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Assessment of Wash Practices in Detention Centres

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ABSTRACT

Detention centres are places where accuse or convicted individuals are confine pending the conclusion of investigation and prosecution or as decided by a court of Law in line with the constitution of the country. Water Sanitation and Hygiene practice is fundamental to health and should be accessible to all including individuals in detention. The sanitary condition of detention centres is devastating and sometime allowed to serve as punishment ground. This condition is bothersome as the world is stressing on the provision of WASH services for all irrespective of the environment to minimise the spread of communicable diseases. Descriptive research design was employed. The area of the study was Maiduguri the capital city of Borno State, Nigeria. The population of the study are accused/convicted individuals and individuals working in detention centres. Judgemental sampling technique was used in determining the sample size of 192 (96%). Semi-structured questionnaire was used to obtain data on the hygiene practice of detainees and their environment while in detention. The data was analysed using Microsoft Excel 2019 and presented using frequency counts, percentage on table. The findings revealed (n=131, 68.23%) utilize pit latrines, poor handwashing facilities, infrequent bathing, and inadequate cell cleaning. Majority of respondents (60.94%, n=117) reported that detainees do not have access to safe drinking water, (63.02%) described the hygiene condition of the detention cells as poor, while 14.06% described it as very unhygienic. These findings underscore the need for improved WASH infrastructure and practices in detention centers to promote a healthier environment for detainees.

INTRODUCTION

The increase in population couple with lack of adequate educational background, poverty and lack of employment is directly promoting the increase in crimes thereby leading to overcrowding of detainees in detention centres. Water Sanitation and Hygiene (WASH) practice is fundamental to health and should be accessible to all including individuals in detention centres. Proper WASH practice plays a greater role in human development and is the foundation for a sustainable growth and development. Adequate hygiene practice protects individuals from exposure from disease prone areas and from the pathogens that causes the diseases. The human faecal is full of pathogens which repute human body as a natural reservoir to various types of harmful microorganism. The best possible way to address the spread of these pathogens is to ensure proper and often safe hygiene practice by cleansing of individual body and environment (Toilets) before and after excretion of toxic substance out of the human body using adequate clean or running water and detergents. This should be applied by all including people in detention centres.

Detention centres are places where accuse or convicted individuals are confine pending the conclusion of investigation and prosecution or as decided by a court of Law in line with the constitution of the country. There are various types of detention centres such as prisons, police detention, military detention, immigration detention, civil defence corps detention and custom detention centres

in Maiduguri and indeed in Nigeria at large. Often times accused individuals were confined beyond the accepted periods by Law leading to over staying in an environment that is unhygienic.

This is especially in detentions where overcrowding is obvious and detainees have no control over the environment they are occupying (cell) (Ahmed, 2016). It is crucial to ensure the provision of adequate WASH services in detention centres especially those that serve large number of detainees on a regular basis. Therefore, this study aimed to assess the WASH services in detention centres situated in Maiduguri, Borno State, north eastern part of Nigeria as a case study.

Statement of the Problem

The sanitary condition of detention centres is devastating and sometime taking advantage to serve as punishment ground. The detainees are often force to live in an unhygienic cell that is prone to disease posing a great danger and to some extend to the public. Detainees are subjected to treatment of various types of diseases after freedom. This condition is bothersome as the world is stressing on the provision of WASH service for all irrespective of the environment to minimise the spread of communicable diseases. It is against this background that this research seeks to examine the sanitation and hygiene practice of detention centres in Maiduguri, Borno State. In view of the above preceding, the following research questions are formulated;

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- i What are the consequences of poor hygiene practice in detention centres?
- ii What are the factors responsible for the poor sanitation and hygiene practice of detention centres? and,
- iii What are the possible solutions to the poor sanitation and hygiene practice of detention centres?

Objectives of the Study

The objectives of the study are to;

- i. Examine the consequences of poor hygiene practice of detention centres?
- ii. Examine the factors responsible for the poor sanitation and hygiene practice of the detention centres,
- iii. Ascertain the possible solution to the poor sanitation and hygiene practice of detention centres.
- iv. To analyse i-iii above and suggest solutions to the government and people of the study area.

