



SCHOOL OF APPLIED HUMAN SCIENCES

**INVESTIGATING THE EFFECT OF OVERCROWDING ON THE APPLICATION
OF COVID-19 RULES AND REGULATIONS AT WESTVILLE CORRECTIONAL
FACILITY**

by

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Submitted in partial fulfilment of the

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Date: 2025-08-12

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DEDICATION

This thesis is dedicated to the inmates at
Durban Westville Correctional Centre and all those who have been imperilled
to extreme hardships due to overcrowding in correctional facilities.

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ABSTRACT

Correctional centres in many countries, globally, are notorious for constant overcrowding, unhygienic, and lacking necessary facilities that allow for a dignified existence. In South Africa, it is speculated that inmates in each correctional facility have 2m² of space between them, which contributes significantly to the transmission of diseases and viruses such as HIV, AIDS, TB, and even COVID-19 in correctional centres. Coronavirus disease (COVID-19) is a viral infection presumed to be developed by the Severe Acute Respiratory Syndrome Coronavirus 2 also mainly known as SARS-Cov-2. This viral infection is considered to be predominantly circulate between people via close contact, aerosols and particles from the air expelled when talking, breathing, or just exhaling, in addition to those generated when coughing or sneezing. In an attempt to curb the spread of COVID-19, governments in different countries worldwide introduced protective COVID-19 protocols to which its citizens are to abide by in order to prevent as well as stop the spread of the virus, such as: individuals ought to practice social distancing at all times by avoiding crowded areas, encouraged the normalisation of no-contact greetings, and physically distancing themselves from others; quarantines should one encounter the virus; and travel restrictions. Unfortunately, such rules and regulations may not be easy to practice in correctional facilities due to overcrowding. Therefore, this study investigates the impact of overcrowding on the implementation of the COVID-19 rules and regulations at the Westville Correctional Facility, with the objective of gathering inmates' and administrators' perspectives on the different detrimental effects of overcrowding.

Key findings:

The COVID-19 rules and regulations were entirely impossible to be appropriately practiced due to the non-permitting environment in correctional facilities, such as the high density population which does not allow for Social Distancing; lack of resources to cater for those who those inmates who needed to be isolated for quarantine purposes; and but not least the inefficient medical assistance as not all inmates test and/or vaccinated.

Recommendations:

The main issue in correctional facilities is the number of inmates detained in each correctional institution and largely impacts the successes of the inmate's rehabilitation stages as well as health and mental wellbeing. Therefore, to ensure subsequent housing of inmates, more correctional facilities ought to be built. Also, focus on increasing the availability of mental and physical health services in correctional facilities since COVID-19 brought attention to how vulnerable people in custodial environments are to health hazards, particularly those who already have a medical condition. Building strong healthcare systems in facilities ought to be a primary concern.

Keywords:

Inmates, overcrowding, correctional facility, correctional centre, COVID-19, population density, incarceration, incarceration institution, incarceration facility, social distancing, COVID-19 rules and regulations, vaccination, quarantine, masks, infection rates, virus transmission, health conditions, hygiene

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LIST OF ABBREVIATIONS

UKZN	-	University of KwaZulu-Natal
HSSREC	-	Human Social Sciences Research Ethics Committee
DCS	-	Department of Correctional Services
WCF	-	Westville Correctional Facility
WHO	-	World Health Organization
UNAIDS	-	United Nations Programme on HIV/AIDS
COVID-19	-	Coronavirus
TB	-	Tuberculosis
HIV	-	Human Immunodeficiency Virus
AIDS	-	Acquired Immunodeficiency Syndrome
UNODC	-	United Nations Office on Drugs and Crime
NICD	-	National Institute for Communicable Diseases
MTB/RIF	-	Mycobacterium Tuberculosis Complex/Rifampin (Test)
NAAT	-	Nucleic Acid Amplification Test
CIDRAP	-	Centre for Infectious Disease Research and Policy
CSPBs	-	Correctional Supervision and Parole Boards
NCOP	-	National Council of Provinces
Q1 to Q14	-	Question one to question fourteen

CHAPTER ONE

GENERAL ORIENTATION AND PROBLEM FORMULATION

1.1.Introduction

Correctional facilities are notoriously known for their tremendous state of overcrowding all over the world. Nkosi and Maweni (2020) assert that overcrowding leads to a variety of issues, such as poor healthcare which in the case of this research may largely contribute to the rapid spread of COVID-19 amongst inmates; scarcity of resources such as PPEs to avoid infections of the virus; lack of nutritious meals to strengthen the immune systems of all inmates especially those infected by COVID-19; and the perpetuation of violent behaviour due to distress. Furthermore, Mabasa and the Wits Justice Project (2020) posits that COVID-19 lockdown restrictions offered a gruesomely different experience for the 164 000 or so inmates in South African correctional facilities who are cramped up in small holding cells that are often overcrowded.

Moreover, Kras and Fitz (2020) cites that the COVID-19 regulations appear to be impossible to enforce in the South African correctional facilities due to their high overcrowding rates. Furthermore, in many countries globally, the extremely high risks concentration of COVID-19 infection in correctional facilities, merged with new limitations on visits as well as communication with the people outside correctional facilities, has brought excessive anxiety and tension amongst inmates incarcerated, thus leading to riots and violence (Summers, 2020). Also, in South Africa, there is an estimated number of 74 000 inmates in its correctional facilities with each inmate left with 2m² of space from other inmates (Brivika, 2005). Thus, this largely contributes to the wide-spread of diseases as well as viruses, such as HIV, AIDS (Brivika, 2020), and COVID-19 in correctional facilities. Hence, correctional facilities and detention facilities are high-risk environments for the spread of COVID-1, particularly where they are overcrowded, fail to maintain adequate standards of physical distancing, sanitation along with hygiene, and are restricted in their capacity to ensure access to medical treatment (World Health Organization, 2020).

In an attempt to enforce the COVID-19 regulations in the South African correctional facilities, Moodley and Arcangeli (2020) from the Government Communication and Information System News Agency propagates that the Department of Correctional Services (DCS) put

low-risk inmates on parole for the purpose of easing overcrowding and counter the spread of Coronavirus at correctional facilities. Furthermore, the former minister of Justice and Correctional Services Ronald Lamola mentioned that inmates would receive their COVID-19 vaccinations in order to achieve population immunity in correctional facilities (Moodley & Arcangeli, 2020). Also, the department of correctional services proposed the suspension of visits to every correctional as well as remand detention facilities in the country with the objective to ensure that the administration of precautions and cohere to all regulations to suppress the transmission of coronavirus infections (Moodley & Arcangeli, 2020). The Minister further announced that the executed precautions, include: (1) screening essential workers, inmates, service providers, and officials accessing the correctional facilities; (2) new admissions would be screened as well as quarantined should there be any visibility of COVID-19 symptoms, thereafter, monitored and admitted for quarantine purposes; (3) and contact tracing will be practiced for all confirmed cases, including officials and inmates (Moodley & Arcangeli, 2020). Moodley and Arcangeli (2020) went on to mention that Minister Lamola also asserted that “all correctional facilities have Personal Protective Equipment (PPEs) and inmates have also contributed to this by producing some of the PPEs, including facemasks totalling to 550 103, as well as sanitizer stands”

Therefore, the researcher, after thoroughly looking into the subject of the implementation of COVID-19 regulations in correctional facilities, particularly Westville correctional centre in KwaZulu-Natal, finds great interest in the topic of how overcrowding affects the application of the introduced precautions to curb the spread of COVID-19 in correctional facilities. Hence, this study aims to investigate the effect of overcrowding on the application of COVID-19 rules and regulations at the Westville Correctional and has the greatest objective to determine the efficiency of those introduced preventative measures through conducting Interviews with Westville inmates as well as the correctional staff at the facility. Thereafter, the researcher will use Phenomenology approach to construct the study’s design and with help of Thematic analysis the researcher will detect if the data at hand answers the research question that is “How does overcrowding interrupt the implementation of COVID-19 legislations to curb the spread of the virus amongst inmates in Westville correctional centre?”

1.2. Background

In 1600s, the primary objective for the sentencing of inmates was to deter potential inmates from offending, thus punishment was publicised (Coetzee, Kruger and Loubser, 2012).

According to Muthaphuli (2018), Robben Island was a very notorious correctional facility built in South Africa at Cape Town and was largely recognised for its severe punishment tactics for inmates. Furthermore, from the 1830s onwards correctional facilities were established in other provinces of South Africa, such as Pietermaritzburg (KZN), Bloemfontein (FS), and Pretoria (GP), also this scholar latter propagates that by 1854 twenty-two more correctional facilities had been built in these province (Muthaphuli, 2008). Later, the “Prison and Reformation Act No. 13 of 1911” was formed and had deficiency in correctional institution administrations and intense lack of clarity in the aims of incarceration, in other words the correctional facility system’s primary focus is on safe custody as well as the incarceration of inmates in severe conditions (Coetzee, Kruger and Loubser, 2012).

Allen (2010) claims that many countries globally have correctional facility that are consistently overcrowded, unhygienic, and lack necessary facilities that allow for a dignified existence. Hence, Brivika (2005) propagates that there is an estimate of 74 00 inmates in South African correctional facilities with each inmate left with 2 m². This scholar latter argued that when overcrowding impairs the correctional institution conditions issues penetrates the public consciousness that was once in denial nor ignorant about it all starts to cognitively look at this matter and all courts that traditionally feared talking about sensitive issues in relation to these conversations begin to act (Brivika, 2006). This scholar also touches on the spread of HIV and AIDS in correctional facilities and assert that “correctional facility remains the melting pot of diseases, viruses, and infections”.

Since the beginning of 1990, South African correctional institution conditions have been directly influenced by the political changes in the country and the important reforms of the system have been enforced, and conditions improved in some way (Watch, 1994). However, South Africa continues, approximately 393 per 100 000, to display one of the highest inmate-to-population ratios in the world and many incarceration life components remain depressingly unchanged from the years of official apartheid (Watch, 1994). In the years 1992 to 1993, the Africa Watch and the Prison Project of Human Rights Watch investigated South African correctional facility conditions and the following correctional institution complexes were visited: Pretoria Central, Durban Westville, Robben Island, Pollsmoor, Rooigrond (Bophuthatswana), Umtata Central and Wellington (Transkei), Brandvlei, Kroonstad, Barberton, and Modderbee; a total of over twenty (20) individual incarceration institutes. Also, visits were conducted to police lockups in Cape Town, Verwoerdburg, Kensington, Khayelitsha and Soshanguve (Watch, 1994). Furthermore, looking further into South Africa’s

history, according to Peté (2015) there was great overcrowding in South African correctional facility which was due to an explosive growth of the correctional centre population over the years of the Colony's existence; also, another proximate cause of rapid population growth within the correctional facilities was the coercive nature of social relations between the indigenous inhabitants of the region and the white colonists. Furthermore, Peté (2015) propagates that the resistance on the part of the indigenous inhabitants resulted to the incarceration of an intensive number of Africans for insignificant offences and the essential reason for this being that, throughout the colonial period, correctional facilities served as means of exercising social control over the indigenous population of the colony. In simpler words, the correctional facilities in 'Natal' were largely overcrowded with inmates who stood against the social control legislations, such as Masters and Servants Ordinance; Pass Laws; and the Borough Bye Law rather with, typical world's view' "criminals". Thus, during the apartheid period, innumerable numbers of common Black residents in the colony were victimised due to inconsiderable rules and regulations composed by the white colonists with the objective to control the Black population (Peté, 2015). Therefore, the Black individuals who were found guilty of going against these insignificant rules and regulations usually failed to pay the stipulated fines, hence ended up in the colony's overcrowded correctional centres (Peté, 2015).

Overcrowding leads to a variety of issues, such as: poor healthcare; scarcity of resources; lack of nutritious meals; and the perpetuation of violent behaviour (Nkosi and Maweni, 2020). It has been almost two decades since the removal of the apartheid system in South Africa yet overcrowding still stands as one of the extremely crucial problems faced by the South African penal system. According to the Annual Report of the Judicial Inspectorate for Correctional Services (2013/2014) "the inmate population in South Africa has been characteristically one of the highest per capita in the world as has been written about in numerous publications including in the inspectorate's Annual Reports. It is accepted that the over-population of inmates per available infrastructure is a problem in certain centers and then, within such centers, largely in the communal cells and, in some instances, single cells where inmates are "doubled-up" or even "tripled-up". These conditions are unacceptable and have been found to be so during our inspections around the country." According to Lappi-Seppälä (2010) the instant causality of overcrowding in correctional facilities is either the overuse of incarceration or insufficient correctional institution capacity, meaning that the justice system is sending more people to correctional facility and for longer sentencing periods than the

correctional facility capacity allows. According to Singh (2006), penitentiary overcrowding or overpopulation can have consequences in the physical health of persons and the increase in physical contact, the lack of ventilation and light, as well as a shortage of time spent outdoors favours disease propagation, essentially infectious and parasitic diseases.

In December 2019, Wuhan in China became the center of an outbreak of a pneumonia that was of an unknown cause (Zhang, Shi, and Wang 2020). In January 2020, the Chinese Health authority, thereafter, confirmed the identification of the causation of the pneumonia, as being the novel Coronavirus (COVID 19). COVID-19 is a respiratory tract infection, transmitted by droplet infection from person to person. Therefore, Chinese Health Authority took a rapid measure to isolate suspected and confirmed cases of COVID-19 (Zhang, Shi, and Wang 2020). One of the key factors for the rapid spread of COVID19 is the international travel, therefore, the World Health Organization in March 2020, declared COVID -19 as a pandemic (WHO, 2020).

Thereafter, in March 2020, South Africa reported its first case of COVID-19 which was said be in the KwaZulu Natal Province, announced by the Minister of Health, and after subsequent surging in the cases of confirmed COVID-19, the government declared a national state of disaster; urged South Africans to observe simple hygiene rules of regular handwashing, social distancing, restricted public gatherings, and meetings to less than 100 people (Mitchley, 2020). Moreover, the continued increase of COVID-19 cases in the country based on scientific evidence and experts' opinion, the government 'lockdown' the country on 26 March 2020. The lockdown measures called for people to stay at home, and refrain from non-essential movements. For the inmates in Correctional facility, contracting the virus seemed as something that was going to pass them by because intuitively, one would expect that inmates would be safe, and would not contract the virus, sadly, the situation played out differently. Despite the measures taken to lockdown the country, cases of COVID-19 are on the increase, and the inmates are not spare either from contracting the virus, especially with overcrowding not allowing for safer precautions to be performed, thus increasing the chancing of catching the virus.

Overcrowding has proven to be an arduous challenge for inmates at the Westville correctional centre as according to Nozibusiso Nkosi (2018) asserted that inmates mentioned that the overcrowded conditions made them live like animals, therefore as result of such treatment inmates expressed their fury by behaving, angrily, like animals. Also,

overcrowding at Westville correctional centre challenges the process of ensuring that all inmates access medical care, which means that should the spread of COVID-19 occur it would be difficult to cater for all inmates accordingly. In support of this statement, Nkosi (2018) cites that many crowded correctional centres lack adequate medical care, thus causing some inmates to die whether or not they are on death row or not.

Moreover, Nkosi (2018) cites that “Overcrowding impacts also on the quality of nutrition, sanitation, inmate activities, health services and the care for vulnerable groups. It affects the physical and mental well-being of all inmates, generates inmate tension and violence, exacerbates existing mental and physical health problems, increases the risk of transmission of communicable diseases, and poses immense management challenges.”

1.3. Problem formulation (rationale of the study)

The rapid spread of COVID-19 is currently what the whole nation is fretting about, and this virus worries those living behind bars more than anyone else. Although one may argue that inmates are much safer from COVID-19 as it is “out there” where people live freely to travel from one place to another, thus, spreading it from one person to the next. Unfortunately, inmates are much more exposed to the virus than any other citizen. COVID-19’s preventative measures call for the avoidance of crowded spaces (WHO, 2020) which is something impossible to practice in correctional facilities due to overcrowding. Furthermore, overcrowding in correctional facilities, particularly Westville correctional centre does not only affect practicing social distancing but also makes adherence to ‘constantly practicing cleanliness’, so to avoid the infection of COVID-19, very burdensome.

The researcher, therefore, finds great interest in the subject of COVID-19 regulation introduced in correctional centres to curb the spread of coronavirus with overcrowding standing in the way. After having reviewed different articles on the enforcement of COVID-19 regulations in the South African correctional centres, it is revealed that such laws led to ferocious riots in correctional facilities as inmates protested the “unfairness” or “irrationality” of the COVID-19 laws, also they further proclaimed that none of the introduced COVID-19 precautionary measures were followed at the facilities, thus leaving inmates in a state of rage as well as fright. This research intends to study the impact of overcrowding on the application of COVID-19 rules and regulations at Westville correctional centre.

In response to the study by Nozibusiso Nkosi (2018) asserting that “overcrowding also influences on the quality of nutrition, sanitation, inmates activities, health services and the

care for vulnerable groups; it also affects the physical and mental well-being of all inmates, generates inmate tension and violence, exacerbates existing mental as well as physical health problems, increases the risk of transmission of communicable diseases, and poses immense management challenges” the researcher wants to look into the subject of overcrowding at Westville correctional facility, particularly with regards to its influential role on the implementation of COVID-19 rules and regulations.

1.4.Aim of the study

The overall of this study is to solicit the perceptions of inmates and officials from the Westville correctional facility on various challenging impacts that overcrowding has on the application of COVID-19 rules and regulations at the facility. Hence, the research question that strongly supports this study aims at investigating the effect of overcrowding on the application of COVID-19 rules and regulations at the Correctional Facility, also thoroughly examine how this challenges inmates to abide by the COVID-19 regulations.

1.5.Research objectives

- To investigate the extent of overcrowding in Westville Correctional Centre.
- To explore the effect of overcrowding on the implementation of COVID-19 regulations during 2020/2024 at Westville Correctional Centre.
- To determine other possible healthcare challenges occurring in Westville Correctional Centre.
- To examine and recommend tactics to curb the spread of COVID-19 and decrease the population density leading to overcrowding in Westville Correctional Centre.

1.6. Research questions

- What is the extent of overcrowding in Durban Correctional Centre D at WCF?
- Did overcrowding affect the implementation of COVID-19 regulations during 2020/2024 at Durban Correctional Centre D in WCF and to what extent?
- What are some of the possible healthcare challenges occurring in Durban Correctional Centre D due to overcrowding in WCF?
- What were the tactics used to curb the spread of COVID-19 during 2020/2024 at Durban Correctional Centre D in WCF?

