Examining the Access to Healthcare Among Inmates In Ghana Since 1992: A Case Study on Manhyia Local Prison

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ABSTRACT

The health status of Ghanaian prisoners has long been poor. Prisoners are frequently stigmatized by society. They are seen and considered, as individuals who have committed major crimes and hence are unworthy of equal treatment, particularly when it comes to healthcare access. Nonetheless, equitable access to healthcare for prisoners is required by a 1992 Ghanaian constitution provision as well as a United Nations resolution. The study investigates healthcare availability among prisoners in Ghana, focusing on Manhyia Local Prison. This qualitative study gives a basis for understanding the general circumstances and healthcare accessibility in Ghana by looking at inmates' health conditions.

Keywords: Healthcare accessibility, Inmates, Satisfaction, Manhyia Local Prison,

Originality/value

The findings of this study have important ramifications for the development of health policies aimed at enhancing prisoners' access to healthcare.

INTRODUCTION

Imprisonment as a form of punishment and rehabilitation centre for offenders was not new to many precolonial societies in Ghana. The modern prison system is modelled by the informal methods of confinement utilized by the British during the colonial era. The system became institutionalized in 1841 when the British Governor imprisoned 91 persons at Cape Coast Castle.[1] The Prisons Ordinance which was established in 1860 by the Colonial Government and promulgated in 1876 gave birth to the Prisons Department in the Gold Coast.[2] Since then, the agency has worked hard to incorporate modern conceptions of imprisonment, to provide correctional therapy to convicts, and to reintegrate them into society. However, following independence, the service was given its current name, Ghana Prison Service.

Healthcare is essential to every human society as it provides a foundation for social, economic, and political development. A healthy population is more productive and makes greater contributions to development. Diseases are unavoidable when humans interact with their physical and social environments,[3] and the right to healthcare must be applied regardless of a person's legal status. As a result, the prison, like any other institution in society must have access to healthcare. Prisoners have the right to a healthcare equivalent to the one in the community at large, access to medical care and preventive measures of good quality and cost-covered.

Adjei et al., postulate that most prisons in Sub-Saharan Africa of which Ghana is a part generally lack well-established healthcare facilities.[4] Some scholars attribute the inadequate delivery of high-quality

healthcare to prisoners in Ghana to the lack of a structured relationship between the prison system and the national healthcare system.[5] The study by Baffoe-Bonnie et al. highlights a lack of critical medical equipment, which has disproportionally affected the incarcerated population, primarily consisting of individuals from low-income backgrounds. [6] Their inability to afford healthcare further limits their access to essential medical services.

The total number of incarcerated persons in Ghana was estimated at fourteen thousand six hundred and forty-seven (14,647) with an overcrowding rate (percentage %) of 42.69 of the national population of July 2024; with a death row of one hundred and eighty-four (187).[7] The prison studies conducted conclude that the increase in prison population without a commensurate increase in prison infrastructure naturally leads to overcrowding; the occupancy level based on the official prison capacity was 141.7 percent making Ghana the 56th most overcrowded in the world.[8]

The situation highlights the fact that the prison population in Ghana suffers from various health conditions and generally experiences poor health status. Despite this, the health and well-being of inmates in Ghana's correctional institutions remain under-studied, especially in Kumasi, which is the second most crowded city in the country. While some studies have examined the prevalence of infectious diseases such as human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and syphilis, as well as the sanitary conditions in prisons,[9] gaps persist in understanding the overall healthcare accessibility among prisoners in Ghana. Notably, existing literature reveals alarming issues, including food and nutrition insecurity, poor mental health, and limited access to quality healthcare services. Although studies have highlighted the various dimensions of health challenges faced by inmates in Ghana, most attention has focused on prisons in Greater Accra, leaving the situation in Kumasi and its implications for inmate health and rehabilitation relatively unexplored.

This paper seeks to address the significant oversight in correctional health research by historicizing healthcare accessibility for prisoners in Ghana since 1992. It aims to provide an assessment of the factors influencing healthcare access, including demographic variables and social determinants. Given that prisoners often face compounded health issues due to inadequate sanitary conditions, food insecurity, and psychological stressors from their incarceration, this study will contribute valuable insights into the systemic challenges within Ghana's correctional system.