LITERATURE REVIEW

The detention populace are destitute and vulnerable individuals where majority of whom are youth and adults (Akakpo *et al.*, 2014). Over population and poor sanitary conditions in detention centre's environment offer favourable conditions for the development of various pathogens that are responsible for significant morbidity (UNODC, 2019). Worldwide, more than 10.2 million individuals were interned in various detention centres, where (144 per 100,000 populations) were detained in 2013. Over-crowding and accessibility have become a global challenge to accomplish the minimum standards of WASH services to detainees and the detention centre. If detention centres are not kept hygienic, the transmission of communicable diseases is born to occurred between the detainees and the custodians of the detention's centres.

The establishment of Sustainable Development Goal (SDG) 6, by the United Nations (UN) is to ensure availability and sustainable management of water, sanitation and hygiene to all. This reflects the increased attention on water, sanitation and hygiene issues in the global political agenda (SDG 6 Synthesis Report, 2018). The detention centres in developing countries to which Nigeria is inclusive are in a state of poor hygiene condition, especially the cells of detainees. The poor hygiene condition of the detainee's environment is sometime deliberately allowed to serve as a punishment ground which negatively endanger their lives and that of the general public. This act violates the fundamental human rights of the detainees to live in a healthy environment while awaiting judgement in detention. The sustainable Development Goal 2030 agenda seek to realize the human rights for all, and to achieve gender equality and empowerment for all including individual in detention centres. This ambitious universal agenda is intended to be implemented by all countries and all stakeholders, acting in collaborative partnership (SDG 6 Synthesis Report, 2018). The human rights to clean water, safe sanitation and hygiene practice are widely

recognized by all member of states and stakeholders (SDG 6 Synthesis Report, 2018). Water sanitation and hygiene are embedded in all forms of development e.g. food security, health promotion and poverty reduction in sustaining economic growth in agriculture, industry and energy generation, and in maintaining healthy ecosystems (SDG 6 Synthesis Report, 2018).

Detention centres with good accommodations (cells) like ventilated rooms and hygienic conditions have positive impact on the health of detainees (Weldeyohannes, 2017). In Ethiopia, there were 111,050 (128/100,000 population) officially registered detainees in 2015 (Fair, 2024). WASH services are poorly available for detainees in the country characterized by overcrowding, poor sanitary condition, inaccessibility of sanitary materials, poor medical services, and inadequate food (Weldeyohannes, 2017). Nearly 88% of deaths from diarrheal diseases in developing countries are due to lack of access to safe sanitation, unsafe drinking water, and poor hygiene practices. Improved sanitation alone could reduce these diseases by one-third (Beyene, 2015). Similarly, about 60% of the disease burden in Ethiopia is related to poor hygiene and sanitation conditions (Neme, 2017). Sustainable water, sanitation, and hygiene (WASH) services are critical for the prevention, control, and elimination of diseases. While numerous studies focus on the health condition of prisoners, few have focused explicitly on the WASH practices of detention centres. The intersection between water sanitation and hygiene infrastructural availability is also underexplored. This gap underscores the need for an investigation on the WASH practices in detention centres.

MATERIALS AND METHODS

Descriptive research design was employed. Descriptive survey research design is used to obtain information concerning the current status of the phenomena and describe what exists with respect to variables or conditions in a situation (Gall, M., Gall, J., & Borg, R., 2007). The area of the study was Maiduguri the capital city of Borno State, Nigeria. The study is limited to only water sanitation and hygiene practices in detention centres. The population of this research is accused/convicted individuals whom were either in detention or have regain their freedom and individuals working in detention centres. Judgmental sampling technique was used in determining the sample size of the study. A semi-structured questionnaire containing checklist was used to obtain data on the hygiene practice of detainees and their environment while in detention. The check list contains Yes/No questions regarding the availability and/or sanitation of the detention, water supply, sanitation of the latrines and living cells. Two hundred 200 (100%) questionnaires were distributed to accused/convicted individuals whom had regain their freedom or awaiting judgment and detention workers, 192 (96%) questionnaires were retrieved. The data obtained was analysed using Microsoft Excel 2019 and presented using frequency counts, percentage and description of the