1.7.The significance of the study

The fundamentality of this study lies in that it seeks to thoroughly analyse the impact of overcrowding on the implementation of COVID-19 regulations in correctional facilities. Furthermore, this study is essential regarding understanding the overcrowding challenges in the Westville correctional facility while assisting policy-and-lawmakers facilitating the Department of correctional services to address those challenges and thereafter introduce more suitable precautions for inmates to abide by since many riots have erupted in response to the government's given COVID-19 laws.

1.8.Ethical consideration and permissions

Ethics are the moral standards and behavioural norms that researchers should follow when interacting with others to prevent harming them (Bezuidenhout, 2019). Also, Arifin (2018) asserts that human participants ought to be protected in every research project conducted by adhering to all the appropriate ethical guidelines.

1.8.1. The University of KwaZulu-Natal Policy on Research Ethics:

The research conducted adhered to the UKZN Policy on Research Ethics (2014: np). UKZN conducts and governs research within the context of policies and guidelines that encourage rigorous ethical practices. All research protocols are reviewed, regardless of degree (undergraduate, postgraduate, post-doctoral, or staff research), following a common pre-determined set of criteria. Studies are classified as either: Green indicates no risk (no human participant engagement); orange indicates minimal or low risk; and red indicates increased risk over minimal risk or high risk. This study required a full Committee Review as it is a Red rated protocol since it focuses largely on inmates.

1.8.2. Ethical Considerations:

The researcher strongly believes that research ethics are a set of moral principles proposed by any individual or group, then widely accepted, that offer rules and behavioural expectations about the most appropriate behaviour towards the experimental subjects or participants, employers, sponsors, other researchers, research assistants, and students. Hence, the researcher adheres to the ethical code of conduct in social sciences research and carries out all ethical obligations to the participants in this study. To be precise, the participants were advised that this investigative research will not contain any derogatory statements about other people and will not involve any object that could be physically nor emotionally harmful to them. Furthermore, this study holds no participation obligation towards those who wishes to

be part of this research, and those who will choose to be part of it, their identities will remain anonymous.

The researcher applied for all the required permissions. For this study, gatekeepers' permission was applied for and obtained from the Department of Correctional Services for the permission to conduct a study at the Durban Westville correctional centre Medium D as well as UKZN's research ethics committee. This research ensures anonymity and confidentiality by using pseudonyms and has obtained informed consents by participants. The following known ethical principles are honoured by the researcher:

- The researcher acknowledges that one ought not to cause harm (protection from harm) upon the experimental subjects or participants – the participants will be assured that they will be identified against any physical and emotional harm;
- The researcher ought to seek informed consent from institutions prior to conducting the research as well as obtain the essential permission from the participants after they have been thoroughly and truthfully informed about the purpose of the interview and the investigation.
- In no way is the researcher supposed or allowed to deceive participants;
- The researcher will not at any time or form violate the privacy of participants. This shall be ensured at all costs;
- Researchers shall guard against manipulating participants or treating them as objects or numbers rather than individual human beings; and
- The researcher ought to receive participants' consent to publish the research findings.

1.8.3. Gatekeeper Permission:

Gatekeeper permission refers to access into an institution/organisation. This access can either be physical or informational. All institutions/organisations have the right to be aware of and be given the right to grant or decline permission to a researcher to conduct research in their domains. Research being conducted in public settings do not usually need gatekeeper permissions, but one must be aware that some 'public' spaces, e.g., malls, concerts, etc. are actually private spaces where management permission is required to conduct research. Gatekeepers can only provide access permission and do not provide consent for the study. Consent is only obtained from the individual bas an official document bearing either a school/company/clinic stamp or letterhead. An electronic communication is accepted provided that a corresponding e-mail address is attached.

Therefore, to achieve the Gatekeeper's permission, the researcher has electronically communicated with the Department of Correctional Services' Head Office in Gauteng by sending a Research Application Form (G179) to Ms. Maphefo Ngena via email as a form of asking for permission to conduct research in Durban Westville correctional centre. Thereafter, this Gatekeeper's letter was submitted to Human Social Science Ethics Research Committee (HSSREC) at the University of KwaZulu-Natal (UKZN) so to obtain Ethical Clearance and thereafter submit both documents to Durban Westville correctional facility authorities for permission to commence research conduction and/or data collection at the institution.

1.8.4. Data collection procedures:

During the course of data collection procedures the researcher has considered the following ethical issues: **Voluntary participation**, where all participants have free will to opt in or out of the study at any point in time; **Informed consent**, all participants were enlightened or made aware of the purpose, benefits, risks, and findings of the study before agreeing or declining to partake; **Anonymity**, identities of participants will remain anonymous to the public; **Confidentiality**, information regarding participants responses at the interviews is kept hidden from everyone else and personally identifiable data has been anonymized to avoid having the data being linked to other data by anyone else; **Potential for harm**, physical, social, psychological and all other types of harm have been kept to an absolute minimum; **Results communication**, there's absolute assurance that the researcher's work is free of plagiarism or research misconduct, and results are accurately represented as well as hard copies of the finished dissertation will be submitted to the Westville correctional facility in order for participants to access it.

This research has included **sixteen (16)** participants from the **Durban Correctional Centre D** section in **Westville Correctional Facility**, namely ten (10) inmates; two (2) warden officers one; two (2) Medium D Clinic nurses one (1) social worker; and (1) The Head Commander of Durban Correctional Centre D section. Furthermore, refer to **annexture 1** which entails the research's data collections instrument to determine each participant's role they will perform in this study.

1.9. Limitations

The greatest limitation to this research study is that since it delves on the participants' experiences it demands for a lot of time to be vested into it, right from the data collection processes to the intensive analysis procedures of categorising as well as coding and so forth. Also, since it will be an in-depth interview there is higher chance of biasness from the respondents. Furthermore, it will force participants to revisit the difficult times of the COVID-19 era in the previous years which is something that some participants may find challenging when it comes to answering the research questions. Further see Chapter 6 for more in detail limitations of this research paper.

1.10. Table 1: Work plan

Start And Finish Months	ACTIVITY
March	2023
	-Dissertation presentation
May - August	2023
	-Conduct a Literature Review. -Conduct a Theoretical Framework. - Ethical Provisional letter application.
November	2023
	-Provisional Letter of Approval from HSSREC. -Gatekeeper's Letter Application
February	2024
	-Gatekeeper's Letter Approval. - Ethical Clearance Approval application
March - June	2024
	-Research Methodology -Consider the study instruments and data collection methods. -Design data quality assurance - Data Collection.
July - October	2024
	-Data analysis and interpretation of results. -Manuscripts writing -Corrections and editing of the manuscripts -Final correction and editing of each chapter
February	2025
	-Dissertation submission for examination.

1.11. Table 2: Research Budget

Project title: Investigating the impact of overcrowding on the implementation of COVID-19 rules and regulations during 2020/2024 at Westville correctional facility Medium D Section.

Project period: 01/03/2022 to 28/02/2025

Budget period:01/03/2024 to 28/02/2025

Project Expenses	Proposed Budget
<p>Postgraduate Student researcher (This student will be hired on a contract basis for ~15 hours/week for 12 weeks for a total of 170 hours)</p> <p>R100/hour x 170 hours = R17 000</p> <p>Equipment: Digital voice recorder for interviews</p> <p>Travelling fees: Researcher R576 & Research Assistant R840</p>	<p>R17 000</p> <p>R749</p> <p>R1 416</p>
In kind contribution and other sources of revenue	Proposed Budget
Editing & consultation assistance (from senior academic staff)	No Cost
In-kind contribution from UKZN computer LAN (use of computer time)	No Cost
Publication of final report on UKZN website & email distribution to partnering organisations	No Cost
Total Budget	R19 165

1.12. Summary

This chapter provided a comprehensive introduction to the proposed research study and adequately informed the reader on the phenomena being analysed, which is the studying the strategies introduced in Westville correctional centre to ensure the adherence to COVID-19 regulations and curb the spread of COVID-19. The background of the research gives the reader a brief overview of the study by establishing context and emphasising the research gap. Chapter one highlighted the research aims and consistently reiterated the significance of this study in social sciences.

CHAPTER TWO: LITERATURE REVIEW

2.1.Introduction

A literature review allows a researcher to identify and review previous work done in the field to unearth information on the topic and provide insight on the gaps that exist (Swartz, de la Rey, Duncan, Townsend & O'Neill, 2016). Moreover, the literature review, also, allows the researcher to tackle the significance of the research at hand (Fink in Moodley, 2016). The literature reviewed in this chapter allows the researcher to, further, thoroughly analyse as well as investigate the matter introduced in this paper as per the rationale of this study by surfing the secondary data presented by other relevant sources on key factors surrounding the challenges and impact of overcrowding on the implementation of COVID-19 protocols in correctional facilities.

Therefore, the review on this chapter excavates any crucial information that resurfaces through various sources and criticises the sources on any shortcomings as well as the availability of sources. It should be noted that a plethora of studies have been conducted regarding Correctional Centre's unhealthy environment due to overcrowding, such those of authors like le Roux-Kemp, 2013; Geldenhuys, 2017; Nkosi, 2018; Van Hout & Mhlanga-Gunda, 2019; Bangura, 2022; etc. However, few studies exist in the South African context that specifically address how COVID-19 has had a severe impact on the health of incarcerated inmates, such those of Kras & Fitz, 2021; Kim et al., 2022; Moodley, Parry & Van Hout, 2023, as well as writings about how the COVID-19's regulations call for actions that are impossible to undertake in correctional institutions (Abraham, Brown, & Thomas, 2020), hence there is need and timeliness of this study. The gaps in current literature will be exposed to highlight the significance of this study and how it will fill that gap. Also, the purpose of this literature review is to summarise and synthesise the literature produced, detect any comparisons or contradictions, identify the lack of sufficient information in certain areas while showcasing where this particular study could aid in fulfilling the exposed gap and adding to the existing body of knowledge in the field of social sciences.

SECTION 1:

2.2.The historical background of overcrowding in correctional facilities

The current state of correctional services in South Africa is the result of several political and social developments that have occurred in the past (Nkosi, 2018). During the 1600s, sentencing inmates "was primarily aimed at discouraging other citizens from offending, thus punishment was carried out in public" (Coetzee, Kruger, & Loubser, 2012:28). Factually, the South African department of correctional services largely focused on punishment rather than rehabilitation which largely implemented through compelled incarceration labour (Nkosi, 2018). During the colonial era, the correctional centres were widely utilized by colonial monarchs to guarantee an abundant supply of forced labour, thus leading to crowds of arrests and detentions without trial which resulted in overcrowding in correctional centres and therefore the colonial authorities took advantage of this (Aidoo, 2024). As a result, the correctional facilities consisted of only criminals in the traditional sense, but also members of a new labouring population that is subject to new laws and institutions of the time (Melossi & Pavarini, 2018).

After 1959, correctional facilities were handled under apartheid standards, and the militaristic approach became more prevalent (Singh, 2005). In addition, there were serious human rights breaches in South African correctional centres, and the majority of inmates were detained in overcrowded communal cells for an extended period of time (Brivik, 2014). For example, in August 1992, Human Rights Watch discovered that Pollsmoor was 97% overcrowded and there were no beds in such cells, therefore most inmates slept on mats on the floor (Caron, 2020).

2.2.1. The development of the South African correctional facilities in the 1900s

Since the commissioning of the first refreshment facility at the Cape in 1652, the South African incarceration system undergone significant transformation (Fourie & Van Zanden, 2013). Prior to the establishment of the Union of South Africa in 1910, the current Republic of South Africa was made up of two Boer republics, the Free State and the Zuid-Afrikaanse Republiek (Transvaal), as well as two English colonies, namely the Cape of Good Hope and Natal (Shabangu, 2006). When the Union of South Africa was formed in 1910, these four regions were given the status of provinces, each with its own geographical area and provincial government; however, in 1961 when South Africa became a republic, the provincial system retained its existence, and the central government exercised control (Westaway, 2012).

According to Van Zyl Smit (1992: 20), "the unification of South Africa on 30 May 1910 resulted in many changes in the operation of correctional centres." Several modifications occurred after Jacob de Villiers Roos, who held the position as the Director of correctional facilities for the Transvaal from 1908, was elected as the Union's Secretary of Justice and Director of correctional centre. As the newly appointed Secretary, his first responsibility was to draft legislation to govern correctional facilities' operations. "The Prisons and Reformatories Act No. 13 of 1911 was the result of his efforts" (Muthaphuli, 2008:120). According to Coetzee, Kruger, and Loubser (1995: 29), the 1911 Act had numerous deficiencies in incarceration administration. One of the Act's significant shortcomings was a lack of clarity pertaining to the goals of incarceration, which entailed that the incarceration system focused primarily on safe custody and that inmates were thus incarcerated in harsh conditions. Punishment and coercion were the norm of the day within the correctional centres, according to Muthaphuli (2008:120). Furthermore, section 9(1) of the 1911 Act specifically provided for racial segregation in correctional facilities, reflecting the issue of racial segregation and prejudice at the time (Nkosi, 2018:13).

2.2.2. The epoch of correctional facilities in KwaZulu-Natal

According to Singh (2005:73), KwaZulu-Natal had no incarceration institution in the traditional sense for a long time. In 1849, a brick structure was built with space for ten shared cells. Due to the growing inmate population, this had grown to 260 cells by 1907. For a lengthy period, proper accommodation at Pietermaritzburg was a challenge, until a correctional facility was completed in 1863. By 1907, the initial 25-cell population had expanded to 158. KwaZulu-Natal already had 40 correctional facilities at this point (Cilliers and Cole 1997:112). The correctional facility conditions were hazardous and unsanitary. Also, Correctional facilities were overcrowded, and the system was fundamentally defective; escapes and attempted escapes were prevalent; and there was no question of classification in view of the overcrowding in correctional facilities.

Unfortunately, there was no alternative form of institution that could have contributed to making this possible. There was no discussion of change at this juncture due to a lack of scientific knowledge of crime etiology and poor facilities in, then, current institutions (Singh, 2005:73).

Moreover, KwaZulu-Natal has evolved significantly since decades ago. Correctional facilities in correctional centres are being updated so that programs for rehabilitation and recidivism

prevention can be introduced (Singh, 2005:74). Despite the modest progress, incarceration institute congestion and deplorable facilities stymie transformation efforts.

2.2.3. The modification of the Department of Correctional Services in democratic South Africa

During the Apartheid era, corporal punishment was a dire consequence for those who refused or failed to adhere to the Apartheid system' regulations that also included the construction of a penal system (Dissel & Ellis, 2002). As a result, South Africa became notorious of its highest rates of incarceration (Dissel & Ellis, 2002).

According to Singh (2005), the country's Interim Constitution, established in 1993, incorporated the fundamental rights of all citizens including those of inmates. This resulted in the introduction of a human rights culture into South Africa's penal system, and the Department's strategic objective was to ensure that incarceration included safe and secure detention under humane conditions (Singh, 2005). On October 21, 1994, the Department of Correctional Services issued a White Paper on Policy, acknowledging that the Department's legislative framework should provide the foundation for a correctional system appropriate to a constitutional state, based on the principles of freedom and equality(Singh, 2005).Moreover, Singh (2005) cites that despite the new democratic dispensation's human rights culture, which is inscribed in the Constitution, the Department's swift post-1994 reform focused primarily on safe custody. However, the National Crime Prevention Strategy (NCPS) approved by Cabinet in 1996 utilized an Integrated Justice System (IJS) strategy that aimed at creating "the criminal justice system that is more efficient and effective" through Pillar 1 of the NCPS. It must serve as a powerful deterrence to criminals while also diminishing the potential of recidivism."

It has been twenty-six years since South Africa became a democratic country, but little has changed as there is still a war between crime and the people, driven by all the dire circumstances that hang over the heads of unsatisfied individuals (Rotberg& Mills, 2010). As a result, correctional facilities are overloaded with persons detained as a result of battling for survival in ways that are inconsistent with the Criminal Justice legislations in place for South African citizens(Samara, 2011). Unfortunately, overpopulation in correctional institutions makes it difficult to achieve decent conditions for and/or to attend to all inmates' needs (Dolovich, 2017).

SECTION 2

2.3. The influence of overcrowding on the conditions of South African correctional facilities.

According to Sibisi and Olofinbiyi (2021:210) the Department of Correctional Services is a governmental institution accountable for the incarceration of confined inmates and awaiting trial detainees in South Africa. According to Prison Insider (2021), the manner in which the South African authorities managed the COVID-19 pandemic shows significant inconsistencies through the regulations or measures disclosed and those practiced. The Ministry of Justice's transmission on the administration of COVID-19 within correctional facilities received a lot of criticism. This is due to the fact that in March 2020, South African authorities introduced coordinated measures, such as distribution of personal protective equipment, health checks, isolation, and disinfectants (Prison Insider, 2021). However, in numerous correctional facilities, the correctional services officials protested the lack of PPE; asserted that screening inmates' temperature was not effective in curbing the spread of the coronavirus; and officially announced that the administration was not withstanding assurance of basic correctional facilities' functioning as many inconvenient situations occurred (Prison Insider, 2021). Moreover, in early April 2020, journalists revealed evidence proving that none of the measures advertised in a governmental video were implemented in the daily management of the facilities as inmates extensively reported the lack of information shared by the administration and expressed their distress, cites Prison Insider (2021).

Moreover, some of the solutions introduced, unfortunately could not allow for the practice of social distancing and by May going to July of 2020, the Police and Prison Civil Rights Union (POPCRU) posited that the legislations taken by administration were insufficient and inadequate to safeguard the correctional services staff members (Prison Insider, 2021). As a result, in July 2020, the medical staff members of St. Albans Correctional facility refused to work by fear of their vulnerability to the coronavirus (Prison Insider, 2021).

By June 2020, most of the incarcerated inmates in the Pretoria region expressed a lot of distrust in the administration and felt that they were not broadcasting the full extent of the contagion; many of those inmates had been waiting for their test results for more than a month; and some even endeavoured to be placed in sanitary isolation by intentionally burning themselves with boiling water or by injecting themselves with sanitary products as form of protest as well as fighting for survival (Prison Insider, 2021). Prison Insider (2021) further

cites that “media reported stigmatisation of the correctional staff in shops and public spaces as a result of the widespread disinformation.”

Furthermore, overcrowding in correctional facilities does not only affect the incarcerated inmates, but also largely affects the correctional staff as well. Prison Insider (2021) further cites that the rapid increase in the correctional centre population greatly affects the manner in which incarceration institution administrators abide by the international standards as well as regulations to ensure humane conditions for inmates. Also, managing correctional facilities becomes an extensive challenge due to overcrowding as there is extreme pressure on the resources and it minimizes the available space to provide educational as well as rehabilitative programmes (Prison Insider, 2021). Moreover, the overcrowded incarceration environment has a negative impact, to a large extent, on staff morale; further builds control as well as security concerns; and can as a result increase conflict along with violence rates in the correctional facility’s environment (Prison Insider, 2021). Additionally, MacDonald (2018) cites that “overcrowding is an obvious cause of and contributing factor in many of the health issues in correctional centres, most notably infectious diseases and mental health issues.