Relevant Literature Review

The Historical Evolution and Structural Challenges of Ghana's Prisons

The origin of penitentiary institutions as punishment in Africa is a subject of debate. Scholars like Pierce, Bernault and Roitman believe that the practice of confinement of offenders as punishment was not indigenous to Africa but was introduced and imposed by the Europeans.[10] According to Sarkin, the system is perceived to be a legacy of colonialism that was "designed to isolate and punish political opponents, exercise racial superiority, and administer capital and corporal punishment".[11] According to these scholars, African customary response to offences or misconduct was in the form of compensation rather than punishment related to detention.

In relation to the above, the Library of Congress Country Studies and CIA Fact Book assert that Ghana's prison system only came into being during colonization.[12] The introduction of British common law and prisons under colonial rule on the Gold Coast can be understood from the perspective of punishment. The emphasis of the system was to fasten the British penal system in Ghana, and that progressed through a continuous attempt from one reform policy to another guiding principle. Penal law was implemented unconventionally, with forts and old trading castles serving as detention facilities. A committee of merchants had their criminal jurisdiction extended even outside the fort under the supervision of Captain

George Maclean. About nine (9) people were incarcerated in Cape Coast Castle in 1841.[13]

The British converted forts in Ghana, previously used during slave trade era, into detention facilities during the colonial rule.[14] New prisons were also built and added. James Fort, built in 1662 became the largest pre-trial confinement facility in Gold Coast, having originally been used to hold slaves before they were shipped to the Americas.[15] Significantly, it should be noted that in the development of the prison systems, the 1844 bond initiated the British into the criminal justice system of Ghana.

Several changes have been made to the prison system since Ghana gained independence from the British in 1957, but there have been many difficulties along the way, including overcrowding in the institutions. However, the emphasis shifted from simple punishment to responsible care and rehabilitation of the convicts. Section 165 of the Ghana Prisons Service regulations of 1958, which stipulates that inmates must be treated with respect and humanity even while strict order and discipline must be kept, upheld this idea. [16] Officials should handle their reports, complaints, and grievances with patience.[17]

Impediment to Inmates' Healthcare Accessibility

Quality and timely healthcare access are critical for everyone's health and well-being. To establish healthcare equality, everyone must have access to healthcare services.[18] Ghana is not an exception to the broad range of disparities in healthcare delivery across Africa, as reported by Krahn et al.[19] This can be ascribed to many factors, including challenges with education, ethnicity, age, gender, and socioeconomic status.[20] For underprivileged communities, these inequities may lead to variations in health outcomes and a decline in the general quality of healthcare.[21]

Tenya-Ayettey contend that numerous circumstances in Ghana lead to the neglect of minorities' healthcare, including the issues experienced by prisoners.[22] Ghanaians primarily view prisoners as individuals who have perpetrated multiple crimes in our society and, as such, should not be treated equally by the general public.[23] Section 35 of the Prisons Decree of the 1992 Constitution of Ghana grants inmates their right to decency and health and makes inmates' accessibility to health care the duty of the director of prisons.[24] Despite this legal backing, the healthcare of prisoners has not received much attention from policymakers, as prison healthcare providers are constantly seen calling on benevolent people to come to their aid.

Baffoe-Bonnie et al. stated that to improve an individual's access to health care, health facilities must first be available and within a reasonable distance of clients because availability is a component of spatial accessibility.[25] However, breaking the barriers between currently separate correctional and community providers will improve access to health for both prisoners and the public.[26] Collaborating with correctional and community providers is necessary to fully capitalize on this opportunity. In support of inmates, they contend that the larger health professions ought to use their established moral authority to engage the community. Because the public receives less attention than prisoners do, removing obstacles to healthcare access between prisoners and the public will enable prisoners to receive treatment on par with the latter. In addition to raising the standard of living for prisoners, improved correctional healthcare also gives them a greater chance at a more promising future upon their release.

METHODOLOGY

This study adopted a qualitative research approach. Given this, a semi-structured interview and a focus group discussion were conducted. Inmates, prison and healthcare officers were interviewed. Individuals who took part in the in-group discussion included ex-convicts and persons who had had colleagues or relatives in prison before. The interviews and focus group discussions were audio-recorded and were later transcribed with a length between 40 and 70 minutes. Anonymity was ensured by assigning alphabetical coeds (e.g., Respondent A, Respondent B) and numerical codes to focus group participants (e.g., Participant 1,

Participant2). The focus group discussion targeted recommendations for improving access to health services. Questions centred on how best to provide information on accessing health services to inmates. Data from the focus group was aimed to inform the development of a resource to improve access to correctional health services. Some examples of the interview questions are; what is the overall health condition of the prison? Which health treatments were provided to you while in prison? Were you satisfied with the treatment? Why or why not?