demographic characteristics of the respondents in table. Looking at the nature of the study that aims to assess the WASH gaps between the detainees' cells and the detention authorities so as to ensure the adherence of ethical consideration. The study was conducted confidentially

and without causing any harm to any individual, place or object. The study was purely inline with academic interest.

RESULTS AND DISCUSSION

Results

Table 1: Section A: Socio-demography of the respondents

S/N	Items	Response	Sum of Frequency	Average of Percentage
1	Gender Status	Male	149	77.60%
		Female	43	22.40%
	Total		192	100%
2	Age Range	18-25	137	71.35%
		26-40	41	21.35%
		41-55	14	7.29%
	Total		192	100%
3	Have You ever been arrested and detained?	YES	153	79.69%
		NO	39	20.31%
	Total		192	100%
4	If yes, for how long?	Two Days	112	58.33%
		One Day	62	32.29%
		One Week	7	3.65%
		One Month	7	3.65%
		One Year	4	2.08%
	Total		192	100%

Table 1 shows the gender distribution of the respondents where (n=149, 77.60%) were male and (n=43, 22.40%) were females. The results further showed significant number of the respondents were within the age-bracket 18-25 (n =137, 71.35%), 26-40 (n =41, 21.35%), and 41-55 (n =14, 7.29%). The outcome revealed (n=153, 79.69%)

of the respondents were arrested and detained and (n =39, 20.31%) happens to be does who were working or have an idea on the hygiene of the detention centers. The findings further showed (n=112, 58.33%) were detained for two days, (n=62, 32.29%) for one day, (n=7, 15.95%) for one month and (n=4, 2.08%) for one year.

Table 2: Section B: Water Assessment

S/N	Items	Response	Sum of Frequency	Average of Percentage
1	Is there access to safe drinking water in detention Centre?	Yes	75	39.06%
		No	117	60.94%
	Total		192	100%
2	Are water point(s) in detention centres functional?	Fairly Functional	93	48.44%
		Functional	63	32.81%
		Not Functional	36	18.75%
	Total		192	100%

Table 2 outcome revealed on access to safe drinking water in the detention centres showed (n=75, 39.06%) responded yes while (n=117, 60.94%) responded with no. The outcome further showed on the functionality of

water points in detention centres showed (n=93, 48.44%) fairly functional, (n=63, 32.81%) functional and (n=36, 18.75%) opted for not functional.

Table 3: Section C: Sanitation Assessment

S/N	Items	Response	Sum of Frequency	Average of Percentage
1	What type of toilets system is/do you used while in detention?	Pit Latrine	131	68.23%
		Cistern Flush Latrine	45	23.44%
		Ventilated Improve Pit Latrine	16	8.33%
	Total		192	100%

2	How and where do you/detainees excrete while in detention?	In toilet inside the cell	71	36.98%
		In an Open Bucket inside the cell	57	29.69%
		In toilet outside the cell	26	13.54%
		In an open bucket outside the cell	23	11.98%
		On the floor of the cell	15	7.81%
Total			192	100%
3	How often the cells are being clean?	Once in a day	71	36.98%
		Once in two days	63	32.81%
		Once in a week	37	19.27%
		Once in a month	21	10.94%
		Total		
4	How often do evacuation of waste take place?	Once in a Day	81	42.19%
		Twice in a Day	46	23.96%
		Once in a Week	23	11.98%
		Once in Two Weeks	37	19.27%
		Once in a Month	5	2.60%
		Total		