According to the data presented in 2018 by the Penal Reform International (2018) regarding overcrowding and its impact on correctional facility conditions and health, it reveals that “22 national incarceration institution systems hold more than double their capacity, with a further 27 countries operating at 150-200%”as cited byMacDonald (2018). MacDonald (2018) further posits that the extent of overcrowding remains enormous in correctional facilities globally as over 10.35 million individuals are detained in penal centres usually as pre-trial detainees, remand or convicted inmates. Moreover, accommodation, personal hygiene, bedding, and clothes all have an essential part in influencing an inmate's emotional, mental, and physical well-being (Oliver& McQuoid-Mason 1998:34).

2.3.1. Hygiene

Over the last three decades, criminal justice policy has resulted in reductions in correctional centre funding and staffing. As a result, the correctional sector has been overcrowded and, as a result, has ceased being able to provide the safety and decency requirements anticipated by international regulations and standards (MacDonald, 2018). Inmates voiced concern in March 2020 that their incarceration conditions would contribute to the spread of the coronavirus. In St Albans correctional facility, for example, up to a hundred inmates share a cell, and new inmates are admitted on a regular basis. Several correctional facilities ran out of water during

the COVID-19 outbreak. This exacerbated the already dire hygienic conditions for inmates and officers, often for weeks (Kras & Fitz, 2020). Thereafter, people detained at Thohoyandou correctional facility stated in July 2020 that "the toilets were not flushed." Inmates drank from garbage cans filled with water, where they also washed their plates and hands." All water supplies and sources in the St Albans area had been dry for several weeks by September 2020. A correctional official asserted that inmates and correctional staff were queuing to obtain water from canisters given daily, unable to physically separate themselves. For several days, inmates were frequently unable to flush toilets. They also complained about food availability, as several of the inmates in charge of the kitchen had been quarantined (Kras & Fitz, 2020).

Coyle and Fair (2018) cite in *A human rights approach to prison management: Handbook for prison staff* that "Since the movement of people who are in incarceration institution are often severely restricted, it is important that they should have regular access to sanitary facilities. Inmates should have unrestricted access to toilet facilities and to clean water. There should also be adequate facilities to allow regular bathing or showering. These matters are especially important when inmates are kept for long periods in overcrowded living accommodation."

Although every incarcerated inmate has the right to be confined in a hygienic environment since they, like all other citizens, have the right to sanitation. Unfortunately, the deplorable circumstances of overcrowding in correctional facilities rigorously challenges the attempts to always keep the spaces clean.

2.3.2. Medical and/or healthcare

According to MacDonald (2018), the Chief Inspector of Prisons Annual Report of 2017 posits that a majority of correctional facilities provide a reasonably decent standard of health treatment most of the time. The Prisons Inspectorate, on the other hand according to MacDonald (2018), identified serious negative consequences as a result of correctional officer shortages and the resulting restrictive regimes. MacDonald (2018) also asserts that correctional officer shortages have had a significant influence on health care, with inmates unable to attend health care appointments due to a lack of available escorts. Furthermore, it was also discovered that inmates were given their bedtime medication as early as 4:30 p.m. in some circumstances.

Inmates have the right to health care. In international law, health care in correctional centres is a guaranteed and guarded right, and numerous international legal instruments address this particularly. The South African Constitution's Bill of Rights (Oosthuizen, 2016:44) contains various protections aimed at preserving the rights of those incarcerated by the state, whether sentenced inmates or awaiting trial (Motala & McQuoid-Mason, 2013:40; Oosthuizen, 2016:19).

According to Masutha (2016) "at the expense of the state, every inmate has the right to adequate medical treatment that will lead to a healthy life". Unless an inmate requests the services of his or her preferred medical practitioner, only the institution's certified medical practitioner may provide medical treatment when necessary" (Masutha, 2016:2). According to the Minister of Justice and Correctional Services, inmates should be encouraged to willingly undergo medical examinations and treatment in order to keep a healthy life (Masutha, 2016). In contrast, Magubane (2017) argues that the reason why correctional facilities are a breeding ground for numerous diseases is because the Department of Correctional Services states that no inmate should be forced to undergo a medical examination; nonetheless, the majority of inmates are unwell and may infect other inmates.

Hence, as cited by Masutha (2016), inmates, like any other patient, have the right to be informed when they need to have surgery and must give their consent, unless the inmate is unable to do so. It is up to the practitioner in such a case to judge the impact of the procedure on the inmate's health. The Department of Correctional Services is responsible for ensuring that all inmates' medical needs are met at all times, since this can aid in the prevention of contagious diseases such as tuberculosis, HIV/AIDS, and Coronavirus. The inability to give sufficient medical care to inmates leads to an unhealthy population with the potential to infect others with widespread deadly diseases that may ultimately lead to the death of inmates. To mitigate the aforementioned problems and concentrate on the implementation of treatment initiatives, the department must address all inmates' medical needs (Magubane, 2017:16).

Therefore, any inmates with contagious diseases, such as the COVID-19 in this case, should be isolated until the condition has been cured or is no longer infectious.

2.3.3. Food and Nutrition

Inmates' ought to be provided with adequate, nutritious meals, and individuals with special nutritional needs, such as children and pregnant women, "must also be provided with whatever it is that they require" (Masutha, 2016:23). Winter (2011) discovered, however, that

these requirements were not adhered to at Westville correctional facility in the Durban area. According to the study, detainees had to settle for Phuthu (pap or maize meal porridge) and a chicken wing or drumstick with soup for supper. If the food ran out (which allegedly happened frequently), two slices of brown bread and soup were served for supper Winter (2011). This scholar further posits that inmates were offered black tea as a beverage and that no fresh milk was served. Given that supper would be served at 3 p.m., the detainees were hungry, and several were starving by bedtime.

Winter's study proved that providing inmates with a well-balanced, nutritional diet has a substantial impact in strengthening their immune systems, making them less susceptible to infections and viruses like, in this case, COVID-19.

2.3.4. Clothing and Bedding

According to Section 9 of the Constitution Act of 1996, "clean and tidy clothing and bedding must be made available to inmates, whether sentenced or unsentenced, and they must meet the hygienic and climatic conditions of the time." According to the Standard Minimum Rules for the Treatment of Prisoners (2010), inmates' attire and bedding must represent their dignity. It is thus the responsibility of all correctional personnel to ensure that inmates are in excellent health and that they have clean clothes that are appropriate for any climatic change, particularly in the winter. According to Pang (2014), failure to provide warm clothing may result in inmates acquiring colds and influenza, which can lead to a stricken inmate population, which in turn would challenge the chances of all inmates receiving treatment timeously due to the high population density.

SECTION 3:

3.1. The rapid spread of diseases within the South African correctional facilities due to overcrowding

The Department of Correctional Services Annual Report (2011/2012) propagates that TB, Pneumonia, and AIDS are the most common causes of natural deaths in correctional centres among inmates. Furthermore, UNAIDS attributes that the cause of the high rate of morbidity and mortality with regards to HIV and TB in correctional centres is due to overcrowding, poor hygiene and nutrition, violence, lack of access to basic healthcare services, and the great amount of prevalence of many other communicable diseases which weakens the immune system of inmates, thus exposing them to infections (WHO, 2011; UNAIDS, 2011).

Correctional facilities are constructed to maximize public safety for the purpose of preventing the transmission of disease and/or efficiently deliver health care. Unfortunately, the lack of sufficient hand washing areas, isolation rooms, and personal protective equipment in correctional facilities (Bick, 2007) increases the chances of the spreading of the virus amid inmates. The continuous rapid spread of the coronavirus greatly challenges the public health response to the COVID-19 pandemic in correctional facilities thus allowing for a holistic approach. Also, the attempts to control the coronavirus community transmission do not stand a chance of succeeding if strict infection prevention and control measures, such as testing, treatment, and care, are not implemented in correctional centres and other places of detention as well (Ghram, Bragazzi, Briki, Jenab, Khaled, Haddad, and Chamari, 2021). Therefore, the WHO collaborated with relevant institutions and stakeholders to develop guidelines on preparedness, prevention, and management of COVID-19 in correctional facilities as well as in other places of detention as way of responding to this crisis (Ghram, Bragazzi, Briki, Jenab, Khaled, Haddad, and Chamari, 2021).

Furthermore, Roy (2020) propagates that when people are deprived of liberty, they stand a high chance to have underlying health conditions, and at greater risk of prevalence of HIV, viral hepatitis, and tuberculosis, thus increasing their vulnerability to COVID-19 infection. Moreover, according to Shange (2016), the DCS 2015/2016 annual report reveal that ninety-eight percent (98%) of HIV positive inmates received antiretroviral therapy, and the number of HIV positive detainees ascended tremendously in ten years, from sixty percent (60%) to ninety percent (90%). Twenty-One Thousand Seven Hundred and Twenty-Two (21 722) inmates tested positive for HIV and were on antiretroviral medication among the Twenty-Two Thousand One-Hundred and Forty-Two (22 142) inmates who underwent an HIV test (Makou, Skosana, & Hopkins, 2017). However, Makou, Skosana and Hopkins (2017) posit that 85% of inmates infected with tuberculosis were recuperated. Following the DCS's collaboration with many stakeholders including the Department of Health in 2015, objectives were developed with the objective of providing "health care services, nutritional services, and hygiene services to all inmates" (Makou, Skosana, & Hopkins, 2017).

Shange (2016) further cites that the conditions in correctional facilities are not conducive to inmates' well-being because they are a high-risk environment for HIV transmission and are "characterized by overcrowding and commonly operate in an atmosphere of violence and fear" (Shange, 2016:22). Inmates are frequently locked up in their cells 23 for 24 hours a day, causing tensions and boredom. Boredom is generally relieved by drug usage, which includes

sharing needles, tattooing using homemade unsanitary equipment, and high risk, nonconsensual sex (Ibid.).

3.2. HIV/AIDS, TB, and Covid-19 prevalence within the South African correctional institutions during 2020/2024

According to the Department of Justice and Correctional Services report in the beginning of 2020, the country had 243 correctional facilities with a total bed capacity of 118 572 that, at the time, accommodated approximately 138 070 inmates, resulting in a 14.12% overcrowding rate (Khoza, 2020). South Africa is exceedingly overcrowded, with a 29.30% overage in reported assigned bed space across facilities (DCS, 2020b). Remand inmates (pre-trial custody) are the primary cause of overcrowding, accounting for 29.17% (47,526) of the overall inmate population (Makou et al., 2017; DCS Annual Report, 2019). According to the DCS, more than half of those detained were being held pre-trial as of June 25th, 2020 (Kras & Fitz, 2020).

According to Dawood (2022) as per a report published by the Department of Correctional Services' portfolio committee on justice of 2020 to 2022, overcrowding in correctional facilities in excess of allowed bed spaces has an influence on inmates' safety and security, as well as their humane conditions. Furthermore, by May 2022 the incarcerated population included 96 079 sentenced inmates, 47 020 remand inmates, 123 state patients, and one mental health care user and unnatural deaths in correctional facilities were also mentioned in the report (Dawood, 2022). Also, according to the report's statistics, the inmate population rose by 2 275 inmates between 2020/2021 and 2021/2022, emerging from 140 948 to 143 223 inmates (Dawood, 2022).

3.2.1. HIV/AIDS in South African penal institutions

South Africa has the world's worst HIV epidemic. Inmates have a higher HIV prevalence than the general population around the world, and South Africa has one of the highest rates of incarceration in Sub-Saharan Africa. Despite this, little is known about the HIV epidemic and how care is provided in South African correctional facilities (Stevenson et al., 2020).

According to UNAIDS. HIV and AIDS estimates: South Africa (2015), South Africa has the world's greatest HIV epidemic, with an estimated 7 million HIV-positive persons and 180,000 AIDS-related deaths in 2015. Moreover, in the vast majority of the world, incarcerated inmates have a higher HIV prevalence than the overall population (United

Nations Office on Drugs and Crime, 2016). This increased HIV prevalence is frequently deteriorated by high rates of other infectious diseases, such as tuberculosis, and an increase in high-risk behaviours among inmates (United Nations Office on Drugs and Crime, 2016). In utilization of limited data, these global trends are reflected in the Sub-Saharan African region, with HIV prevalence among inmates being higher than among non-incarcerated individuals (United Nations Office on Drugs and Crime, 2016; Dolan et al., 2016).

3.2.2. Tuberculosis in South African correctional facilities

There was an estimate of 32 million cases of TB deaths worldwide in 2020. The COVID-19 pandemic's impact on tuberculosis fatalities in 2021 is unknown, although it is likely to be significantly worse following major delta-driven spikes in many tuberculosis-endemic nations and the present wave of the omicron variety globally (Dheda et al., 2022). Fortunately, according to Dheda et al., (2022) unpublished statistics from South Africa's countrywide Institute for Communicable Diseases (NICD) demonstrate significant reductions in tuberculosis testing and case detection across the country, corresponding with each wave of COVID-19 and the subsequent countrywide lockdown. Predictions for 2020 were based on national data from 2018 and 2019 and were adjusted for seasonality in South Africa's NICD data analysis. Tuberculosis testing in South Africa has declined by more than 50% compared to the previous year by May 2020: of the 193 067 (95% CI 181 119-205 014) expected Xpert MTB/RIF nucleic acid amplification tests (NAATs) for the detection of tuberculosis for the month, only 99 513 were performed. Microbiological confirmation of drug-sensitive tuberculosis decreased by 40%, and the number of rifampicin-resistant tuberculosis cases decreased by approximately 50% (Dheda et al., 2022). See annexure A below.

Table 3: TB case detection in 10 selected countries with high TB burden 2019/2020

	Number of tuberculosis cases notified to WHO		Reduction (shortfall) in tuberculosis case detection from 2019 to 2020
	2019	2020	
Philippines	409 167	256 541	37.3%
Indonesia	559 847	384 025	31.4%
South Africa	209 545	154 344	26.3%
India	2 176 677	1 629 301	25.1%
Bangladesh	291 595	230 081	21.1%
Russia	73 328	58 723	19.9%
Pakistan	328 312	272 990	16.9%
Kenya	84 345	71 646	15.1%
Angola	74 105	63 147	14.7%
China	728 265	624 715	14.2%
All countries reporting quarterly and monthly data (n=84)	5 058 801	3 833 148	24.3%

Source: World Health Organisation, 2021

According to World Health Organization (2016), South Africa also has one of the world's highest tuberculosis (TB) incidence rates (834 per 100,000 people), and an estimated 73% of TB patients in South Africa are HIV-infected.

A study titled “*HIV prevalence and the cascade of care in five South African correctional facilities*” conducted by (Stevenson, Zhao, Naik, O'connor, Tilmes, Zeng, Murray, Collins, Griffiths, Shim, & Horowitz, 2020) reveal that “Results of the screening campaign found previously undiagnosed HIV among 13.0% of those consenting to screening, with a total estimated HIV prevalence of 17.7% (n = 3,184, 95% CI: 17.2–18.3%) in the sample. When examining the overall cascade of care, 48.3% of those with HIV initiated care, and overall, 45.6% of persons who entered care qualified for ART initiated treatment. A Poisson regression accounting for clustering by facility found HIV high risk groups within the population such as women (aRR = 1.72, 95% CI: 1.57, 1.89), those over 35 years of age (aRR = 2.43, 95% CI: 1.53, 3.85), and people incarcerated less than one year (aRR = 1.41, 95% CI: 1.19, 1.67)”.

3.2.3. The spread of COVID-19 within the South African correctional facilities

Egypt reported the first COVID-19 case in Africa (BBC News, 2020), while Algeria reported the second (WHO Africa, 2020). The first case in southern and east Africa was reported in

South Africa on 5 March 2020, and the first incarceration institute system case [an official] was reported on 6 April (Ground-Up 2020; Graaff-Reinet Advertiser 2020). COVID-19 had spread to 23 southern and east African countries (excluding Lesotho) between 5 March and 15 April. The coronavirus outbreak has impacted not only the social and economic aspects of the South African population, but all levels of government, particularly public institutions that house citizens such as hospitals and correctional facilities (Kras & Fitz, 2020).

Thereafter, South Africa recorded 663282 confirmed cases and 13952 deaths, thus becoming the world's ninth highest number of COVID-19 cases and the greatest outbreak in Africa (Centre for Infectious Disease Research and Policy [CIDRAP], 2020; Johns Hopkins University, 2020). Infection rates have been particularly high in urban locations, when population density reduces social distance chances. The South African government predicted that the peak of infections will occur in September or October 2020. Unfortunately, each year, approximately 550 natural fatalities are recorded in South African correctional facilities equating to a death rate of 333 per 100,000 (Independent Online, 2019). This is expected to rise if the virus causes widespread infection and a greater fatality rate than in the general population.

Kinner et al., (2020) posits that in addition to the higher background prevalence of infection, higher levels of risk factors for infection, unavoidable close contact in often overcrowded, poorly ventilated, and unsanitary facilities, and poor access to health-care services compared to community settings, inmates are epicentres for infectious diseases. Infections can spread between inmates, official staff, and visitors, also between correctional centres via transfers and staff cross-deployment, as well as to and from the community (Kinner et al., 2020). As a result, correctional and other detention facilities are an essential component of the public health response to coronavirus illness 2019 (COVID-19). According to Amanda Khoza (2020), the pandemic has exacerbated the problem of correctional facility overcrowding, and while the number of infections is claimed to be declining, inmates continue to fear for their lives.

The impact of COVID-19 in correctional facilities, which in 2020 housed over 160,000 people, has major implications for both inmates and correctional authorities. Since the outbreak began, South African correctional facilities have registered a total of 7,062 positive COVID-19 cases, including 2,683 inmates and 4,379 correctional staff (Department of Correctional Services [DCS], 2020)

The United Nations Office on Drugs and Crime (UNODC) issued a position paper urging Member States to respond quickly to the coronavirus disease (COVID-19) in correctional facilities through robust and human rights-compliant infection prevention and control measures, as well as increased use of non-custodial measures (Grujić, Blagić & Milić, 2022). Overcrowding exacerbated the spread of diseases in correctional facilities and made it easier for the coronavirus to be transmitted from one inmate to the next and amongst officials (WHO, 2022). The COVID-19 rules and regulations that call for social distancing amongst individuals were impossible to execute in such an environment as that of South African overcrowded correctional institutions. This idea, therefore, inspires the researcher curiosity to want to investigate the impact of overcrowding in the adherence of COVID-19's protocol in Westville correctional facility as it is notorious for its overcrowded state (Nkosi & Maweni, 2020).

