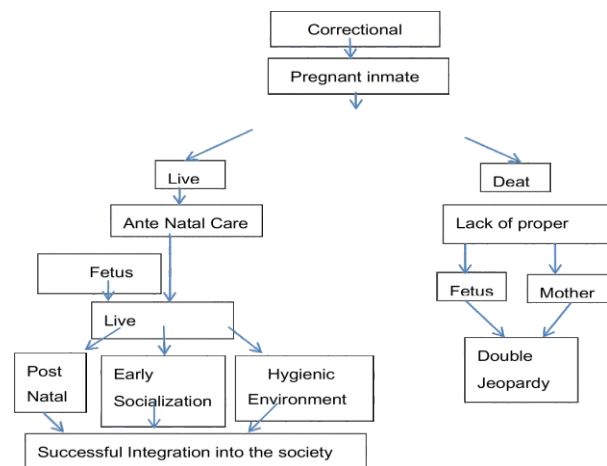
(i) Before the Child's Birth;

1. If restraint is necessary, it should be done by the least restrictive means necessary and in a way that mitigates adverse clinical consequences.
2. Abdominal restraints that directly constrict the area of pregnancy should not be used.
3. Wrist restraints, if used, should be applied in such a way that the pregnant inmate may be able to protect herself and the foetus in the event of a forward fall.
4. Pregnant inmates should not be placed in a facedown position or in four-point restraint.
5. Leg and ankle restraints should not be used because they increase the risk of a forward fall.
6. Pregnant inmates should not be chained to other inmates.
7. Restraints during transport to the hospital or during labour and delivery should not be used, except where necessary due to a serious threat of harm to self, staff, or others

(ii) It can also be after childbirth;

8. Restraints should be avoided if possible, during this period, because labour and delivery can result in exhaustion, dehydration, difficulty in urination or defecation, and complications such as haemorrhage. Necessary bed rest and rapid response to medical emergencies should also be taken into account, particularly for caesarean section births.
9. If restraints are required, they should allow for the mother's safe handling of her infant and mother-infant bonding, which is beneficial and very strong during the postpartum period.

Conceptual Framework



Source: Author, 2025



Figure 1 shows the possible outcomes of treatment during a female inmate's pregnancy.

This is an illustration of a direct link between incarceration, pregnant inmates, the foetus, the newborn babies and the integration of the babies into society. This simply shows that the treatment given to the pregnant inmate determines whether the inmate, foetus and newborn babies will survive during incarceration, delivery and after delivery. The table also showed that the treatment meted out to one of the three affects the other, which eventually informs the babies' successful integration into society.

Theoretical Framework

Incarceration of offenders has evolved. Both males and females are participating in offences that require incarceration, though the number of males is often higher than that of females in almost all types of offences. Nowadays, female offenders are on the increase, and this has necessitated the establishment of more female custodial Centres in Nigeria. This also impacts the need to think about the incarceration of female offenders in more specific ways, focusing on their special needs. These needs vary from those of females to those of pregnant females before or during incarceration. Hence, the health needs of pregnant female inmates to be considered to guarantee the safety of both mother and newborn. Feminist criminologists emphasise gender equality in all areas of life except reproductive rights, which can never be equal. The reason is that the female is the one who gets pregnant, carries the pregnancy to term (9 months) and delivers the newborn. During this period, many changes take place both inwardly and outwardly. Hence, the periods of pregnancy, prenatal, ante-natal, and postnatal must be considered, even during incarceration.

The condition of pregnant female inmates in custody is therefore unique (double jeopardy; pregnant and incarcerated), needing special attention and care (medical, emotional, psychological and nutritional). Meanwhile, the Custodial Centres (Prisons) are mainly designed for males with little consideration for the unique experiences of females, not to mention pregnant females. As such, the unique needs of pregnant female inmates such as; prenatal care, ante-natal

care, maternal health, gynaecological treatment, postpartum services, mental health support, trauma of incarceration, separation from family, hygiene, nutritional needs, social support and post-birth accommodations are often overlooked (not considered) and these render the lives of both mother(s) and unborn child(ren) at risk. Hence, feminist criminologists advocate specifically for reproductive rights, alternatives to incarceration and trauma-informed policies for pregnant women in custody.

Discussion of Findings

The treatment of females in pregnancy deserves special attention, and more particularly, incarcerated females, because, incarceration or not, pregnancy is a challenging and physically demanding period. There is a plethora of international instruments which state the minimum treatment of prisoners. Given the vulnerability of pregnant and nursing mothers, state parties to these instruments must fulfil the core obligations as agreed under these instruments. In charting the direction of improving conditions for pregnant inmates, states should look at providing appropriate funding for more programs that offer alternatives to incarceration or proper treatment of pregnant inmates. Alternatives to detention have been argued to be necessary, especially for pregnant and nursing inmates who are merely awaiting trial, as opposed to those who have been, or are serving a sentence. This also applies to non-violent offenders.

Kelly (2005) has argued that there should be an ideal creation of national standards for their care. While we agree on standards, the writers of this paper believe that the instruments have created the minimum requirements. It is left for state parties to draw and develop internal policies of their own to meet these international obligations within the dictates of 'evolving standards of decency that make the progress of a maturing society'. These writers also support the conclusion of Yahaya, et. al. that the Nigerian Prisons Act has outlived its usefulness, because the rights of incarcerated persons is not adequately addressed. (Yahaya et al. 2017).



Conclusion

This paper concluded that pregnant female inmates, just like every other female in Nigeria and across the globe, have equal human rights to good medical treatment, education, meeting quality nutritional needs, and standard living conditions, amongst others. If restraints are recommended, they should be implemented with the health of both mother and child in mind. Also, pregnant female inmates should be given the rights to antenatal care, access to safe delivery and postnatal care in the tertiary/government hospitals. Newborn babies and mothers should also be taken care of with financial and material donations from the government, non-government organisations, religious bodies, and individuals. Likewise, if the mental health of the baby is to be considered, it should start right from the correctional facilities.

Recommendations

The study therefore recommends a human rights-based approach to the treatment of pregnant female prisoners, first by virtue of their being human, and secondly, because of the special needs imposed upon them by virtue of their state. Furthermore, the Prisons Act should, in line with international human rights standards and benchmarks, be amended to reflect a human rights perspective on these classes of persons.

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