Table 3 outcome on what type of toilets system is/ do you used while in detention? revealed pit latrine with (n=131, 68.23%), Cistern Flush Latrine (n=45, 23.44%), Ventilated Improve Pit Latrine (n=16, 8.33%). How and where do you/detainees excrete while in detention? The results showed in toilet inside the cell (n=71, 36.98%), In an Open Bucket inside the cell (n=57, 29.69%), In toilet outside the cell (n=26, 13.54%), In an open bucket outside the cell (n=23,

11.98%), On the floor of the cell (n=15, 7.81%). How often the cells are being clean? The study revealed Once in a day (n=71, 36.98), Once in two days (n=63, 32.81%), Once in a week (n=37, 19.21%), Once in a month (n=21, 10.94%). How often does evacuation of waste take place? Once in a Day (n=81, 42.19), Twice in a Day (n=46, 23.96%), Once in a Week (n=23, 11.98%), Once in Two Weeks (n=37, 19.27) and Once in a Month (n=5, 2.60%) respectively.

Table 4: Section D: Hygiene Assessment

S/N	Items	Response	Sum of Frequency	Average of Percentage
1	Do you access handwashing facilities such as soap or detergent before and after meal etc.	YES	97	50.52%
		NO	95	49.48%
		Total		192
2	How often do you take bath while in detention?	Once in a Day	29	15.10%
		Twice in a Day	31	16.15%
		Once in a Week	57	29.69%
		Once in Two Weeks	39	20.31%
		Once in a Month	36	18.75%
		Total		192
3	How often do you/detainees change cloth while in detention?	Once in a Week	82	42.71%
		Once in a Day	73	38.02%
		Once in Two Days	25	13.02%
		Once in a Month	12	6.25%
		Total		192
4	Who used to clean the cells?	Detainees	136	70.83%
		Cleaners of the detention centre	37	19.27%
		Others	19	9.90%
		Total		192

5	How often do you/detainees clean the cell?	Whenever its dirty	81	42.19%
		Once in a week	69	35.94%
		Once in a day	25	13.02%
		Twice in a day	17	8.85%
Total			192	100%
6	What can you say about the hygiene condition of the detention (cell)?	Poor hygienic	121	63.02%
		Very unhygienic	27	14.06%
		Better hygienic	26	13.54%
		Hygienic	18	9.38%
Total			192	100%

Table 4 relates on Do you access handwashing facilities such as soap or detergent before and after meal etc. showed yes (n=97, 50.52%), while no with (n=95, 49.48), How often do you take bath while in detention? Once in a Day (n=29, 15.10%), Twice in a Day (n=31, 16.15%), Once in a Week (n=57, 29.49%), Once in Two Weeks (n=39, 20.31%), Once in a Month (n=36, 18.75%), How often do you/detainees change cloth while in detention? Once in a Week (n=82, 42.71%), Once in a Day (n=73, 32.02%), Once in Two Days (n=25, 13.02%), Once in a Month (n=12, 6.25%). Who used to clean the cells? Detainees (n=136, 70.33%), Cleaners of the detention centre (n=37, 19.27%). How often do you/detainees clean the cell? Whenever its dirty (n=81, 42.19%), Once in a week (n=69, 35.94%), Once in a day (n=25, 13.02%), Twice in a day (n=17, 8.85%). What can you say about the hygiene condition of the detention (cell)? Poor hygienic (n=121, 63.02%), Very unhygienic (n=27, 14.06%), Better hygienic (n=26, 13.54%) and Hygienic (n=18, 9.38%).

Table 5: Section E: Factors Influencing Poor Wash Management

S/N	Items	Response	Sum of Frequency	Average of Percentage
1	What do you think are the factors responsible for the WASH challenges in detention centres?	Poor leadership	41	21.35%
		Lack of adequate WASH enlightenment to staff	41	21.35%
		Lack of awareness on the importance of proper hygiene practice and its effects	27	14.06%
		Poor adherence to fundamental human rights to proper hygiene practice	22	11.46%
		Corruption at all level	21	10.94%
		Lack of funding for WASH items such as detergent and disinfectants etc	21	10.94%
		Lack of prosecution of offenders	19	9.90%
Total			192	100%
2	What do you think should be done to address the WASH challenges in Detention centres?	Engagement of qualified WASH managers	43	22.40%
		Tackling corruption at all level	37	19.27%
		Awareness sessions on WASH to both detainees and the authorities	31	16.15%
		Adherence to fundamental human rights to proper hygiene practice	26	13.54%
		Prosecution of offenders without delay	21	10.94%
		Exhibition of Good Leadership	18	9.38%
		Increase WASH funding	16	8.33%
Total			192	100%