3.2.4. Dishonourable circumstances in South African correctional facilities during the COVID-19 pandemic

Reports of horrific incarceration institution conditions have emerged during the COVID-19 pandemic. Detainees at the St. Albans correctional facility described inadequate protocol for disinfecting the facility and allowing inmates to exercise proper hygiene in March 2020 (Kimberley, 2020). In April 2020, journalistic reports contradicted those of the Minister of Justice, claiming that correctional officials at Johannesburg's "Sun City" correctional facility organized stringent health protocols (Mvumu, 2020). In June 2020, stories surfaced of inmates burning themselves and others in order to secure placement in isolation (Naik, 2020). These inmates additionally asserted that there were delayed testing results, correctional staff withholding positive testing findings from them, and recommendations that the number of personnel be lowered, and specific processes be curtailed to reduce exposure within the facility (Naik, 2020). Reports of a water shortage in the Brandvlei correctional facility in the Western Cape in the middle of July 2020 depicted inmates sharing a single pan of water (The South African, 2020).

The DCS is in charge of all incarcerated individual's health care. DCS employed 890 nurses, 9 doctors, 42 pharmacists, and 83 psychologists and vocational counsellors, according to its 2017 Annual Report (Kras & Fitz, 2020). However, according to Ngoepe (2020), those who have tested positive for COVID-19 are not receiving acceptable medical care, such as not

being seen by doctors, not receiving medical treatment, and poor cell settings, such as subzero temperatures, which exacerbate the symptoms.

Unrest and riots have also been reported in South Africa during the peak times of the COVID-19 pandemic. Inmates have gone on hunger strikes (Hans, 2020; Koko, 2020; Mdakane, 2020), set fire to mattresses and clothes (Ellis, 2020; Kimberley, 2020), damaged correctional centre property (Siqathule, 2020), engaged in self-isolation and self-protection with improvised weapons (Mitchley, 2020), and even attacked correctional officials (Singh, 2020). Moreover, overcrowding, with inmates sleeping on the floor, limits on recreation and tobacco, a deterioration in food quality, and delays in court hearings are among the grievances of inmates (Postman, 2020). While some of these accusations are not new, as previously shown by the Judicial Inspectorate for Correctional Services (Van der Westhuizen, 2017), the coronavirus pandemic deteriorates the circumstance. One of the inmates from Sun City correctional facility in Johannesburg and the Kgosi Mampuru correctional facility in Pretoria began a hunger strike to protest the alleged concealment of the actual number of sick inmates and insufficient measures to protect the inmates and staff (Koko, 2020; Makgatho, 2020). In a News24 (Gililli, 2020) article regarding the Sun City correctional facility, one inmate stated, "It's a mess here to tell you the truth. We don't even have a doctor or nurses on site. We don't have PPE, we don't practice social distancing at all. The situation is very bad. People are dying, each and every day. Last week two diabetic inmates died because they didn't get their injections. It's really bad. I even had to buy my own mask, because we are not provided with any".

Correctional facility personnel have also protested owing of the pandemic's conditions. Supervisors at the Voorberg correctional facility in the Western Cape province went on strike in protest to management's refusal to sanitize the facility and offer support for temperature checks (Vuso, 2020). A subsequent protest by frontline correctional staff at Qalakabusha correctional facility in KwaZulu-Natal province demanded testing after an inmate tested positive, as well as improved temperature checks upon arrival (Zincume, 2020). These protests were a mere reaction of fear since the correctional staff members were dying due to COVID-19, like in some instance whereby three correctional staff members at the Modderbee facility died within two weeks of each other, raising further concerns about the ineffective preventative measures in place (Marupeng, 2020).

The riots that occurred in correctional facilities throughout South Africa were not per se due to inmates and correctional staff being chaotic for South Africa is known for tendencies to strike as well as cause havoc over everything. In this instance, these individuals feared for their lives as their days were being numbered by the conditions in which they lived and worked in, and the government was seemingly not coming to their aid. Correctional hostile conditions seem to go against all the COVID-19 rules and regulations that ought to be adhered to in order to stay protected from the virus.

SECTION 4:

4.1. The extent of overcrowding in South African correctional facilities

Many studies have been published on South African correctional facility conditions (Annual Report of the Judicial Inspectorate of Prisons, 2011/2012) and they reveal that the major causation factors for such awful conditions are overcrowding, violence, poor sanitation, and inadequate access to healthcare services (Jürgens et al., 2011; Johnstone-Robertson et al., 2011; and UNODC, 2007). Unfortunately, the issues of overcrowding in correctional facilities make it impossible to abide by the COVID-19 regulation of practicing “social distancing” and the fear increases if correctional facilities become epicentres in the coronavirus pandemic. Therefore, in response to this, correctional facilities try to minimize the risk of transmission by quarantining sick inmates which is the segregation that is usually used as a punitive measure (Ghram, Bragazzi, Briki, Jenab, Khaled, Haddad, and Chamari, 2021).

In many African countries, the practice is that inmates spend the entire day outside and only return to the cells at dusk to sleep (Elger, 2009), however, South Africa seems to have opted almost for the opposite. The South African legal requirement is a minimum of one hour of outside exercise (weather permitting), per inmate per day (Muntingh, 2006), unfortunately, it is well documented that this is frequently not complied with, especially in the awaiting trial correctional centres. Another essential factor is the sentence status of the inmate, also it is the overall pattern across the country that the most severely overcrowded correctional centres are the large awaiting trial correctional facilities in the metros, these include facilities such as Pollsmoor and Goodwood in Cape Town; Johannesburg Central (aka Sun City) in Johannesburg; Durban-Westville in KZN, and East London and St Alban’s in the Eastern Cape (Brivik, 2014). It can therefore be argued that these overcrowdings in incarceration institutions, that begin before an inmate is even sentenced, largely contribute to the

transmission of the coronavirus in correctional facilities that is spread by inmates who may have contracted it during the awaiting trial period.

Furthermore, according to the World Prison Brief (2020), correctional institutions are overcrowded and under-resourced across Africa, yet large amounts of inmates are incarcerated in correctional centres, jails, and other detention facilities. For instances, Nigeria detains around 71,500 people in incarceration institutions, Kenya 51,000 and Ghana 14,500 ((Legodi & Dube, 2023). In South Africa, one of the continent's wealthiest countries, correctional facility occupancy stood at 137% in March 2019 with 162,875 detainees (Ensor, 2019). In cramped conditions, and with communal activities such as eating, showering, and using the toilet, it is impossible for correctional facilities to comply with global advice on COVID-19 and physical distancing (IDPCC, 2020).

According to Naidoo and Mkize (2012), South African correctional services institutions are notorious for being overcrowded throughout the African continent. Moreover, overcrowding is an extensive contributing factor to many health-related issues in correctional facilities, more distinctively infectious diseases as well as mental health issues (Penal Reform International, 2018). Also, the United Nations Office on Drugs and Crime (2013) cites that overcrowded correctional facilities, globally, generates burdensome and prevalent challenges to maintaining inmate health as well as providing a safe environment. The UNODC (2013) further asserts that overcrowding in correctional facilities can result to circumstances that are harmful to inmates' physical as well as mental well-being due to the insanitary, violent conditions. More to this, the correctional services staff members who are working in overcrowded correctional facilities are also at an extensive risk of being affected as well as they extremely stand a chance of being violated by the inmates; infected by the diseases; and have a great amount of stress as well as mental health issues (UNODC, 2013).

The overcrowding in South African correctional facilities is intolerable. According to Brivik (2005), South African courts have refrained from issuing judgements addressing the issue of overcrowding in correctional facilities, ignoring inmates' constitutional right to enough floor space. Instead, they appear to handle other issues first, failing to address the issue of overcrowding. According to Brivik (2005:30), courts primarily handle issues such as:

- How much time do inmates spend each day in their cells?
- Do they get enough exercise, nutrition, and recreation?

- Do they have sufficient ventilation and natural light?
- Do inmates have enough access to health care and rehabilitative services?

To address the issue of overcrowding in South African correctional facilities, Johnny Steinberg released an article titled Treating inmates like dogs is not going to fix the problem (Steinberg, 2005).

4.2. The overall South African Correctional centre population statistics from 2020 to 2024

Staff Reporter (2021) from IOL News cites that according to the Judicial Inspectorate of Prisons' annual report for 2019, there were 29 679 inmates in correctional institutions, with only 20 779 official bed places, with 16 520 males and 594 females in the Western Cape. A presentation given by the Department of Justice and Correctional Services' Annual Report for 2021-2022 before the Portfolio Committee on Justice and Correctional Services, entails that between the fiscal years 2020/21 and 2021/2022, the inmate population increased by 2,275, from 140,948 to 143,223 for a total increase of 1.59%. During the same period, bed spaces were lost due to the partial or full closure of correctional facilities at Umzinto, Ekusen, Waterval Medium B, and Parys (Vincent Cruywagen, 2022). Furthermore, the nationwide overcrowding rate in South African correctional facilities was 31.65% in 2022 compared to 23% in 2020/2021. In addition, there were around 18,000 inmates serving life sentences by 2022, which is an increase in comparison with the 400 in 1995 (Cruywagen, 2022).

In addition, the Department of Correctional Services Annual Report for 2023/2024 reveal that the CSPBs approved sixty-seven percent (67%) of incarcerated inmate for placement on parole and correctional supervision against the set target of fifty-five percent (55%). Whereas “the remand inmate population as of 31 March 2024 was 156 600 of which 59 574 (38%) inmates were unsentenced (DCS, 2024).

4.3. Durban Westville correctional facility conditions, including overcrowding.

According to the Institute for Criminal Policy Research (2016), South Africa had the greatest correctional centre population in the year preceding the study, with 158 111 inmates. The Durban Westville Centre is drastically overcrowded, therefore, imposing a lot of pressure on DCS members. Working in such circumstances is not only hazardous, but it also poses a health risk to the officials. Staff morale suffers as a result. Precisely, Westville Correctional Centre is located in Durban, KwaZulu-Natal, one of the world's most impacted places by the

HIV/AIDS epidemic and many of the inmates in Westville correctional facility have HIV or AIDS, and many are dying (Vezi, 2021).

Looking back into history, Westville correctional facility has always been notorious for overcrowding as shown in the table below. The rationale for this setting is informed by the findings of the DCS annual report for 2013/2014, which revealed that the Westville correctional facility is one of the largest correctional facilities in South Africa and has seen changes in the direction of inmate detention, treatment, and rehabilitation. However, it has had difficulties in implementing the DCS rehabilitation strategy during the last few decades due to overcrowding and other related issues in most South African correctional facilities.

According to an article titled *Overcrowded Westville female prison in KwaZulu-Natal a concern* published by Christ Ndaliso (2022), reveal that due to the issue of overcrowding at Westville correctional facility, the centre suffers consequences of being short-staffed which therefore negatively impacts the quality of services provided to inmates. Furthermore, the article cites that WCF acknowledged the deficit of psychologists, doctors, social workers, and nurses, which has an impact on the accessibility and quality of healthcare services provided to inmates.

Table 4: Regional statistic of incarcerated inmates of 2017/2018

REGION	Sentenced Inmates			Un-sentenced Inmates			Total number of Inmates
	Males	Females	Total Number of Sentenced offenders	Males	Females	Total Number of Un-sentenced offenders	
Eastern Cape	15 258	288	15 546	5199	91	5 290	20 836
Gauteng	25 084	919	26 003	10 742	375	11 117	37 120
Free State/Northern Cape	17 847	279	18 126	4 953	96	5 049	23 175
KwaZulu-Natal	21 191	504	21 695	6 100	124	6 224	27 919
Western Cape	17 531	626	18 157	11 451	548	11 999	30 156
Limpopo/Mpumalanga/North West	18 002	340	18 342	6 445	136	6 581	24 923
Total	114 913	2 956	117 869	44 890	1 370	46 260	164 129

Source: Department of Correctional Services (2018)

In overall, Westville correctional facility is extremely overcrowded which therefore leads to its inhuman as well as hazardous conditions. This, therefore, strongly supports the researcher’s choice of study setting being the WCF as it is suitable for this research and can answer the research question that “how has overcrowding at the Westville correctional centre impacted the implementation of the COVID-19 rules and regulations at the institution?”

4.4. The difference in size between the male and the female sections in correctional facilities

The researcher has chosen to specifically focus on investigating the male section for this study because, as shown on the previous graphic, there are more males in the incarceration centres than females. Also, due to the fact that male sections are mostly overcrowded than female sections, is most fitting for this study and will serve as great significance in providing the researcher with the answers to the research question. Moreover, according to the most recent Department of Correctional Services (DCS) 2023 figures in South Africa, the general inmate population was 143 223, with a bed space of 108 804. There are 3,724 women

incarcerated, the majority of whom are convicted for economic offenses (Department of Correctional Services, 2023).

4.4.1. Table 5: The overall female population in South African correctional facilities in 2022

SOUTH AFRICA

Year	Number of female prisoners	Percentage of total prison population	Female prison population rate (per 100,000 of national population)
2000	3,966	2.5%	9.2
2005	4,072	2.2%	8.6
2010	3,694	2.2%	7.3
2015	4,118	2.6%	7.5
2022	3,724	2.6%	6.2

Source: Department of Correctional Services (2023)

4.4.2. Table 6: The overall male population in South African correctional facilities in 2022

SOUTH AFRICA

Year	Number in pre-trial/remand imprisonment	Percentage of total prison population	Pre-trial/remand population rate (per 100,000 of national population)
2000	55,558	33.4%	127
2005	46,327	29.4%	97
2010	47,899	29.9%	93
2015	43,298	27.1%	79
2022	47,144	32.9%	78

Source: Department of Correctional Services (2023)

As illustrated in the two recent total correctional centre population statistics tables above, the number of female populations serving time in correctional facility in South Africa is much lesser than the normally expected population of males behind bars.

5. The number of deaths in the South African correctional facilities due to COVID-19 during 2020/2021

Preiser, Van Zyl, and Dramowski (2020) assert that in May 2020 there were 4 904 413 confirmed COVID-19 cases worldwide, with 323 412 confirmed deaths cases across 216 countries in the globe and in South Africa, there were 19 137 confirmed coronavirus cases and 369 confirmed deaths in the 9 provinces. In the Eastern Cape Province, confirmed 2324 cases of COVID-19 and 50 deaths (Preiser, Van Zyl, and Dramowski, 2020). Thereafter, the disease went as far as entering the correctional facility gates to the incarcerated inmates in South Africa because, as the isiZulu proverb asserts: “Ukufa kudla fumuka kudle silaza” which means death is not picky or chooses no man but takes whoever. The East London female section of the Eastern Cape Correctional facility was the first to register correctional facility with 30 officials summoned to quarantine whilst awaiting the virus’s test results (Mlamla, 2020). Disturbingly, the East London Correctional Services had the highest number of COVID-19 cases in the Eastern Cape Province (Mlamla, 2020). The Eastern Cape correctional facility remained the hardest-hit province with a growing number of inmates and

officials tested positive for COVID-19, the Department of Correctional Services recorded 87 infections: 56 inmates and 31 officials (Naik, 2020).

Grobler (2020) propagates that the Department of Correctional Services reported that there was a 93% COVID-19 recovery rate, with only 299 active cases left out of 6 944 infections, which therefore means that a total of 6 526 inmates and correctional officials had recovered from the virus. However, South Africa recorded 1 579 new COVID-19 cases with 20 more deaths, Health Minister Zweli Mkhize, at the time, confirmed according to Grobler (2020). Also, the additional infections pushed South Africa total to a cumulative 649 793 confirmed COVID-19 cases, thus bringing the total number of COVID-19 related deaths to 15 447 cited Grobler (2020).

The beginning of 2021 marked a continuous killing spree for the Coronavirus with 120 reported deaths according to the department spokesperson Singabakho Nxumalo (Nicole, Jenni, & Cebelihle, 2021). Furthermore, the department had recorded 16 new infections and nine recoveries, and the South African correctional facilities recorded their highest number of new COVID-19 cases since the pandemic started, during a period that coincides with the aftermath of the unrest in Gauteng and KwaZulu-Natal provinces (Nicole, Jenni, and Cebelihle, 2021). Also, the Department of correctional services spokesperson, Singabakho Nxumalo, asserted that "The week of 18-25 July 2021 registered a total of 588 new cases (252 officials and 336 inmates)" and also pointed out that "This is the highest number of infections in a week ever since we have been at war with COVID-19," he told News24 in response to questions ((Nicole, Jenni, and Cebelihle, 2021).

Prison Insider (2020) cites that international organizations promptly issued recommendations for strategies to avert the virus from spreading. However, in South Africa, guidelines from both the Ministry of Justice and international agencies were not evenly enforced in all facilities. The coronavirus rapidly propagated across the penal system, killing 57 inmates by November 2020.

Fortunately, after the year 2021 which was the gravest period for the whole world as the COVID-19 was at the peak phase, there has never been any new COVID-19 cases published thereafter.

6. The government and Department of Correctional Services' response to COVID-19 pandemic during 2020/2021

6.1. The governmental response to Coronavirus in South Africa

South Africa reported its first confirmed COVID-19 case on March 5, 2020. The government declared a national state of disaster, which at the time extended to July 15, 2021, and adopted containment measures, including social distancing, travel bans on visitors from high-risk countries and quarantine for nationals returning from those countries, screening visits to homes, and introduction for mobile technology to track as well as trace contacts of those infected. A national lockdown was put in place, with only critical workers, transport services, banking, essential food and medicine production, and retail operating. By May 1st, 2020, a phase lifting of the lockdown began, allowing a few sectors to resume operation and others only partially. By June 1st, relaxation would be broader than previously announced as most economic activities reopened under strict health and social distancing practices except for high-risk ones. Furthermore, on December 14, 2020, President Ramaphosa introduced further restriction in locations with high infections, the curfew was extended to the entire nation (between 11pm and 4am). Moreover, to combat the increase in infections driven by the faster-spreading new variant.

South Africa's vaccine strategy, released on January 3, 2021, targets a minimum of 67 percent of the population to achieve herd immunity.

Many countries globally have been trying out a variety of measures to control the spread of COVID-19 amongst all its citizens, including those detained.

6.2. Department of Correctional Services' response to Coronavirus outbreak in South Africa

In South Africa, President Cyril Ramaphosa authorised the release on parole of certain categories of low-risk inmates to curb the rapid spread of COVID-19 in correctional facilities (Kras and Fitz, 2020). Even though the department introduced the implementation of this special parole dispensation, unfortunately some inmates assert that the process has been slow (Kras and Fitz, 2020). Thereafter, the former Minister of Justice and Correctional Services Ronald Lamola told NCOP PLENARY (Virtual) of the National Council of Provinces that the department had started releasing selected low-risk inmates from 20 May and on the 17th of July 2020, he said "just below 7 000" of the 19 000 targeted inmates had been released on parole (Khoza, 2020).