Data Analysis

Colaizzi's content analysis was used for the data analysis. important statements were extracted from the interview transcriptions. After classifying the key statements into themes, the meanings of those assertions were subsequently established. Some themes were then included in a description. The last step formulated the essential structure of the phenomenon.

The study area

Manhyia local prison was originally a sublet of the Asantehene's court. In 1954, the government of Ghana took over the management of the facility and designated it as one of the prison establishments in the country. [27] The prison is located in Kumasi, at the Manhyia palace, where the Asantehene resides. The prison has a total surface area of 0.001221 km2. As of July 13th, 2024, the prison had 166 inmates, mostly convicts and debtors.[112] The building has six cells and seven offices.[28] The Manhyia Local Prison started with an infirmary, and in 2021, it was upgraded to a health center. The facility currently has 18 health workers, including two mental health practitioners. The health workers are responsible for the provision of good healthcare to both inmates and prison officers who may need it.

Findings

Twenty-three (23) participants were used in the study. At the time of the study, nine (9) participants were incarcerated. The focus group discussion featured three (3) people who were ex-convicts and eight (8) persons who had had colleagues or relatives in prison before. Two (2) prison officers and one (1) healthcare practitioner were also interviewed. The usual complaints and health problems of prisoners included Congestion, poor nutrition and sanitation, ventilation problems, malaria, chickenpox, diarrhoea, severe headaches, boils, cough, hepatitis B, HIV, insomnia and TB.

The findings of the study revealed that 7 participants were satisfied, 6 reported neutral satisfaction and 10 participants were dissatisfaction with accessibility of healthcare services. The table below display the overall percentage of respondents' levels of satisfaction with healthcare and its accessibility among inmates.

The accessibility gap is represented by a negative value of -13.1%, indicating that the proportion of dissatisfied participants (13.1% more) surpasses the proportion of satisfied participants.

Variable	Satisfaction	Neutral	Dissatisfaction	Cumulative Percentage (Neutral + Dissatisfaction)	Accessibility Gap(Dissatisfaction-Satisfaction)
Accessibility with Healthcare Services	30.40%	26.10%	43.50%	69.60%	-13.10%

Author Source.

Two themes were generated from the findings of the of the study; healthcare accessibility and level of

satisfactions.

Health Service Accessibility

All Participants expressed their perception about the accessibility of health service. While few respondents or participants perceived that they received a standard of healthcare as the general population in Ghana,

"I don't think there is any major difference in here (prison) and outside, if you have money on you and if your health insurance works, you can get better healthcare just like when you are outside this cell".[29]

However, a greater majority of the participants were of the opinion that healthcare accessibility is almost unattainable while in prison. Below are some participant responses;

"I had a severe toothache that I thought it would eventually kill me, I reported that to the officer but he kept saying tomorrow for a about month before one nurse gave me some painkiller. It's like you're not a person anymore."[30]

"Some inmates stay up all night talking, coughing, or just moving around, and I sometimes can't sleep because of how noisy it is. I ended up feeling worse and worse without any rest. When I asked for help, the officers said it was 'just how it is".[31]

"There was some chickenpox outbreak. It was spreading all over because nobody could get the isolation they needed. Although I didn't even have it, I very was scared so I was always trying my best to stay away from everyone even though it seemed impossible".[32]

Almost all the inmates expressed their concern about health service accessibility at night. This situation was clearly captured in the words of one inmate who was a victim of this situation.

"It's like the doctors and the nurses in our prisons work for some hours in the daytime. You just try and come see for yourself here at night. You will think we have a hospital here but we don't. It is only when you are dying in the middle of the night here before will understand what I am telling you".[33]

An ex-convict during the focus group also gave that;

"Once you are in there, getting any kind of assistance at night is like pulling teeth. You have to wait till morning before the officers can mind you. It is not easy at all"[34]

Level of Satisfaction with the Health Service

Participants' opinions varied regarding their level of satisfaction with prison health services. Three inmates expressed their satisfaction with the care they received, the rest were left unsatisfied.