Table 5 count on What do you think are the factors responsible for the WASH challenges in detention centres? Poor leadership (n=41, 21.35%), Lack of adequate WASH enlightenment to staff (n=41, 21.35%), Lack of awareness on the importance of proper hygiene practice and its effects (n=27, 14.06%), Poor adherence to fundamental human rights to proper hygiene practice (n=22, 11.46%), Corruption at all level (n=21, 10.94%), Lack of funding for WASH items such as detergent and disinfectants etc (n=21, 10.94%), Lack of prosecution of offenders (n=19, 9.90%). What do you think should be done to address the WASH challenges in Detention

centres? Engagement of qualified WASH managers (n=43, 22.40%), Tackling corruption at all level (n=37, 19.27%), Awareness sessions on WASH to both detainees and the authorities (n=31, 16.15%), Adherence to fundamental human rights to proper hygiene practice (n=26, 13.54%), Prosecution of offenders without delay (n=21, 10.94%), Exhibition of Good Leadership (n=18, 9.38%), and Increase WASH funding (n=16, 8.33%).

Discussion

This pioneering study in Maiduguri metropolis and environs investigated water, sanitation, and hygiene (WASH) practices in detention centers. The study achieved a response rate of 96% (192/200), with a demographic distribution of (n=149, 77.60%) male and (n=43, 22.40%) female respondents. A study conducted by Youssef (2025) indicated that there are significant differences between males and females in language learning, more specifically, levels of learners' anxiety. The majority of respondents (n=153, 79.69%) were detainees, while (n=39, 20.31%) were either staff or had experience with detention hygiene practices. The age distribution showed a predominance of young adults, with (n=137, 71.35%) of respondents falling within the 18-25 age bracket. This finding is in line with a study conducted by Andargie, Y., Alelign, A., & Tekeste, Z. (2024) in Ethiopia showed majority of the respondent were female (52 %) against male (48 %). Similarly, the outcome is in support of a study conducted by Makau, J. N. (2024) which revealed Majority of the respondents 86% are between the age bracket 18-24 years.

The study's findings on detention duration revealed that the majority of respondents (n=112, 58.33%) were detained for two days, followed by (n=62, 32.29%) for one day. These results provide valuable insights into the WASH practices in detention centers, highlighting the need for improved sanitation facilities and hygiene practices to protect the health and dignity of detainees. The study's findings are consistent with existing literature on detention center conditions and detainee demographics, underscoring the importance of addressing WASH challenges in these settings. This correspond with a study conducted by Nudd *et al.* (2024) on overcrowding in prisons, health and legal implications shows detainees are increasing on daily basis, ensuring proper WASH practices in detention is fundamental right not only to the detainees but to the general public at large.

The study's findings on access to safe drinking water in detention centers reveal a concerning trend. A majority of respondents (60.94%, n=117) reported that detainees do not have access to safe drinking water, while 39.06% (n=75) affirmed that they do. This suggests that many detention centers struggle to provide adequate water services, compromising the health and well-being of detainees. The functionality of water points in detention centers also raises concerns. While 48.44% (n=93) of respondents reported that water points are fairly

functional, 18.75% (n=36) reported that they are not functional. This highlights the need for improved water infrastructure and management in detention centers to ensure that detainees have access to sufficient and safe water. As emphasized by Zyoud and Zyoud (2023), water, sanitation, and hygiene (WASH) services are crucial for promoting public and environmental health, particularly in developing contexts. Inadequate water access in detention centers poses significant health risks and underscores the importance of prioritizing WASH improvements in these settings.