Furthermore, Minister Lamola further announced that the executed precautions in response to COVID-19 pandemic, include: (1) screening essential workers, inmates, service providers, and officials accessing the correctional facilities; (2) new admissions would be screened as well as quarantined should there be any visibility of COVID-19 symptoms, thereafter, monitored and admitted for quarantine purposes; (3) and contact tracing will be practiced for all confirmed cases, including officials and inmates (Moodley & Arcangeli, 2020). Also, Minister Lamola asserted that “all correctional facilities have Personal Protective Equipment (PPEs) and inmates have also contributed to this by producing some of the PPEs, including facemasks totalling to 550 103, as well as sanitizer stands” (Moodley & Arcangeli, 2020).

Moreover, the department of correctional services proposed the suspension of visits to every correctional as well as remand detention facilities in the country with the objective to ensure the administration of precautions and cohere to all regulations to suppress the transmission of coronavirus infections (Moodley & Arcangeli, 2020).

There has been a huge argument about whether the introduced COVID-19 regulations were indeed “best” in ensuring a safe environment for all persons in correctional facilities or they worked in favour of the “free” other than the inmates who mostly needed saving. Hence, the reason why the researcher has taken it upon themselves to get clearer views “from the horse’s mouth” (inmates) who are the ones living the experiences. Below are essential factors or activities that also play a significant role in keeping the inmates sane as well as alive during their incarceration period and if/when these are to be taken away from them, inmates would lose their sense of self.

6.3. Inmates’ essential activities whilst incarcerated

6.3.1. Contact with the community

According to Muthaphuli (2008:148), “contact with community members must be encouraged and enough opportunities must be provided for visits by family members, friends, religious leaders and authorised medical practitioners”. In addition, an inmate from a foreign country must be allowed to maintain contact with his or her country’s embassy or any member of his or her country who has the responsibility to protect the interests of that inmate. When an inmate is detained, it is the duty of the correctional officer to inform the next-of-kin, or any other relative mentioned by the inmate of his or her incarceration. If a child is detained, “the parents and even legal guardians as well as the Departments of Education and Welfare should be notified and that child cannot refuse to allow notification” (Pang, 2014). Successful

rehabilitation depends to a large extent on the support inmates receive from the community form which they come. Thus, strong relationships between the inmate and the community “strengthen opportunities for successful reintegration into society” (Pang, 2014). If the community does not accept that the inmate has been rehabilitated, he or she might resort to unlawful actions that will mostly likely get him/her arrested again.

6.3.2. Development and Support groups in correctional facilities:

Masutha (2016) states that it is the duty of the Department of Correctional Services to ensure that every development and support service is available to inmates and that those inmates who request these services must be allowed to utilise them. When planning policy and designing the infrastructure of correctional centres, services required by disabled inmates must be considered. For example, creating wheelchair ramps is a necessity. Muthaphuli (2008:152) states that “because it is the aim of the Department to rehabilitate inmates, it is important to provide every means that will lead to this rehabilitation”. Therefore, inmates ought to be encouraged to take part in skills development programmes that will equip them with skills and knowledge for reintegration into society. The Directorate of Skills Development is responsible for the development of inmates by offering training programmes that will be of use to them after their release. However, according to Muntingh (2012) overcrowded correctional centres fail to provide enough resources and skills rehabilitation programmes for this ideal to be realised.

7. Summary

One important aspect of the Correctional Services legislative requirements is Section 35 (2)(e) of the constitution, which states that: Everyone who is detained, including every sentenced inmate, has the right to conditions of detention that are consistent with human dignity, including at least exercise and the provision, at state expense, of adequate accommodation, nutrition, reading material, and medical treatment." Overcrowded correctional facilities can lead to insanitary, violent conditions that are harmful to the physical and mental well-being of inmates (UNODC, 2013).According to the literature reviewed in this section, it is evident enough that the conditions of correctional facilities in South Africa cannot withstand nor carryout the COVID-19 rules and regulations at their state. This has led to a loss of many lives, both inmates and officials, although some may not have been recorded onto the nation’s COVID-19 statistics.

CHAPTER THREE

THEORETICAL FRAMEWORK

3.1. Introduction

Krohn and Ward (2016), posits that the purpose of theories within criminology is to delineate and understand a phenomenon. Similarly, Johnson (2018), believes that theories exist within educational research to discover and organise empirical facts, thus creating a context for understanding phenomena. According to Ackers (2013), theories expose a direct relationship between certain variables or phenomena; for instance, specific theories have proposed a correlation between unemployment and increased crime rates. In particular, the phenomena this research aims to explore is how Westville Correctional Centre inmates adhere to the Coronavirus (Covid-19) laws to curb the spread of the virus at the correctional facility and how overcrowding within the South African correctional facilities leads to a rapid spread of covid-19 thereby resulting to a negative outcome of inmates becoming violent and leaving correctional facilities without being rehabilitated. Moreover, a particular theory has discovered a link between socioeconomic factors like lack of social equality, delinquency, and overcrowding in correctional facilities, which is delved into. This chapter harnesses the essential aspects from two special theories embedded in a criminological framework to explain the phenomenon of crime. These theories are Relative Deprivation theory and Criminogenic needs.

3.2. The Deprivation Model

The deprivation Model posits that the oppressive conditions in correctional facilities birth the aggressive nature of inmates in response to the degrading as well as stigmatising life behind bars (Peacock, 2013). Huey (2008:13) argues that the deprivation model “is built from the work of Clemmer (1940), Sykes (1958), and Goffman (1961) who assert that mal-adaptation to correctional institutions (e.g., violence, aggression, anxiety, depression, distress, and suicide) is a cause of restrictive correctional centre milieu”. Moreover, Berrie (2011) coincides with this view and contends that these responses befall due to deprivations experienced, daily, by inmates. Furthermore, the deprivation model theorizes that the pain of being detained at the incarceration institution is the most predominant impact of a person’s reaction to being incarcerated, propagates Berrie (2011).

Nkosi (2018) propagates that aggressive and self-destructive behaviour amongst inmates is due to the depriving circumstances in the correctional facilities instigated by overcrowding and Sykes (1958), according to Nkosi (2018), devised these circumstances as “the pain of incarceration”. Moreover, Nkosi (2018) propagates that according to Sykes (1958), incarceration signifies “a social orderliness in which an attempt is made to construct or sustain complete social control”. Furthermore, Sykes classifies five deprivations related to incarceration life, namely, deprivation of liberty, deprivation of goods and services, deprivation of autonomy, deprivation of security, and deprivation of heterosexual relationships (Huey, 2008 in Nkosi, 2018).

This study thoroughly analyses how the above-mentioned five deprivations, as classified by Sykes, have been demonstrated in the South African correctional facilities, namely Westville correctional centre, by inmates during the coronavirus outbreak in 2020/2024.

I. The deprivation of liberty

Nkosi (2018) posits that there are two ways in which inmates are deprived of their liberty during incarceration, namely: (1) by being restrained in the correctional institution, thus losing their freedom, and (2) by having to withstand the plethora of degrading regulations that come with being incarcerated, such that of having to wear classifiable uniform and being referred to as a number rather than by a name. In support of this, at the Westville correctional facility, Nkosi (2018) contends that a majority of inmates are detained in their overcrowded cells for twenty-three (23) hours per day and it is only during breakfast as well as lunch time whereby they are released, thus leading to a disturbance or limitation to their scheduled time to attend the rehabilitation programmes.

To be precise, inmates’ movements are steered and controlled by the martial structure, especially in their cells, and are obligated to receive consent to do anything/something else (Huey, 2008 in Nkosi, 2018). Moreover, confinement spaces strips inmates off freedom of movement and limits the time to interact with family and friends or the outside world entirely through the utilization of a rigid system of passes (Nkosi, 2018). As a result, this therefore leads to boredom amongst inmates due to this gap between them and the outside world, and they may thereafter retaliate in an aggressive manner.

II. The deprivation of goods and services

Nkosi (2018) defines the deprivation of goods and services as the refusal to distribute the fundamental necessities and avail basic facilities to inmates. These necessities, as said to be “rightful”, include food, clothes, shelter, proper health care, medical care, and exercise. Although, it may be argued that the incarceration life is luxury for inmates who have experienced or lived, rather, a life outside incarceration as a poor, homeless, and/or unemployed man because here they receive basic commodities, such as food and shelter. However, a large number of the inmates view the incarceration experience as what Sykes calls “a Spartan environment” which means “painfully depriving” (Meredith, 2008 in Nkosi, 2018). In support of this statement, Maganye (2016) asserts that the overcrowded circumstance in the South African correctional facilities causes a large number of inmates to sleep without any mattresses nor blankets on the floor due to shortage of beds or infrastructure to accommodate all the inmates.

Moreover, Maganye (2016) further points out that some inmates who has lived a life that was considered as that of high standard prior to incarceration resort to aggressive behaviour due to experiencing the stress of being deprived goods and services, thereby now forcing them to live in conditions that resemble poverty. This aggression is prompted or begot by the sense of failure that the inmates feel within themselves (Maganye, 2016).

Upon reviewing available literature, the researcher has noticed that during the outbreak of coronavirus in 2020/2024, there has been a lot of havoc in correctional facilities throughout the country. This disturbance caused by inmates in correctional facilities was because of the stress of being deprived proper medical-health care to be protected from coronavirus. For example, Ngema (2020) published an incident whereby an inmate from the Westville correctional facility stabbed awarden officer, contesting that they were not being attended to after having requested for coronavirus testing as they felt ill and very much frightened by the deadly virus. This incident evidently proves that the deprivation of goods and services leads to aggressive behaviour amongst inmates.

III. The deprivation of autonomy

Rocheleau (2013) delineates that the deprivation of autonomy calls the inmates’ status as adults into question because inmates’ right to make basic decisions regarding their daily life is taken away from them. Inmates are instructed and controlled on what and/or when to do, eat, wear, where to sleep, etc. In this sense, as outlined by Rocheleau (2013), incarceration for inmates means losing the ability or right to make rudimentary decisions about their daily

lives as they are controlled as well as governed by the regulations imposed on them by the guards.

The presented literature, as reviewed in the previous chapter, related to the subject of this study outlines that inmates are not offered enough time to be outside for exercise activities so to keep healthy, and to allow the inmates to be scatted, thus reducing the potential spread of the coronavirus amongst inmates.

IV. The deprivation of security

Correctional facilities contain conspicuously dangerous individuals globally, such as murderers, rapists, and so forth, who can threaten the security and sense of safety of an inmate who is accommodated in the same cell with them (Nkosi 2018). Moreover, crime and violence are significantly common in correctional facilities and can pose as the vastest threat to inmates' safety and the deprivation of security may include the loss of personal security, physical aggression or sexual assault (Nkosi, 2018).

Nkosi (2018) notes that correctional facilities were constructed with the objective to restrain inmates' freedom, hence the living spaces as well as sleeping quarters are limited. Unfortunately, the conditions of overcrowding within correctional institutions have escalated the objective to limit the inmates' freedom to inmates having no freedom nor privacy at all, since a large number of inmates are housed in their cells for twenty-three (23) to twenty-four (24) hours a day, with a further limitation to the exercise period of one (1) hour.

The overcrowded circumstance in correctional facilities exacerbates the deprivation of security and privacy as inmates are compelled to live in cells that have a shortage of beds and blankets. Therefore, as a result inmates are filled with a sense of failure and frustration with themselves, and thereby leading to inmates resorting to aggressive behaviour as form of retaliation to these thoughts and experiences. Nkosi (2018) asserts that there exists a strong sense of fear of exploitation amongst inmates as their personal possessions become "common property"; this continuous sense of fear intimidates inmates thereby leading to a sense of helplessness which often attests in aggressive behaviour since inmates need to protect themselves or their belongings.

An example that suitably delineates how deprivation of security resort to aggressive behaviour in correctional facilities is that of inmates' burning each other with boiling water at Leeuwkop Maximum Correctional facility in an attempt to force other inmates to distance

themselves from them so that they do not infect them with the contagious coronavirus, as cited by Sameer Naik (2020). The rapid spread of coronavirus has instilled inmates with so much fear and hopelessness that they felt the only way they could protect themselves is by resorting to aggressive behaviour since it seemed as though the officials on guard had failed to protect the inmates.

V. The deprivation of heterosexual relationships

According to Rocheleau (2013), the absence of heterosexual interactions creates "latent homosexual tendencies," and for inmates, the loss of these ties is unbearable. Rocheleau (2013), goes on to say that forcing oneself to refrain from sexual activity can lead to emotional, psychological, and physical issues. It can also be a contributing factor in male-on-male sexual assaults that occur in correctional facilities (Rocheleau, 2013). Male inmates, in particular, become frustrated when they are unable to maintain heterosexual relationships since it calls into question their manhood, which in turn creates stress. "Psychologically and physically frustrating for inmates [as] overt homosexual threats as well as latent homosexual fears are realities in the life of inmates," asserts Huey (2008:15) of the dearth of heterosexual relationships. Sykes adds that a man's masculinity is questioned when heterosexual partnerships are rejected.

The audience may wonder why the researcher has included the above-mentioned data in this study, well this is because it is physical contacts, especially, like these that aggravate the spread of diseases in correctional facilities amongst inmates. The highly significant rule amongst the Coronavirus regulations is to avoid physical contact at all times, especially in environments where hygiene is not so constant amongst individuals due to the conditions of overcrowding.

3.2.1. Justification

The researcher has, specifically, chose to utilise the Deprivation model because it has always served great significance in the sociological, psychological, and criminological research fields and previous studies have tackled its influences, which include violent aggression (Zhai et al., 2020; Wang, 2021; Siroky et al., 2020; Greitemeyer and Sagioglou, 2019; Burraston et al., 2018; Greitemeyer and Sagioglou, 2017), health problems (Xia and Ma, 2020; Mishra and Meadows, 2018), and gambling problems (Mishra and Meadows, 2018; Tabri et al., 2017; Callan et al., 2011), as well as the mediators and moderators of the effects of deprivation (Xie

et al., 2018; Yu et al., 2020; Walker et al., 2015; Smithi et al., 2018), the degree of deprivation (Bossert and D'ambrosio, 2020; Ren and Pan, 2016), and its related issues.

Moreover, the significance in which the Deprivation model withholds in the social science context delineates that people's judgements are not only affected by the absolute level, but also by the relative level generated by social comparisons (Pettigrew, 2016). Furthermore, this study focuses largely on inmates' feelings and perspectives which is therefore comparably outlined in this theory since it focuses on the fact that individuals' feelings of deprivation arise from competitive social comparisons that occur between individuals and groups, which result in negative differences between what is realistically "earned" and what is justly "deserved" (Meuleman et al., 2020). As highlighted in this study's literature reviewed, riots arose within correctional facilities, especially those notorious for being overcrowded, where inmates felt deprived of essential needs such as medical as well as healthcare that would ensure their protection or safety from the coronavirus pandemic.

To be precise, the use of the Deprivation model in this research dissertation is necessary as it profoundly displays the state in which inmates found themselves during the COVID-19 pandemic whilst also illustrating the exact emotions they felt and thoughts they had during the time. Also, this study does not only seek to investigate the manner of adherence to COVID-19 rules and regulations undertook at Westville correctional facility when also faced with constraints of overcrowding, but instead also aims to change the narrative should and/or when the world finds itself in such circumstances again in the future. This study aims to exhibit an overview of the school of thought within the walls of incarceration during a time of distress, therefore, the utilisation of the deprivation model in this dissertation is suitable in comprehending all of that.

3.2.2. The Critiques of the Deprivation Model

"The heavy emphasis on the immediate pressures of confinement in the deprivation model implies a closed-system paradigm and thus fails to take into consideration the fact that the type of response made by the inmates may be influenced by both their past experiences and their anticipations of the future," argues the proponents of the deprivation theory (Schrag, 1994; Irwin & Cressey, 1944; Wellford, 1967), who also criticize the model's narrow scope, according to Thomas and Foster (2000:226-227). Furthermore, the biological approach is likewise disregarded by the deprivation model, which fails to take into account variables like the biological predisposition to violence of those with higher testosterone levels than others.

According to Deas, Robson, and Wong (2003), "this model ignores the internal factors that might also be important to consider" and instead concentrates on the "influence of the external environment." Nevertheless, in light of its shortcomings, this theory was pertinent to the research because it provided a comprehensive grasp of the ways in which the physical attributes and circumstances of correctional facilities impact the behaviour of specific inmates and their overall experiences of incarceration. Moreover, the Deprivation model fails to delineate why individuals who, even though known to be deprived of rights or resources, fail to partake in social movements that objectively aim to retain those resources.

3.3. Criminogenic Needs Theory

In the 1980s the term Criminogenic needs came about and was defined as needs thought to be causing criminal behaviour. The Criminogenic needs, according to Andrews and Bonta (1998) the founders of this concept, refers to the dynamic attributes of inmates and their circumstances that, when changed, are associated with reduced rates of recidivism. The reader may be confused as to why the researcher has seemingly shifted to recidivism, well a constructive answer to such questions is that after having looked at the behaviour of inmates in response to being denied what they currently needed most (e.g. protection against COVID-19) has led them to take off the sheep skin and be the true villains that they are by committing more crimes of stabbing warders and/or burning each other with boiling water in an attempt to survive the circumstance of possibly being infected with COVID-19. Although, one may argue that the criminogenic needs perspective may best delineate the situation of someone facing hardships outside of the correctional centre which may lead them to incarceration. However, when critically studying the life in which inmates live behind bars it well displays the image that the dissatisfying circumstances experienced by inmates may lead them to committing more criminal offences.

Furthermore, Andrews and Bonta (1998) assert that "Criminogenic needs are characteristics, traits, problems, or issues of an individual that directly relate to the individual's likelihood of recidivism and commit another crime". To be precise, in the criminogenic sense, needs serve great significance because they contribute to a person's risk level and can be an indicator of the severity of the overall problem. With that being said, the severe issue of correctional services staff members not adhering to COVID-19 precautions, thus putting the lives of inmates in great danger of easily contracting the virus came into concern after inmates have retaliated by committing crimes of violently imbruting the warden officers and other inmates

as form of survival as well as getting attention from the state. In support of the above-mentioned, Andrews and Bonta (1994) additionally assert that the criminogenic needs theory is greatly associated with the Social Learning Theory, thereby recognising criminal behaviour as the consequence of an interface between particular circumstances and personal factors, thus known to be criminogenic needs, which upsurges the potential (risk) of a crime being committed. Andrews and Bonta (1994) further delineate the concept of Criminogenic Needs as a context that largely focuses on the needs of inmates, especially those in high-risk confinement. These needs, during incarceration, include factors such as, need to stop taking drugs; and some may have low self-esteem, therefore, need healthcare. Also, since criminogenic needs theory is closely allied to social learning theory, it further views criminal behaviour as the outcome of an interaction between certain situational and personal factors (criminogenic needs) which increase the likelihood (risk) of a crime. The concept of a criminogenic need has been clarified by Andrews and Bonta (1994:176):

“Many inmates, notably high-risk inmates, have a wide range of requirements. They require shelter and employment, as well as the cessation of drug use. Some experience low self-esteem, frequent headaches, or dental problems. All of these are considered 'needs'. Criminogenic needs constitute a subset of an inmate’s risk level. They are an inmate’s dynamic characteristics that, when adjusted, affect the likelihood of recidivism”.