Better health is perceived as a result of the remarks and answers provided by the participants who indicated satisfaction with the health service. The respondents' health improved as a result of having to abide by the prison regulations, which prohibited using narcotics or other unlawful substances.

"Drugs and illegal substances brought me here. I have quit drinking because I am in here. I quit because they are not available and the officers forbid that too. I've been smoke-free for almost a year now. Although it was difficult for me when I first came in, I now feel much healthier without it".[35]

Another participant also appreciated the collaboration between the workers at the infirmary and the inmates.

"I remember when I had a running stomach and was admitted to the infirmary**,** I noticed that the staff always

approached me with respect. They didn't see me as just an inmate, the nurse who attended to me treated me like I was an officer. I can say that her friendly attitude made a big difference in how comfortable I felt seeking help".[36]

As earlier stated, the majority of the respondents were not satisfied with the health services and identified some areas for improvement.

Communicable diseases were identified as one major challenge. Inmates expressed their worries that if there is an outbreak of such diseases, all of them will be affected due to the condition of the cells. For example, some of the inmates should have been kept apart from the general population since they had tuberculosis. The isolation chambers were not, however, properly divided and as a result were housed in the same building as the prison cells, the participants believed that there could be a risk of infection.

Also, in cases where urgent attention and steps need to be taken for unwell inmates, prisoners go through many steps before they can receive attention or treatment.

"We completely understand that they are afraid that we will run when we go outside. But the steps that we must follow before one can receive medical treatment are too much. So sometimes when the case or the health condition needs to be sent to a bigger hospital outside, they refuse that. This is not fair to us".[37]

Dental issues were a major concern of the inmates. In case of this, most patients are given painkillers.

Also, the inmates wore a prison uniform and occasionally with a weighted chain when they visited the infirmary outside of the prison. They expressed that they often feel embarrassed.

"I was once escorted to the hospital outside and when I got out of the car in my blue uniform, everyone was watching me. I couldn't do anything. I only bowed my head and went".[38]

DISCUSSION

This study sought to understand healthcare accessibility and the perception of prisoners. It is important to state that most of the inmates who were dissatisfied with the healthcare were inmates who were transferred from the Kumasi Central Prison to the Manhyia Local Prison. The officers interviewed mentioned that these prisoners were transferred to this facility due to the inadequate facility and crowded nature of the Kumasi Central Prison. While some prisoners testified their satisfaction with the healthcare they received, the majority of the prisoners were dissatisfied with the healthcare and the overall health condition of the prisoners.

The findings from the study reveal a stark difference in the healthcare accessibility services for inmates compared to the general population in Ghana. This discussion aims to critically analyze the findings of the study within the broader context of health service accessibility and satisfaction in correctional facilities.

Perceptions of healthcare equality and barriers to timely healthcare

The initial standpoint shared by a few respondents suggests that access to healthcare in prison can mirror that of the outside world, depending on financial means and insurance coverage. however, this viewpoint appears to be an exception rather than the norm. This issue draws one's attention to a broader concept of inequity in healthcare access, where socioeconomic status plays a pivotal role in determining the quality of care that one receives.[39] As a result, prisoners who are often marginalized and less privileged economically, often find themselves at a significant disadvantage when it comes to accessing better healthcare. This reflects a structural problem in the healthcare system of Ghana that ignores the special

requirements of marginalised groups especially the incarcerated.

Concerns raised by inmates also reveal alarming challenges to healthcare accessibility, particularly regarding the promptness and quality of care. The story of respondent (B) exemplifies the health challenges among most inmates. The head of infirmary at the prison, Kwame Agyei Banahene, asserted this situation by highlighting that understaffing mostly accounted for such issues.[40] He reported that forty (40) inmates on average report to the infirmary every day and the centre only has six (6) nurses who are responsible for both inmates and prison officers' health.