The findings on sanitation facilities in detention centers, as depicted in Table 3, reveal that the majority of detainees (n=131, 68.23%) utilize pit latrines, while (n=45, 23.44%) use cistern flush latrines, and (n=16, 8.33%) use ventilated improved pit latrines. According to the World Health Organization (WHO) and UNICEF (2021), improved sanitation facilities are those that hygienically separate human excreta from human contact, such as flush or pour-flush toilets connected to piped sewer systems, septic tanks, or pit latrines with slabs. The use of pit latrines and other improved sanitation facilities in detention centers suggests that there are limited sanitation challenges in waste collection.

However, it is essential to consider the quality and maintenance of these sanitation facilities to ensure they remain improved and do not pose health risks to detainees. The WHO and UNICEF report of (2021) emphasizes that sanitation facilities are not considered improved when shared or open to public use. Therefore, detention centers must prioritize proper maintenance, cleanliness, and accessibility of sanitation facilities since they are of public in nature to uphold detainees health, dignity, and human rights. By ensuring adequate and hygienic sanitation facilities, detention centers can promote a healthier and more humane environment for detainees. The prevalence of excretion within cells (n=71, 36.98%) and the use of open buckets (n=57, 29.69%) indicate inadequate sanitation facilities, posing significant health risks to detainees. Furthermore, the frequency of cell cleaning and waste evacuation varies, with only (n=71, 36.98%) of respondents reporting daily cell cleaning and (n=81, 42.19%) reporting daily waste evacuation. These findings suggest a decline in ideal sanitation practices, compromising detainees' health, dignity, and human rights.

The implications of these findings are significant, highlighting the need for improved sanitation infrastructure and practices in detention centers. Ensuring adequate sanitation facilities, regular cell cleaning, and proper waste evacuation is essential for maintaining detainees' health and dignity. Policymakers and detention center administrators must prioritize these issues to create a more humane and healthier environment for detainees. By addressing these concerns, detention centers can better uphold the human rights and dignity of detainees, promoting a more positive and rehabilitative environment. A study

conducted by Aluko, *et al.*, (2022) noted that excreting in detention cells or on the floor poses significant health risks, including the spread of infectious diseases like diarrhea, cholera, and dysentery. Razack (2021) also noted that open defecation in detention centres violates human dignity and breaches international human rights standards for humane treatment and living conditions. This poor WASH practices can lead to unpleasant living conditions, exacerbate existing health conditions, and increase the risk of epidemics.

The study's findings on hygiene practices in detention centers reveal concerning trends. Regarding handwashing facilities, (n=95, 49.48%) of respondents reported not having access to handwashing facilities with soap or detergent before and after meals. The frequency of bathing while in detention also raises concerns, with only (n=29, 15.10%) reporting bathing once a day and (n=57, 29.49%) reporting bathing once a week. This has the support of a study conducted by Fakhry, Y. (2025) emphasizes the urgent need for multisectoral collaboration involving government at all level, local and international NGOs (Non-Governmental Organizations), and academic institutions as crucial for ensuring equitable human rights, social justice, and ultimately promoting the well-being of all detainees.

The outcome highlights inadequate hygiene practices, including infrequent changing of clothes and cleaning of cells. The majority of respondents (n=121, 63.02%) described the hygiene condition of the detention cells as poor, while (n=27, 14.06%) described it as very unhygienic. These findings suggest that detention centers struggle to maintain adequate hygiene standards, posing health risks to detainees. The results emphasized the need for improved hygiene practices, including access to handwashing facilities, regular bathing, and cleaning of cells, to promote a healthier environment for detainees. Sadoff, *et al.*, (2020) highlighted that the SDG 6 reiterated the need to ensure proper hygiene practice by all targeting 2030 which include individuals in detention centers and semi-detention facilities.