Stewart (2003) proclaims that although static indicators are significant in identifying initial risk levels, unfortunately, they are less useful for guiding treatment and even though they are unmodifiable, they cannot disclose if an individual transformed as due to treatment, how significantly, or what has changed, nor can they predict whether an offense would occur. Also, static risk factors have limited value after an initial risk assessment (Stewart, 2003). Dynamic risk variables, also known as criminogenic needs, can help physicians understand how treatment affects an individual's risk level and identify areas of improvement (Stewart, 2003).

With that being said, Criminogenic Needs are components in an inmate’s life that are directly related to recidivism. Hence, this research outlines six (6) factors that are directly connected to crime perpetuated by overcrowding in correctional facilities, such as low self-control, anti-social personality, anti-social values, criminal peers, substance abuse and dysfunctional family:

I. Low self-control

This factor outlines one's inability to control their own behaviour, thus leading to criminal activities. In other words, inmates are more likely to commit illegal acts when they do not have the ability to control their impulses. For example, an inmate who has low self-control is more likely to use narcotics than an inmate who has a higher level of self-control. Self-control helps dictate the way in which an inmate behaves themselves. This data has been considered by the researcher on this study because, as per the reviewed literature, inmates impulsively burnt each other with boiling water due to the fear they felt about the deadly coronavirus. By performing this gruesome act, it added to their list of crimes committed, therefore making them recidivists. This example can also be considered as a result of, or challenge caused by overcrowding in correctional facilities.

II. Anti-social personality

Certain personality traits, such as callousness, are another factor that have been directly linked to criminality. Inmates who portray anti-social personality traits are often insensitive to, or careless about how their actions affect others and therefore may not feel any remorse for what they have done or are doing. The criminal personality helps justify the actions of the inmate by making it easier for inmates to commit illegal acts. This, therefore, goes back to the riots that occurred in correctional facilities during the coronavirus outbreak, when inmates committed horrific acts such that of the case that took place in Westville correctional centre whereby an inmate stabbed a warden officer as a way of protesting what he believed to be an injustice to be deprived the opportunity to be tested for COVID-19 as part of a health-care routine that he is entitled to, cites Ngema (2020).

III. Anti-social values

Anti-social values allow inmates to disassociate themselves not only with the community but with the values and norms of the community. These types of attitudes help inmates retreat from their surroundings where they are alone with their thoughts and ideas while having minimal interaction within others within the community who are not engaged in criminal conduct.

IV. Criminal peers

Associating with other lawbreakers increases the likelihood of an inmate recidivating. If an inmate is immersed in a group of peers who continue to commit unlawful acts, it will be more likely that this inmate will commit more crimes. Furthermore, inmates are more susceptible

to peer pressure just like everyone else and if their peers are committing crimes, they will feel it is necessary to break the law in order to fit in. This, therefore, shifts the audience back to the events that occurred in Worcester Male Correctional facility in the Western Cape, whereby inmates burnt mattresses and clothes in front of their cell doors, in protest over the national lockdown strict regulations in correctional facilities as they thought them to be unjust, according to the publication of Stone (2020).

V. Substance abuse

There exists a plethora of studies narrating as well as delineating the relationship between substance abuse and criminal behaviour, revealing that continued substance abuse is an illegal act itself for inmates on supervision. However, there are other issues related to substance abuse, such as the need for money that can lead inmates to committing a crime to get money for drugs. In support of this statement, the protests that outbroke in Westville correctional facility against the no-visitor rule introduced during the coronavirus outbreak show the lengths in which inmates can take to fight for what they want. It is no secret that the visits of inmates' loved ones during incarceration allows inmates to experience a bit of the outside world through the gifts that they receive from those visitors which in turn they use as means of trade in correctional facilities, this includes money or cigarettes.

VI. Dysfunctional family

Inmates who come from dysfunctional families are more likely to be in a setting where they can learn criminal or substance abuse behaviour. In such instances, those inmates may not have ever had a positive role model within their homes to assist in teaching morals and values. Therefore, those inmates are at a disadvantage because from an early age, they are taught that certain values and norms are acceptable. Hence, this explains the notion that inmates felt the need to cause havoc and riots during the struggle against coronavirus in correctional facilities as it is some sort of norm for them to physically fight for what they believe to be entitled to or as a way of survival.

The above-mentioned factors can be seen as the most common contributors of crime even in an instance where the individual is in incarceration. Substance abuse may support studies about inmates using drugs to forget the present or the reality of being incarcerated and so forth.

3.3.3. Justification

The utilisation of this theory in this dissertation is necessary as it aids in explaining the events that occurred in correctional facilities during the coronavirus outbreak in 2020/2024. This theory does not only focus on the factors and/or events that occur within the incarceration walls but thoroughly examines how these factors came to be from the very beginning of the inmate's life before incarceration. Furthermore, criminogenic needs delineate the incidents and needs that the individuals seek to obtain, unfortunately, in ways deemed unacceptable or illegal to society. Criminology does not only study the crime, criminal minds and acts, but seeks to uncover the root cause of crime with the objective to curb as well as combat the leading factors of crime. Hence, the criminogenic needs theory in this study allows for this criminologist responsibility to be honoured in this subject.

3.3.4. Criticism of the Criminogenic Needs' Theory

Ultimately, available literature about Criminogenic Needs in inmate demographics, according to Hollin and Palmer (2010), demonstrate a high incidence of multiple need, with certain similarities between male and female inmates. However, the appearance of similar requirements does not imply that the wants are of equal significance. According to WordPress (2011) some critics argue that the model lacks conceptual depth and is simply a list of rules without theoretical foundation (Hannah-Moffat, 1999; Ward and Brown, 2003). Critics contend that there is lack of comprehensive instructions for correctional personnel to successfully rehabilitate inmates, cites WordPress (2011). Also, Ward et al., (2006) contends that a focus on lowering dynamic risk factors (criminogenic needs) is a required but insufficient requirement for effective therapy. Critics further argue that correctional interventions should prioritize both promoting human goods (approach goals) and reducing risk variables (avoidance goals) (Ward et al., 2006). Also, the RNR model has been criticised for lacking conceptual depth and providing insufficient tools for therapists to interact and work with inmates (Ward et al., 2006).

Research suggests that motivating inmates through risk reduction is challenging (Mann, Webster, Schofield, & Marshall, 2004). Additionally, the RNR model overlooks the importance of personal identity and agency in the change process (Maruna, 2001). Moreover, the model is based on a narrow understanding of human nature and ignores the fact that individuals evolve (Ward et al., 2006). The therapeutic alliance and non-criminogenic demands, such as personal suffering and low self-esteem, are often overlooked, despite their potential impact on inmate responsibility. Studies demonstrates that establishing a strong

therapeutic alliance with inmates requires interventions beyond risk-targeting (Marshall et al., 2003; Yates, 2003; Yates et al., 2000). Additionally, the RNR is a psychometric approach that focuses on criminal risk profiles rather than contextual or ecological elements in rehabilitation (Ward & Brown, 2004). The RNR is commonly applied in a one-size-fits-all approach, disregarding individual requirements and values. The current implementation of the RNR disregards the idea of responsivity and struggles to adapt the unique characteristics of inmates. In its most inappropriate form, the RNR is realized in a psycho-educational format where inmates are "taught" putatively important information (Green, 1995). Additionally, Ward and Stewart (2003) argue that the RNR is not an integrated theory, and its three major principles are not sufficiently theoretically grounded.

Proponents of the RNR model argue that it has a strong theoretical basis and when clearly articulated, it can overcome criticisms (e.g., Andrews & Bonta, 2003; Bonta & Andrews, 2003; Ogloff & Davis, 2004). Advocates of the RNR model argue that it is theoretically grounded, while being presented primarily through the principles of risk, need, and responsivity (Bonta, 2003).

3.4. Summary

This section has critically unfolded the consequences of negligence of inmates from the department of correctional services regarding protecting them from Coronavirus. Therefore, embiggening the researcher's curiosity to discover the main strategies introduced in correctional centres for inmates in an attempt to protect them from the deadly virus during 2020-2024 at Westville correctional facility specifically. This section has further delved into the relevant theories which best delineate the conditions that led to violent and aggressive riots from inmates throughout the country as survival against COVID-19. This chapter also analysed the risk factors that largely contribute to inmates' delinquent behaviour during incarceration.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1. Introduction

According to Zegeye, Worku, Tefera, Getu, and Sileshi (2009), the term “research” refers to the human activity that is grounded on intellectual application in the investigation of matter. Furthermore, the main objective of applied research is to discover, interpret, and the development of methods as well as systems for the advancement of human knowledge on a broader deviation of scientific matters of the world and universe (Zegeye et al., 2009). Verschuren, Doorewaard, and Mellion (2010), identifies a research methodology as being the processes that aids students in identifying, selecting, and analysing information about a subject and delineates how a researcher designs a study in a methodical manner with the objective to obtain accurate results that meet the study’s aims and objectives. More to this, according to Verschuren, Doorewaard, and Mellion (2010), further adds that “the methodology chapter ought to justify design selections by demonstrating that the procedures and approaches chosen are the best fit for the study aims and objectives”. Hence, this section will further, thoroughly, provide an extensive look into the research instructions considered when conducting this research.

4.2. Research approach

Smith, Denzin, and Lincoln (1994), assert that qualitative research concentrates on interpretation of phenomena in their natural settings to make sense in terms of the meanings people bring to these settings. The qualitative research method involves data collection of personal experiences, introspection, stories about life, interviews, observations, interactions, and visual texts which are significant to people’s life qualitative research methods originated from social sciences to enable researchers to study social and cultural oriented phenomena (Smith, Denzin, and Lincoln, 1994). The method generally includes data sources with observation and respondent observation, interviews and questionnaires, documents and the researcher’s impression and perception.

Precisely, the researcher will utilise a qualitative research method as it allows for the use of sources of data that can be obtained via interviews, observations, and documents. Moreover, the qualitative approach according to Denzin and Lincoln (1994), concentrates largely on interpretation of phenomena in their natural settings so to understand the meanings in which

people bring into those settings. Smith, Denzin, and Lincoln (1994) further delineate the concept of qualitative approach by asserting that it also involves data collection method of personal experiences, introspections, interviews, interactions, observations, and visual texts serving great importance in people's lives. Therefore, the use of the qualitative approach in this study is best fitting because this research study will highlight as well as extensively focus on the lived experiences of inmates in Westville correctional centre so to objectively to determine their strategic adherences to abide by the Coronavirus rules and regulations.

Also, qualitative research allows for the use of interviews as data collections instrument which would be very suitable for this study in order to achieve the research's goals and answers to the research questions. Moreover, since this approach also seeks to interpretate phenomena in their natural settings, this will allow for identification of the phenomenological issue that the inmates in Westville correctional facility are faced with through their own understanding as well as perspective of the matter, thus further allowing for the use of phenomenological design to study their experiences thoroughly.

4.3. Sampling

4.3.1. Target population

The term "target population" can be defined as being the particular pool of cases that the researcher wants to study or analyse and has a working sampling frame (Groves et al., 2011). This study pays special attention to one of the KwaZulu-Natal's largest correctional centres with regards to the way in which inmates adhere to the COVID-19 regulations in an attempt to curb the rapid spread of covid-19 amongst inmates whilst the overcrowding factor plays a huge role in disturbing such measures and/or procedures.

4.3.2. Sampling frame

According to Taherdoost (2016), sampling frame refers to a list of the actual cases from which sample will be drawn and is the representative of the population. The sampling frame of this study comprises of ten (10) Westville correctional facility inmates, specifically from the Medium D section, in KwaZulu-Natal. To be precise, Medium D section in WCF is the Youth Centre which comprises of male juveniles or inmates younger than 35 years of age. Moreover, this research will comprise of a sample of inmates, of male genders at Westville correctional centre, convenient enough to provide answers to the research questions. Gathering information from the male sections will increase the tangibility as well as the

reliability of this study by analysing thoroughly to examine their experiences during the Coronavirus pandemic during 2020-2024, especially since the correctional centres in South African are known to hold more male inmates than female inmates, as cited by The Law Society of South Africa (2002). Also, for factual evidence, the researcher considers interviewing six (6) correctional staff members as part of this research.

4.3.3. Sample size

Daniel (2011), asserts that ‘Sample size’ is a market research term used that refers to the number of individuals included to participate in the research conducted and the sample is selected based on demographics, such as age, gender, or physical location. This study will have sixteen (16) participants which amongst them will be: six (6) correctional staff members and the other ten (10) will be the Westville correctional centre’s inmates from Medium D.

4.3.3.1. Participant Selection Criteria

According to the publications of Kuper A, Lingard L, and Levinson W. (2008) as well as JW. Creswell (2009), to eliminate the potential influence of external variables and assure generalizability of results, participant selection in qualitative research is usually intentional; volunteers are chosen who can best inform the research questions and improve understanding of the phenomenon that is being investigated.

Therefore, the researcher assures to identify the most suitable participants for this study based on the research questions, the theoretical perspectives, and evidence informing the study. With that regard, the subjects selected ought to be able to inform fundamental aspects as well as perspectives pertaining to the objective phenomenon of the study. This study in particular pays close attention to professionalism intervention as the facility correctional staff will be included in the study; the representative participants will be considered by ages that meet inclusion criteria; experience level, particularly availability of the inmates at time of the coronavirus outbreak; and diversity focusing on both male and female participants, though inconsiderate of their ethnicity nor backgrounds.

I. Inclusion criteria:

- Five correctional staff members, such as:
 1. Head of Centre at Durban WCF Medium D Section
 2. Two clinic nurses
 3. Two warden officers

4. Social worker.
 5. Ten inmates
- Medium D
 - Ages from 20 to 35 years
 - Diversity with regards to ethnicity and backgrounds
 - Ought to have been present at WCF during the peak period of COVID-19
 - Ought to clearly understand languages used as means of communication by researcher.

II. Exclusion criteria:

- All those who expect compensation for participation their participation will be terminated.
- All inmates over the age of 35 and under 20.
- All those who were not present at the facility during the coronavirus outbreak from 2020.
- Violent respondents will be disqualified from participation.

4.3.4.Sampling technique

Although qualitative research is largely known for its random selection of participants which according to Etikan, Musa, and Alkassim (2016) allows for random selection to make sure that every element of the population gets an equal chance to be part of the selected. However, this research paper will utilise a sampling method which is famous for being bilateral within research settings as it serves both Qualitative and Quantitative studies. Therefore, this study will consider the utilisation of the Purposive sampling method when selecting all its participants. In this way, this study will ensure to select participants who strictly align with the Participant Selection Criteria (PSC) as they are best fitting to provide relevant answers to the research questions.

4.3.4.1.Purposive sampling

As previously stated above, this technique of sampling can be applied in both qualitative and quantitative research and is a non-random selection of respondents due to their expertise on the phenomenon studied (Bhattacharjee, 2012). Also, purposive sampling method is extensively useful in exploratory research (Bhattacharjee, 2012) which, therefore, serves as great advantage in this paper as it explores the strategies of adhering to the coronavirus rules and regulation by the Westville correctional facility inmates. The utilisation of this sampling

method to select suitable inmates for this study and correctional staff members convenient enough to provide relevant answers to the research question will aid with gathering more information that also exposes the roles that the correctional centre authority played to ensure that inmates abide by the covid-19 rules and regulations. Furthermore, this sampling technique is extremely suitable for this study in allowing all inmates from the Westville correctional facility to be selected and share their experiences during the start of the coronavirus pandemic in 2020 until present time whilst incarcerated.

4.3.4.2. Recruitment Process

The recruitment procedure entails identifying potential research participants and furnishing them with information to determine their willingness to participate in a proposed research study (Manohar, MacMillan, Steiner,. and Arora, 2018).

The researcher utilises three recruitment methods to complete data collection for this study. Firstly, the Recruitment letter method whereby the Department of Correctional Services Head Office sends all necessary documentation to the Westville correctional centre's Corrections office higher authorities, enlighten them about the researcher's intention as well as permitting the conduction of the research. Also, during this phase of recruitment, the researcher provides the Ethical Approval letter from the institution which they are conducting research for with the objective to outline the purpose of the research. Secondly, the Referral recruitment method is utilised to interview relevant staff member from the Westville correctional facility as well as the selection of relevant inmates as per the PSC created by the researcher. To be precise, assistance regarding inmates who meet the participant selection criteria will be received from the correctional facility staff responsible for Selections of inmates to partake in research studies. Also, this recruitment method serves as an excellent measure in recruiting relevant staff members to participate in this research such as the nurses, social workers, prison wardens, and the commander in charge of the incarceration chambers. Thirdly, the researcher further considers Direct recruitment whereby the researcher approaches all the relevant participants for the study, such as the inmates and correctional staff to introduce themselves, the study's aim and benefits of the study's outcomes. Thereafter, during this encounter, the researcher provides the participants with consent forms to sign as form of agreement to be part of the study and pledging to provide answers to the research as required.

I. Justification for recruitment process

The researcher has considered the utilisation of the Direct recruitment method for this study because it is best fitting in ensuring that the research is undertaken in an organised manner and further allows the researcher to communicate the significance of the study with the participants beforehand, explain the intent of this research, and provide answers to any questions that the participants may have before deciding whether to participate in this study. The referral recruitment method is best fitting in this study as it saves the researcher time by ensuring that the relevant parties required to participate in this research are approached.

4.4. Research Paradigm and Design Method

4.4.1. Interpretivism paradigm

Arghode (2012) cites that according to Schwandt (2001), “A paradigm is a shared world view that represents the beliefs, and values in a discipline and that guides how problems are solved”. In this study the researcher considers the use of the Interpretivism paradigm which according to Nickerson (2022), “is an approach to social science that asserts that understanding the beliefs, motivations, and reasoning of individuals in a social situation is essential to decoding the meaning of the data that can be collected around a phenomenon”. The use of this paradigm is best fitting to this study because after having looked at the manner in which inmates have responded to being [in their narrative] “refused protection” against covid-19. This paradigm, therefore, aids in understanding better the inmates’ reasoning for such violent retaliation with regards to the adherence of coronavirus precautions.