Kwame Agyei Banahene further added that when nurses are assigned additional tasks whenever they receive cases like these, patient satisfaction may be reduced due to a lack of expert skills.[41] This situation resonates with existing literature that highlight the inadequacies of healthcare systems, where inadequate staffing often leads to prolonged suffering and untreated medical conditions.[42] This is clearly in Syed's work which concludes that when staff are assigned additional workload in times of a staff shortage, there is a high chance of employee dissatisfaction.[43]

Incarceration as a catalyst for worsening health and public health risk

The findings highlight a crucial gap in healthcare provision during night-time hours. It further reveals how Incarceration has disguisedly been used as a tool for worsening the health of people. Responses from inmates indicate that medical personnel are largely unavailable after hours, leaving inmates vulnerable during critical times.

Also, the respondent's experience of delayed medical attention, reflected in the 43.5% dissatisfaction rate with healthcare accessibility, illustrate how incarceration can worsen health outcome. The analogy of "pulling teeth" describes the difficulty of obtaining assistance and also stresses how incarceration is being used as a catalyst for worsening health the of prisoners in Ghana.

In Sykes's definition of deprivation, the author explained that "deprivation is being divested of individual rights and possessions that are afforded to otherwise "free" individuals"[44] and there is no doubt that these inmates are being deprived of the right to healthcare in Ghana. These cases, according to de Viggiani deprive one's rights and freedoms and adversely affect the health status of incarcerated individuals.[45]

Undoubtedly, incarceration exposes inmates to new health risks. For example, high-risk sexual behaviours (whether voluntary or coerced, with little access to condoms).[46] However, according to Beckwith et al., the rate of HIV transmission through this channel is lower than in the general population, and most infectious diseases are acquired before, rather than during, incarceration.[47] Incarceration contributes more to adverse outcomes related to addiction and mental illness than to the transmission of infectious diseases. [48]

Moreover, the reference to an outbreak of chickenpox exemplifies the public health risks inherent in overcrowded correctional settings where isolation and preventive measures are not effectively implemented. The inability to manage infectious diseases within prisons therefore poses a significant threat to inmates as well as the wider community upon their release. This situation somehow reflects a failure in the duty of care owed to prisoners, as mandated by international human rights standards, which state that inmates must receive the same standard of healthcare as the general public.[49]

Positive Health Outcomes and Supportive Interactions

The study's 30.4% satisfaction of healthcare services for inmates can be reflected to the findings of Rungreagkulkij et al. and the works of Bjørngaard. The Manhyia Local Prison was originally controlled by

the Asantehene and as earlier indicated people who were often transferred from the Kumasi Central Prison formed the greater majority who were mostly dissatisfied with the overall healthcare services of the prison. For this reason, it can be concluded that the general atmosphere of healthcare accessibility at the Manhyia Local Prison is quite better as compared to the other prison facilities in the country. The prison's infirmary also relies on the nearest hospital in the community which happens to serve the entire population of the community and was not surprising that some inmates said their health improved by being in prison. This phenomenon is in line with research indicating that incarceration can serve as a turning point for substance-dependent individuals, providing an opportunity for recovery and rehabilitation.[50] The enforced absence of substances can lead to improvements in physical and mental health, as seen by the inmate's assertion of feeling healthier without drugs.

Halpern posits that a fundamental element of patient care involves the caregiver trying to give attention to the patient's particular experience with their condition and delicately conveying this understanding to them. [51] It is however not surprising some physicians' empathy towards inmates resulted in improved patient care. The positive regard and dignity afforded to patients can significantly influence their willingness to seek help and adhere to treatment protocols.[52] Positive clinical outcomes, such as patients adhering to the treatment plan and participating in medical recommendations, are produced when patients receive empathy in their care.[53] The findings further suggest that fostering a culture of respect and empathy within prison healthcare systems could enhance inmate satisfaction and promote better health outcomes.

Widespread Dissatisfaction and Systemic Challenges

Prevailing sentiments of dissatisfaction were expressed by inmates about the systemic issues within the prison healthcare system. The accessibility gap of -13.1% highlights a significant disparity that needs attention. The neutral percentage (26.1%) may indicate that some individuals have a mixed experience or unsure about inmates' accessibility to healthcare. However, combined with the dissatisfaction (43.5%), the cumulative percentage (69.6%) suggests that a substantial majority of participants are not satisfied with the current state of healthcare accessibility available to inmates.