The study's findings on the factors responsible for WASH challenges in detention centers highlight several key issues. The study identified poor leadership (n=41, 21.35%) and lack of adequate WASH enlightenment to staff (n=41, 21.35%) as primary factors, followed by lack of awareness on the importance of proper hygiene practice (n=27, 14.06%). Other factors included poor adherence to fundamental human rights (n=22, 11.46%), corruption (n=21, 10.94%), and lack of funding for WASH items (n=21, 10.94%). The findings of a research conducted by Baffour *et al.* (2024) also highlighted that overcrowding in detentions center and the failure of the authorities to separate toilet facilities from the persons in custody's cells as major factors responsible for WASH challenges in detention facilities.

To address these challenges, the study outcome suggested several strategies, including the engagement of qualified WASH managers (n=43, 22.40%), tackling corruption

(n=37, 19.27%), and awareness sessions on WASH for both detainees and authorities (n=31, 16.15%). Other proposed solutions included adherence to fundamental human rights (n=26, 13.54%), prosecution of offenders (n=21, 10.94%), and increased WASH funding (n=16, 8.33%). These findings emphasize the need for a multifaceted approach to address WASH challenges in detention centers, including leadership, awareness, funding, and accountability. By implementing these strategies, detention centers can improve WASH practices and promote a healthier environment for detainees.

Summary

This study investigates the water, sanitation, and hygiene (WASH) practices in detention centers, revealing concerning trends. The findings indicate that a significant proportion of detainees lack access to safe drinking water, with 60.94% of respondents reporting that detainees do not have access to safe drinking water. Furthermore, the study highlights inadequate sanitation facilities and practices, including the prevalence of excretion within cells and the use of open buckets. These findings suggest a decline in ideal sanitation practices, compromising detainees' health, dignity, and human rights.

The study also examines the hygiene practices in detention centers, revealing poor handwashing facilities, infrequent bathing, and inadequate cell cleaning. The majority of respondents (63.02%) described the hygiene condition of the detention cells as poor, while 14.06% described it as very unhygienic. These findings underscore the need for improved WASH infrastructure and practices in detention centers to promote a healthier environment for detainees.

The study's findings have significant implications for policymakers and detention center administrators. To address WASH challenges, it is essential to prioritize improved sanitation infrastructure, regular cell cleaning, and proper waste evacuation. Additionally, promoting hygiene practices, such as handwashing and regular bathing, can help prevent the spread of diseases. By addressing these concerns, detention centers can better uphold the human rights and dignity of detainees, promoting a more positive and rehabilitative environment.

CONCLUSION

The study's findings on water, sanitation, and hygiene (WASH) practices in detention centers reveal significant challenges that compromise detainees' health, dignity, and human rights. The lack of access to safe drinking water, inadequate sanitation facilities, and poor hygiene practices underscore the need for urgent attention and improvement. These findings are concerning, given the critical role that WASH services play in preventing the spread of diseases and promoting public health. Policymakers and detention center administrators must prioritize improved WASH infrastructure and practices.

This includes ensuring access to safe drinking water, promoting hygiene practices such as handwashing and regular bathing, and maintaining clean and functional sanitation facilities. By taking these steps, detention centers can promote a healthier and more humane environment for detainees, uphold their human rights and dignity, and support their rehabilitation and well-being.

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Recommendation

Based on the findings of the research, recommendations were made.

1. Government should provide and ensure detention centers have functional water points and adequate storage facilities to provide safe drinking water to detainees.
2. Government should provide clean, functional, and well-maintained sanitation facilities, including toilets and waste disposal systems, to prevent the spread of diseases.
3. Authorities should emphasize and ensure full implementation of hygiene promotion programs, including handwashing with soap, regular bathing, and proper waste disposal, to reduce the risk of disease transmission.
4. Government should Allocate sufficient funds to support the provision of WASH services, including maintenance of facilities, provision of hygiene materials, and training of staff.
5. Government should re-develop, review and implement policies and guidelines that will ensure WASH services are prioritized in detention centers, and that detainees' health, dignity, and human rights are respected and protected.

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