4.4.2. Phenomenological design

The research design is an overall strategy for conducting a research study based on integrating different study components coherently and logically to ensure the research problem is effectively addressed (De Vaus, 2001; Lavrakas, 2011). The research design is a conceptual framework within which research is conducted; it constitutes the blueprint for collecting, measuring, and analysing data (Kothari, 2004:31).

Walker (2007) asserts that according to Streubert and Carpenter (1999), “Phenomenology is a science whose purpose is to describe particular phenomena, or the appearance of things, as lived experiences”. Furthermore, Deepa and Panicker (2016) assert that the phenomenological design assists the researcher with interpreting the meaning as well as nature of a particular group of participants in a specific setting while they share their stories.

Moreover, according to Creswell and Poth (2018), this design's main objective is to decrease an individual's "grasp of the nature of the thing". To be precise, Creswell and Poth (2018) further proclaim that the phenomenological study delineates the everyday lived experiences of multiple individuals focusing on what everyone "has in common as they experience a phenomenon" and researchers, thereafter, collect data from the people who have experienced the phenomenon and explained "what" and "how" they experienced it which can be challenging.

This qualitative design method is very suitable for this study because it will allow the researcher to get more insight into the phenomenon of how Westville inmates abide by the introduced covid-19 regulations during 2020/2021 when it seemed to be such an extensive challenge to adhere to or live by the covid-19 laws in a correctional facility due to overcrowding. It will also allow the subject sample to narrate their lived experiences in response to the coronavirus pandemic and thereby answer the "what" and "how" questions of this research study.

I. Justification of the paradigm and design method

The researcher considered the utilisation of the Interpretivism paradigm because it recognises human knowledge as being contextual and rooted in language, thus allowing the researcher to understand phenomena through the meanings assigned to them by participants; it further fosters trusting relationships between researchers and participants by valuing and incorporating participants' situated perspectives; it also allows the researcher to gain an in-depth subjective understanding of inmate's lives during incarceration which is crucial in criminology research aimed at explaining human behaviour and social phenomena; and it additionally provides a qualitative methodology that goes beyond strict objectivity and neutrality, enabling the researcher to appreciate as well as analyse the value of shared human (inmate) experiences as cited by Haydamand Steenkamp, (2020).

The Phenomenological design method is utilized in this study because it allows the researcher and the audience to test as well as experience the phenomenon investigated by articulating the core of the incident under examination. Furthermore, by focusing on exploration as a key goal, flexibility is advocated- the type of flexibility that allows researchers to transition between lines of inquiry and activities with the objective to expose the foundation of the experience (Alase, 2017). Also, since the fundamental philosophical assumption behind phenomenological research is that truth can be discovered and exists inside the individual's

lived experience (Spiegelberg, E. ed., 2012). Hence, the use of this design will allow for the researcher to strip the available literature pertaining to the effect of overcrowding in the implementation of coronavirus protocols in correctional facilities and thus provide the root and accurate narration of the experience during incarceration with the Covid-19 outbreak at hand.

4.5.Data collection method

4.5.1.In-depth interviews

According to Reddy (2022) an in-depth interview is a qualitative research method of collecting data whereby intensive individual interviews are conducted and, in such interviews, there are smaller numbers of respondents so that on a particular program, idea, or subject the respondent's perspectives are explored. Furthermore, this method aids with finding an in-depth view of respondent's experiences, feelings, and perspectives (Reddy, 2022) about a phenomenon.

In this study, the researcher will conduct open-ended interviews to find an in-depth view of the Westville prisoners regarding the adherence to covid-19 regulations and the ways in which they are enforced to follow them. Hence, this method of data collection will serve as great use to the researcher to acquire the answers to the proposed research questions.

I. Interview location and structure

In-depth interviews will be conducted at the Westville Correctional facility with the assistance of relevant parties at the corrections department at the facility responsible. To be precise, the interviews will be conducted in the language that the interviewees or participants will understand in order to allow for a smooth collection of data by the researcher from the interview sessions and further ensure that the participants understand the questions asked as well as the role they will play in this study and therefore provide relevant answers for the study.

With regards to the structure of the interviews, the spend at least forty (40) minutes per session with an interviewee and will interview at least 3 participants per day, which means I will spend three hours per day at Westville correctional facility during the data collection phase of the dissertation. To be precise, the researcher will firstly interview the inmates in order to better understand as well as analyse the staff members' response to questions asked.

These interviews will be arranged at the WCF with the help of one of the relevant staff responsible for setting interviews with inmates for research and so forth. See appendices C.

II. Transcription of interviews

Michaud, Adams, Cohn, Neubig, and Guillaume (2018) define the Transcription is the process of translating sounds into text and can be done manually or by software. Furthermore, Michaud, Adams, Cohn, Neubig, and Guillaume (2018) further outlines the importance of transcription, especially in a study that involves conducting interviews as form of data collection. However, this study strictly focuses on one technique of transcribing which is best suitable Quick Transcription Research (QTR) method will be the which is used in a study that involves the conducting of interviews as form of data collection.

The data collected will be transcribed via the use of the Quick Transcription (QTR) method which is very much suitable for this study as it allows the transcriber to convert the audio files into written transcripts, since this research involves listening of audio recording that will be made when collecting data and writing the important conversation down.

Quick Transcription research technique is utilised to generate training corpora, such as the 2003 Fisher English corpus and NIST Rich Transcription evaluations, among others. This transcription approach may begin with automatic audio segmentation, which recognizes speakers and separates the audio material into utterances (Cieri et al., 2004). Transcribers listen to the automatically generated segments and type what they hear, disregarding capitalization and punctuation norms but noting a limited collection of non-lexemes (Cieri et al., 2004).

Furthermore, the researcher has considered the use of the Quick Transcription method because it saves time as it allows for the capturing of all the essential information collected during interviews, thus the researcher does not have to attempt to recall what was discussed at the interview sessions. Also, QTR is best suitable in an instance whereby some essential points could have been missed, it allows the researcher to go back and retrace the conversation or sub-heading of the participant's conversation. Lastly, but not least, the information can be easily sheared either via email or hard copies as the reader can quickly glance over the transcript to get insights into the candidature.

4.5.2. Justification for the use of data collection method

Although, In-depth interviews are one of the most time-consuming ways of collecting data, they allow for the exploration of incredibly deep insights with regards to participants' perspective of their lives and experiences and further allows the researcher to recognize the non-verbal cues from the participants and construe their emotions on different topics. Hence, this provides the researcher with a much more in-depth overview of how overcrowding in correctional facilities affects the implementation of solutions to specific health-related problems.

4.6. Data analysis

4.6.1. Thematic analysis

According to Naeem, Ozuem, Howell, and Ranfagni (2023) is a process for methodically discovering, organizing, and providing insight into patterns of meaning (themes) within a dataset. By focusing on meaning across a dataset, thematic analysis enables researchers to see and comprehend collective or shared meanings and experiences. Thematic Analysis is not concerned with identifying unique and idiosyncratic interpretations and experiences contained inside a single data item. Instead, this strategy is a way of detecting commonalities in the way a topic is discussed or written about and making sense of them (Braun and Clarke, 2012). Moreover, the patterns of meaning that Thematic analysis which enables the researcher to detect ought to be pertinent to the subject and research question being investigated. Analysis presents a solution to a controversy, even if, as in some qualitative research, the precise question being answered cannot be determined through analysis (Braun and Clarke, 2012).

Jenna Crosley (2021) defines Thematic analysis as the study of patterns of meaning and is basically about analysing the themes within a data set to identify meaning. Moreover, the scholar further delineate that the process of Thematic analysis is driven by the research questions, so it's not necessary to identify every possible theme in the data, but rather to focus on the key aspects that relate to the research questions (Crosley, 2021). This study will specifically use a deductive approach which allows the researcher to begin the analysis with a set of themes that are already expected to be found in the data and this approach is usually informed by prior knowledge and/or research or even existing theory (Crosley, 2021). Furthermore, the researcher will specifically consider the use of Reflexive thematic analysis because, as Crosley (2021) posits, it allows the researcher to change, remove, as well as add

codes when working through the data and can be performed by multiple researchers but can also be an individual effort.

This data analysis method is best fitting for this study because it will allow the researcher to thoroughly analyse the experiences of the incarcerated inmates during the pandemic era, it will further make it easier for the researcher to look into the themes that may emerge, thus contribute to the ‘policy making’ process for inmates during times in which they are faced with such or similar challenges.

4.6.2. The Thematic analysis process:

1. Familiarization – The researcher will firstly identify the data and get to know the data of this study.
2. Coding – Thereafter, start coding the data at hand into categories.
3. Generating themes – From the coded data the researcher will therefore identify patterns among them and start coming up with themes.
4. Reviewing themes – The researcher will then review the identified themes.
5. Defining and naming themes
6. Writing up transcripts.

4.7. Validity and Reliability

In the qualitative research perspective, both validity and reliability are extensively concentrated on the issue of trustworthiness (Stiles, 1993); validity according to Maxwell (2010), being the “correctness or credibility of a description, conclusion, explanation, interpretation, or other sort of account” and reliability referring to the “application and appropriateness of the methods undertaken as well as the integrity of the final conclusions” (Noble & Smith, 2015).

4.7.1. Validity

I. Mechanical recording and ‘rich’ data:

Mears (2017) posits that “the validity of interview research is related to its appropriateness for studying what it claims to inform and its veracity in reporting”. Even though there is no method or procedure that can fully guarantee validity, various tools can significantly aid in the reduction of validity threats and increase the credibility of the conclusions reached within a research study, cites Maxwell (2010) including mechanical recording, ‘rich’ data, use of

contradictory evidence, member checking, respondent validation, quasi-statistics, neutrality, triangulation, and fair dealing (Arksey & Knight, 1999; Mays & Pope, 2000; Anderson 2010, Bisman, 2010; Maxwell, 2010; Birt et al., 2016; Gray, 2018). Also, use of audio or video recording devices, rather than researcher notes, allow raw data to be scrutinised (Gray 2018); whilst the production of verbatim interview transcripts instead of selective interviewer notes, termed ‘rich’ data, provides a deeper and more revealing picture (Arksey & Knight 1999, Maxwell 2010).

II. Use of contradictory evidence or deviant cases:

Within a qualitative study, data can be inappropriately discounted (Gray 2018), so ‘identifying and analysing discrepant data and negative cases is a key part of the logic of validity testing in qualitative research’ (Maxwell 2010, p. 284).

III. Member checking and respondent validation:

Validity may also be substantiated by ‘member checking’, which involves the researcher informally confirming the accuracy of their understanding with participants during the data collection process (Gray 2018). Researchers can implement member checking in interviews by echoing, paraphrasing, and seeking further clarification on respondent comments where these are ambiguous and, in so doing, allow the interviewees an opportunity to confirm or correct the interviewer’s interpretation of their words

VI. Neutrality:

Neutrality is described as ‘a requirement that the researcher considers their own role in the research’ and the aim ‘is not to try to standardize researchers, but to have them reflect on the ways in which their background (class, gender, race, special concerns), personality (which is critical to achieving rapport and trust), mind set (assumptions and preconceptions), and actions have contributed to their account’ (Arksey & Knight, 1999).

4.7.2. Reliability

I. Detail and transparency:

Within interviews, reliability may be enhanced by greater control of, and uniformity within, the interview process but by imposing such structure, validity can be adversely affected as the interaction inevitably. Transparency and detailed description of the rationale for the research

design and its implementation (Elo & Kyngas 2008, Fitzgerald & Dopson 2011) should therefore afford an opportunity for the reader of a study to better evaluate its reliability.

II. Multiple coding:

Another widely advocated tool to promote reliability in qualitative research is the use of ‘multiple coding’; also referred to as ‘peer review’, ‘consistency checks’ or ‘intercoder reliability’ (Barbour 2001, Thomas 2006, Burnard et al 2008, Vaismoradi et al 2013, Smith & Noble 2014, Gray 2018).

III. Replicability:

Stiles (1993) refers to replicability as being a “procedural trustworthiness” and notes that this “concerns whether the observations are repeatable (after allowing for contextual differences) and whether the investigator’s report conveys what you would have seen if you had been observing”, so is deemed a key consideration in determining reliability within a qualitative research study. To be precise, audio recordings and full transcriptions offer considerable opportunity to establish procedural trustworthiness when an interview has been used as a data collection method, providing a further argument for the use of such techniques to enhance reliability within this form of research study.

5. Summary

In conclusion, this qualitative research study attempts to investigate the strategies enforced in Westville correctional facility to prisoners as a way of adherence to the covid-19 precautions with so to curb the spread of covid-19 amongst inmates. Furthermore, this study undertakes a phenomenological design to get rather precise and accurate view of the experiences of prisoners in Westville prison during the pandemic. The reviewed literature in this study has revealed that the department of correctional services has not taken much action to ensure the safety of incarcerated offenders so much to the point that this has led to great violent riots in correctional centres across the whole of South Africa, with prisoners protesting and retaliating against not being protected from the deadly virus. Hence, the researcher has taken it upon themselves to raise awareness of such carelessness in correctional facilities.

CHAPTER FIVE

DATA PRESENTATION, ANALYSATION AND DISCUSSION OF FINDINGS

5.1. Introduction

This chapter hereby presents the results of the collected data for this study further discusses and interprets the lived experiences of inmates during the time of the Coronavirus outbreak at the Westville correctional facility; and analyse how overcrowding in Westville correctional facility has impacted the implementation of the COVID-19 rules and regulations at the institution.

5.2. Results

The intent of this section is to present the findings of the collected data for this study which objectively aimed at exploring the effect of overcrowding on the implementation of COVID-19 regulations in Westville correctional centre; and investigate other possible healthcare risks and threats faced by inmates at Westville correctional facility due to overcrowding.

5.2.1. Semi-structured One-on-one Interviews

Semi-structured One-on-one interviews were considered because they allow for flexibility in terms of giving participants an opportunity to provide in-depth information through open-ended responses due to feeling more comfortable to voice their experiences as well as opinions thus letting the conversation to flow freely and flexibly. However, the following issues were considered: interviews are time-consuming to conduct; lack of consistency as responses varied widely between interviewed thus making it quite challenging to compare as well as analyse the data collected; and the flexibility of these interviews lessen validity as it can deviate from the subject of interest thus leading to some research question not being answered.

5.2.2. Interview Dynamics

Data collection focused on two groups of participants for this study, particularly inmates and the relevant correctional staff members at Westville correctional facility. The interviews were conducted for five (5) days; the researcher hosted three (3) sessions per day which lasted 30 to 40 minutes with each participant. The researcher started conducting interviews with the Ten (10) inmates first because the research largely focused on the experiences of inmates during the COVID-19 outbreak, therefore, their responses allowed for an opportunity to be

able to investigate how the correctional facility responded so to overcome those issues outlined by inmates when interviewing the Six (6) relevant correctional staff members. It was noted that the correctional officials expressed that there was sudden extreme workload in an attempted to curb the spread of coronavirus within the correctional facility.

5.2.3. Pseudonyms

The researcher has considered the use of pseudonyms in this study with the objective to maintain anonymity and confidentiality. The names provided for participants in this study are not their actual names but are instead made-up names by the researcher.

5.2.4. Interview Questions Coding

In an attempt to facilitate a user-friendly and efficient analysis, each interview question was provided with an exclusive comparable code (Q1 – Q14, for the inmates) and (Q1-Q10, for the officials). To be precise, the presented codes represent each question asked during the interviews, from question number one (1) till question number fourteen (14).

5.2.5. Data Presentation

The results section presents the codes below utilised to present the participants' responses to research questions asked:

The Content analysis was utilised to identify the frequencies of certain phrases related to the experiences brought by overcrowding during the COVID-19 outbreak, and the Thematic analysis was utilised to interpret the themes and meanings that surfaced during data analysis.

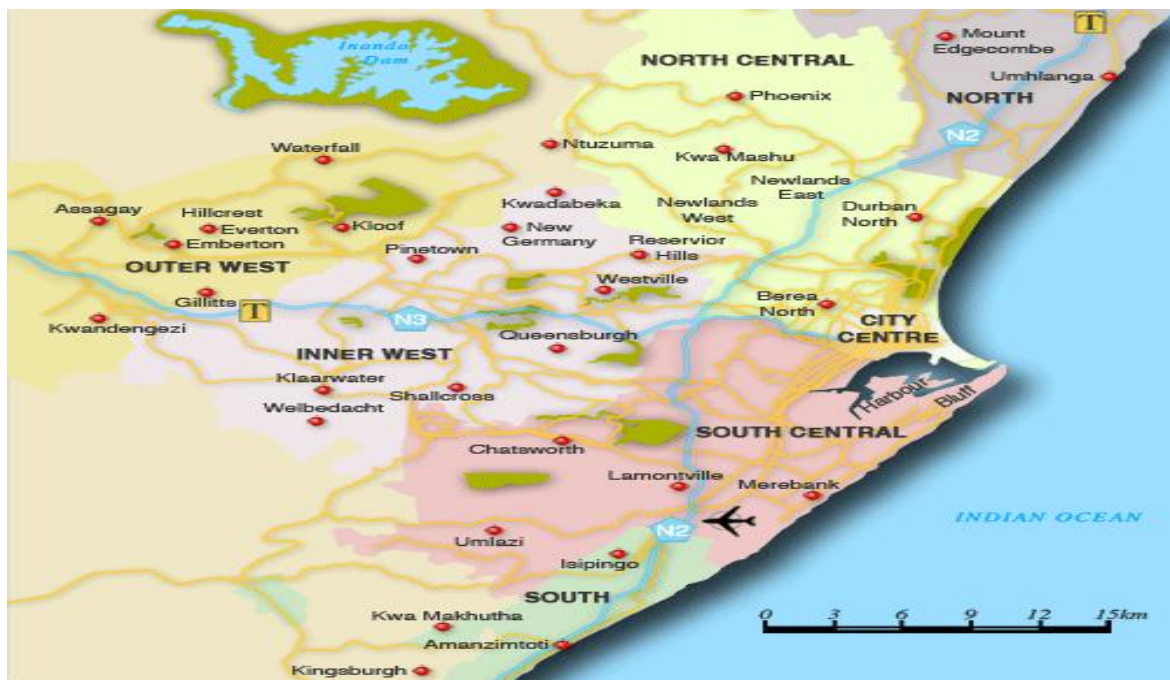
5.3. Demographic Characteristics of Participants

This study was conducted at Durban Westville prison which is officially known as Westville Correctional Centre and falls under the eThekweni Metropolitan Municipality in the province of KwaZulu-Natal, South Africa. To be precise, the Westville correctional facility is located in the suburb of Westville, which is part of the larger Durban region. Moreover, in terms of the administrative districts for correctional services, it operates under the KwaZulu-Natal Management Region, overseen by the South African Department of Correctional Services.