This dissatisfaction mostly stems from the ventilation problems, overcrowding of inmates, inadequate health officers, etc. This situation reflects findings from previous studies by Novisky et al., which emphasize the heightened vulnerability of incarcerated populations to infectious diseases due to overcrowding, understaffing and insufficient healthcare resource[54]

Majority of participants expressed total dissatisfaction over the complicated and time-consuming steps for them to access medical emergency treatment after work hours. The perception that inmates must go through lengthy protocols before getting treatment somehow portrays a larger systemic issue that prioritizes security over health. This system can lead to delays in treatment, and worsening health conditions and can potentially result in morbidity and mortality as expressed by some inmates. Just as Rungreangkulkij et al. postulate, there should be a balance between the risk of prisoner escape with the crisis or emergency medical needs.[55] The prison staff need a clear policy to assist with the decision-making. As a result, there should be increased security and safety precautions to prevent any escape or risk of death. For this reason, fewer steps in the process with clear protocol transfer should be encouraged.

Seeking oral health care for various dental conditions is still a major challenge worldwide and poses a global public health challenge of which Ghana is no exception.[56] For this reason, dental care is not only a problem in prison but a prevalent challenge in Ghana as a whole. Participants revealed that they have not had dental healthcare during their time of being in prison. Establishing mobile dental care clinics to serve impoverished communities, especially those incarcerated will help offer prisoners preventive care, education, and necessary dental services.

Scholars have shown that such stigmatization has a negative implication on health-seeking behaviour, leading to worse health outcomes for incarcerated individuals.[57] The experience of being escorted in a prison uniform, often with visible restraints, may serve as a reminder of the dehumanizing aspects of incarceration. Link et al., postulate that this external representation can foster internalized stigma, which may diminish self-worth and increase anxiety among individuals.[58] Consequently, many inmates may be reluctant to seek critical medical attention out of fear of judgment from healthcare professionals, fearing prejudice and discriminatory treatment.

RECOMMENDATIONS

The study reveals significant challenges with prison healthcare and calls for measures to help improve healthcare accessibility and its improvements. To address these challenges, the author recommend that the Prison Service should collaborate with the Ministry of Health to ensure the availability of healthcare personnel during emergencies and streamline protocols that prioritize health alongside security. There should be an increase in staffing levels and specialized training for healthcare workers on the unique physical and mental health needs of inmates, as well as improving the physical conditions within prisons to mitigate overcrowding and unsanitary environments that facilitate disease transmission. Again, authorities should ensure the establishment of mobile dental clinics to help address the neglected area of dental care. Awareness campaigns and training for healthcare providers must be encouraged in promoting health-seeking behaviour among inmates who may be prone to stigma.

The findings further suggest that fostering collaboration between prison healthcare systems and community health services can facilitate continuity of care and access to specialized treatments. For this, a thorough review and implementation of equitable healthcare policies is essential to uphold the rights and enhance the overall health outcomes for inmates in Ghana, thereby contributing to a more humane and just correctional system.

CONCLUSION

The Ghanaian prison system has significant challenges to inmates' satisfaction and healthcare accessibility, as this study reveals accessibility gap of (-13.1%) which indicates that more participants are dissatisfied than satisfied, emphasizing the need for improvement. While a number of prisoners reported good relationships with medical personnel and favourable health results, the majority are unhappy about insufficient infection control and the stigma attached to being incarcerated. A multifaceted approach is needed to address these problems, one that includes upholding the dignity of prisoners, increasing financing for prison healthcare services, and reforming policies. Better health outcomes for incarcerated individuals can be achieved by expanding access to timely medical care, enhancing infection control measures, and creating a stigma-free environment. These actions reflect both the moral and legal requirements of a just society. The insights gathered highlight the pressing need for systemic reforms within the prison healthcare framework to ensure that inmates receive equitable and adequate medical care, in line with international human rights standards.

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[30] Respondent B (Male), June 16 2024 at Manhyia Local Prison, Kumasi.

[31] Respondent C (Male), June 16 2024 at Manhyia Local Prison, Kumasi.

[32] Respondent D, June 16 2024 at Manhyia Local Prison, Kumasi. (NB). This respondent was of the inmates who were transferred from the Kumasi Central Prison to the Manhyia Local Prison with low-profile case in order to ease space at the at the central prison

[33] Respondent D, June 16 2024 at Manhyia Local Prison, Kumasi.

[34] Focus Group, Participant 1, June 20, 2024.

[35] Respondent B (Male), June 16 2024 at Manhyia Local Prison, Kumasi.

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