5.3.1. Personnel

With regards to the sampling frame of this study, the most prevalent as well as preeminent racial group at Westville correctional facility both within the inmates and the correctional officials were Africans, about 86.67% of the participants were Africans, and 13.33% of Indians who participated in this study. Moreover, the Westville correctional facility is dominated by African inmates more than any other race group that is incarcerated at the correctional facility.

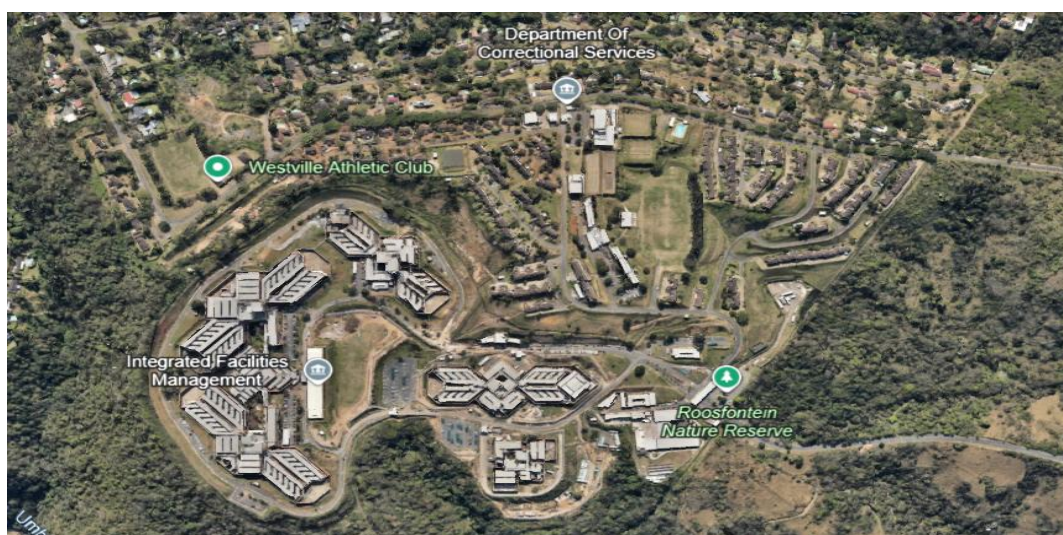
Figure 1: eThekweni Municipality District Map



Source: Google Map

Figure 1: Illustrates the geographic boundaries of the eThekweni Municipality, and the researcher aims to put audiences' focus on the area in which the study was conducted. The demarcated area, marked with a red arrow on the map, represents the jurisdiction of eThekweni north central at Westville.

Figure 2: Westville Correctional Facility satellite map



Source: Satellite image of Westville Correctional Centre.

Figure 2: Illustrates the geographic overview of the Westville Correctional Facility, with a satellite view so to provide the reader with a much vivid understanding of the correctional centre's structure.

Moreover, the sole purpose of including these maps under the demographic information section of this study is to contextualise the study area, visualise the geographic scope of this dissertation, and to further illustrate a much clearer grasp of the demographic context in which this research was conducted.

The regional language for eThekweni Municipality district is isiZulu. Other languages included English, isiXhosa, and Afrikaans; however, since most participants were African isiZulu speakers, interviews were conducted mostly in isiZulu and those who could not fully speak the language were communicated or conversant with in English. There was no interpreter present as the researcher is multilingual and could easily communicate with the participants in languages that they could easily understand, whereby in one case one of the official participants are isiXhosa speakers and therefore communicated mostly in isiXhosa throughout their interview session.

Figure 3: Study Participants

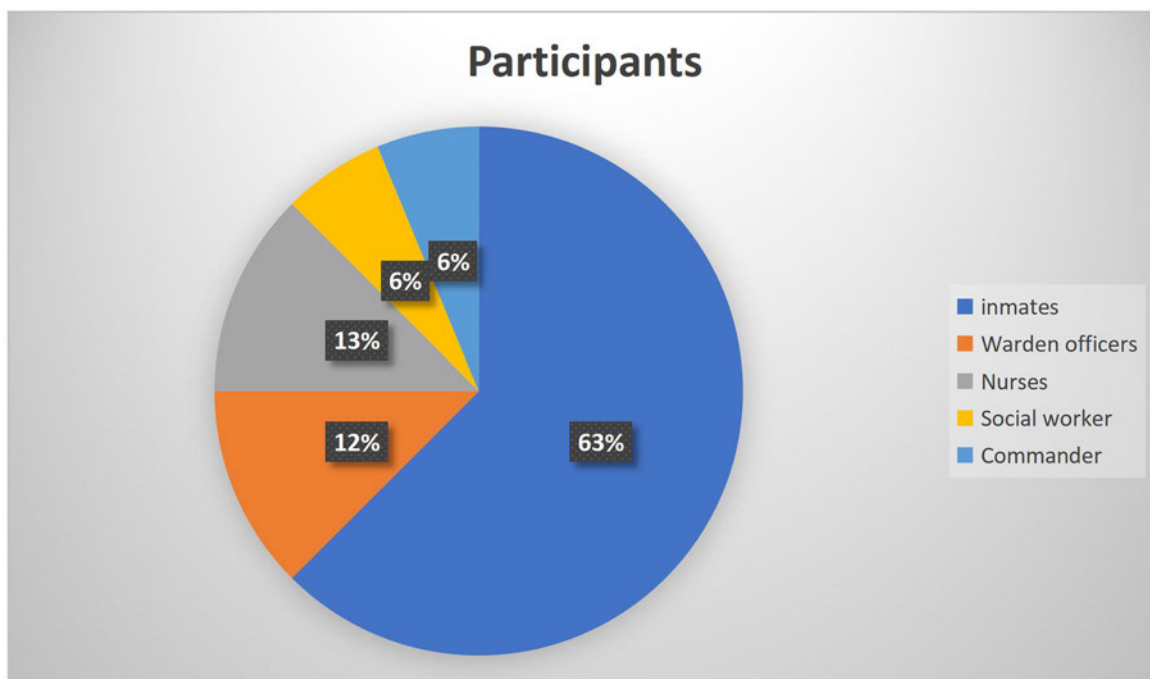


Figure 3: Illustrates the roles and/or occupations of the sixteen (16) participants in this study. The majority sixty-two percent (62%) of participants were the inmates and the reason for interviewing such a large sample is because this study seeks to examine their experiences during the COVID-19 pandemic during incarceration. The health department of the correctional facility is at thirteen (13%) because the researcher interviewed two officials at the department who played a vital role in providing the necessary information which this study seeks to uncover in accordance with the research questions. The occupations of the two officials are that one serves as a Nurse and the other is a health coordinator. The researcher further interviewed thirteen percent (13%) of warden officers; and two six percentages (6%) of the social worker and sub-section commander.

The distribution of the study participants as presented in **Figure 3**, through the utilisation **Purposive sampling**, was deliberately largely concentrated towards inmates (62%) for the purpose of ensuring a greater representation of the target population, allowing for an intense understanding of the health-related challenges experienced by inmates due to overcrowded correctional facility spaces. The inclusion of the correctional officials, such as the Sub-section commander (6%); Social worker (6%); Warden officers (13%); and Nurses (13%), was also necessary because they provide fundamental insights into the organizational context as well as decision-making processes that impact inmates living conditions during incarceration.

To be precise, the high representation of inmate participants in this study ensures that inmates voices as well as lived experiences during critical times that pose as a health threat due to overcrowding are sufficiently captured, thus providing a much richer understanding of the different health risks and threats brought upon inmates because they are incarcerated in inhumanely overcrowded spaces.

Figure 4: Participants Age range

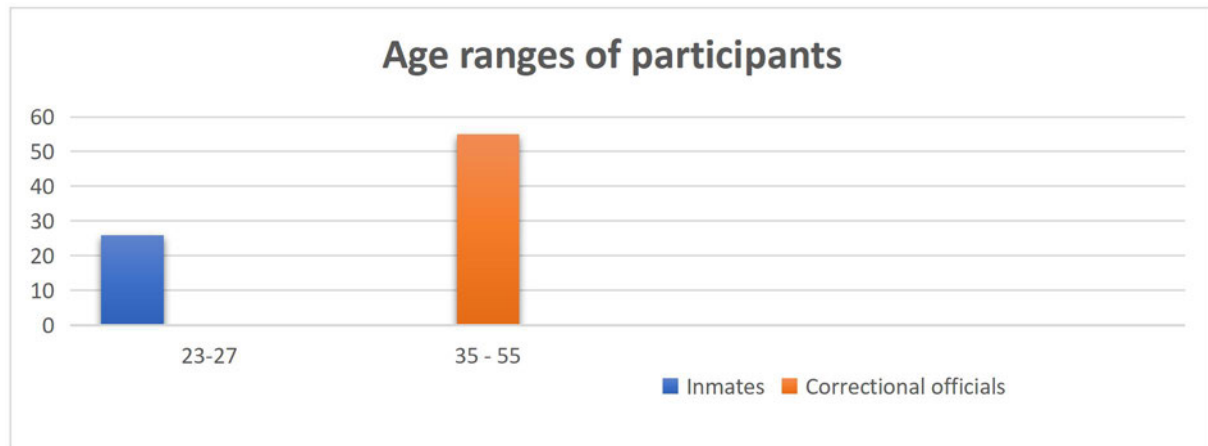


Figure 4: Regarding the age distribution of participants in this study was divided into two focusing on inmates and the correctional official members. As per ethical considerations of this study the inmates who participants in this were between the ages of 23 to oldest being 27 years old and the correctional staff were between the ages of 35 to 55 years. Moreover, the inclusion of participants in this study ensured to largely focus on the idea that they were present at the correctional facility before and during the COVID-19 outbreak in 2020/2024.

Age and number of years in which participants have been situated at Westville correctional facility plays a vital aspect as the respondents are mor likely to notice the changes as well as challenges related to health due to overcrowding within the facility. For this reason, the researcher’s ethical considerations focus mainly on individuals who are around the ages 20 to 65. Moreover, participants ages will further determine if they were present during the time of the COVID-19 outbreak in 2020 and if they can recognize any unusual health risks and threats brought by the Coronavirus pandemic.

5.4. The challenges of overcrowding in the South African correctional centres and the COVID-19 pandemic

The research findings revealed that the South African correctional facilities experience various crucial health-related challenges due to overcrowding. Sixteen (16) participants

shared their experiences and perceptions to this context, thus further revealing recurring themes. To be precise, all sixteen (16) respondents were asked questions regarding the effects of overcrowding on the implementations of the COVID-19 pandemic rules and regulations in 2020/2024 at the Westville correctional centre, i.e., in terms of the interview schedule and objectives of the study.

5.4.1. Interview phase

Questions for Inmates:

I. Q1: Limitation of overcrowding on the implementation of Coronavirus safety precautions

Did overcrowding restrict you from practicing COVID-19 regulations, if yes, how did overcrowding restrict you from practicing the COVID-19 regulations?

Responses to question 1

The main objective of this study is to explore the effect of overcrowding on the implementation of COVID-19 regulations during 2020/2024 in Westville correctional facility. The research findings reveal that at least seventy percent (70%) of the respondents expressed that practicing social distancing was very challenging in the correctional facility due to the state of overcrowding. This statement, therefore, supports most of the literature presented in chapter two (2) of this study which as revealed that in cramped conditions, and with communal activities such as eating, showering, and using the toilet, it is impossible for correctional facilities to comply with global advice on COVID-19 and physical distancing (IDPCC, 2020). Below are the responses of the participants to Q1.

Njabulo, who is 25 years of age and has been incarcerated since 2018, said:

“Yes, indeed I can affirm that overcrowding in incarceration cells made it quite challenging to abide by the COVID-19 rules and regulation because it wasn’t possible to reduce the number of inmates per cell as there would be more than thirty (30) of us in one cell, therefore in that way there was no social distancing.”

Whereas **Jared**, who is 23 years and has been incarcerated since 2019, said:

“No, it did not. The people who work in here had a way to separate us and give us social distance. So, we never had much of a problem. In the cells, as inmates we learnt how to keep distance and keep safe from this COVID-19.”

Simiso, who is 21 years old and has been incarcerated since 2020, responded:

“I would not say because we received vaccination, we kept social distancing when outside our cell chambers.”

Bandile, who is 26 years old and has been incarcerated since 2020, said:

“With regards to overcrowding, the number of inmates in one cell was reduced. Also, some of those who displayed symptoms of COVID-19 were taken out of the cell and sent to reside at isolation chambers at the centre’s hospital. When the number was reduced, we were left with only 14 of us in my cell. Moreover, for those convicted with petty or less serious crimes, they were offered *iNGQAWUZA* (Early Release) to minimise overcrowding in cells. However, in other cells where the number of inmates was more 30, I can say COVID-19 easily spread because social distancing wasn’t easy to practise.”

Mondli, who is 26 years old and has been incarcerated since 2019, said:

“I would not say because we had ways of ensuring that we are safe from the virus, mostly ways we as inmates did in holding cells to try and fight against COVID-19, like washing our hands, rinsing the sink, not sharing cigarettes as we were also instructed, and constantly tried to keep some distance from each other.”

Sandiso, who is 27 years old and has been incarcerated since 2019, expressed that:

“Yes, it made it quite difficult to follow certain precautions. So much that it led to some inmates being released so to try to follow the regulations.”

Mbuso, who is 28 years old and has been incarcerated since 2018, said:

“Yes, it was not possible to practice social distancing. During the time of the COVID-19 outbreak, it became very overcrowded in correctional centre. We could only practice social distancing when we going to get food as we queued in groups of 5s. Other than that, we couldn’t practice social distancing in our holding cells due to the overpopulation.”

Sizwe, who is 26 years old and has been incarcerated since 2016, said:

“It was not easy to practice Social Distancing due to the overcrowding in our cells. Although, we would usually practice social distancing when we outside of our holding cells, however, that did not make any difference because we still got together in our overcrowded holding cells. Therefore, it was still the same as not having practiced it.”

Sifiso, who is 26 years old and has been incarcerated since 2019, said:

“Only when we were outside of our holding cells, we could practice social distancing. In our holding cells, it was too overcrowded, where I was detained before I came to Westville correctional centre, therefore our beds were too close to each other.”

Sipho, who is 23 years old and has been incarcerated since 2018, said:

“In the manner in which the holding cells are overcrowded, practicing social distancing was quite challenging due to the small spaces left in between beds, it was impossible control. Therefore, I could say that this made COVID-19 to easily spread.”

II. Q2: Perceptions on the number of inmates detained per holding cell during the COVID-19 pandemic

How many inmates do you share a cell with and did this affect you in any way during Covid-19 period? How so?

Responses to question 2

Njabulo responded that:

“There were more than thirty (30) of us in my cell and the pandemic outbreak meant nothing as the number of inmates in my cell was not reduced. It was as though everything was still normal and was no outbreak.”

Jared said:

“There were 31 of us, in my cell. However, it was not always that number, as sometimes the number would be added and sometimes lesser. Although, the number of inmates in each cell wasn’t controlled as a way of controlling the spread of COVID-19 as that didn’t really matter.”

Simiso revealed:

“There were 38 of us.”

Bandile said:

“Right now, there are 31 of us in my cell. When the number was too high during COVID-19 outbreak, we were reduced to 14.”

Mondli said:

“Currently, there are 33 of us in my holding cell. However, it differs in numbers as other holding cells may have a lesser number than that or even more because initially by law, there’s ought to be 41 inmates per holding cell.”

Sandiso said:

“Currently, there are 21 inmates in my holding cell. However, during the time of the COVID-19 outbreak, the number of inmates was higher, which also contributed largely to having other inmates being released.”

Mbuso said:

“When I got arrested in 2018, there were 63 of us and in 2020, there were 54 of us in my holding cell.”

Sizwe said:

“There were 52 of us when I first got sentenced. However, during the time of COVID-19, the number of inmates was reduced through iNGQAWUZA (early release) and there were about 29 to 35 of us as there were more inmates brought in for incarceration.”

Sifiso said:

“There were 42 of us, but due to overcrowding the number was not easy to reduce. At the time I was in Newcastle correctional centre. Also, due to the overcrowding in our holding cells, I could say that one could easily get infected with the virus as we do things irresponsibly. More to that I got infected too with COVID-19 due to this overcrowding.”

Sipho said:

“Right now, there are 22 of us. However, during the time of the COVID-19 pandemic the number of inmates in the holding cell reduced, I could say there were about 15 inmates since the Special amnesty was introduced [to release inmates whose sentences was almost finished, who were arrested for less-serious crimes].”

III. Q3: Practicing social distancing as form of adhering to the COVID-19 regulations in the correctional centre

Can you explain, in an attempt to adhere to some of the COVID-19 regulations, was social distancing possible in the facility and how did you practice social distancing?

Responses to question 3

Njabulo, said:

“We wore masks whole day when outside of the cell chambers; there were sanitizers that we always applied. In overall, all I can say is we practiced social distancing when outside of our cell chambers, especially when visiting officials’ offices as there would be people coming from out of the correctional centre, thus we were not supposed to be in close contact with them.”

Jared, said:

“Yes, maybe if we are going in the morning to get our food or something. They had like from one line, we had one meter distance from each other.”

Simiso, said:

“During the collection of food, we were told to keep a distance from each other and not be too close to each other. Also, when we were gathered outside to get some sunlight, we were told to be in small groups.”

Bandile, said:

“Yes, indeed. We practiced social distancing a lot, especially when outside our cell chambers. When we were getting food, we practiced social distancing and there were gap spaces made/left in between our beds so to ensure that we aren’t too close to each other to honour the social distancing rule. Also, official members and nurses came to our cells and informed us that the number of inmates in each cell would be reduced because there were too many of us cramped up in one cell. Thereafter, some inmates were removed to reduce the number of inmates in my cell.”

Mondli, said:

“We practised social distancing when going to get food, we kept a distance from each other.”

Sandiso, said:

“We were told to keep 5- meter away distance from another inmate to exercise social distancing when standing in a queue to get food.”

Mbuso, said:

“No, it was not possible to practice social distancing in our holding cells especially but only outside of our cells where we kept some distance from other inmates.”

Sizwe, said:

“When sitting together especially outside of our holding cells, we leaved spaces between each other; when we are counted; when we “fofa” (queued) for getting food.”

Sifiso, said:

“When we going to get food “*eziNqweleni*” [food cart] and “*sifola*” [queuing] we’d stand in groups of fives (5) leaving 5-meter apart from each other.”

Sipho, stated:

“With regards to practicing social distancing, usually in the morning during “*sifola*” [queued] to get food when standing in groups of five, we would be superlative close to each other. However, during the pandemic the queue would be stretched out due to the practice of keeping a meter apart from each inmate. Moreover, we kept a meter apart from each other during times of attending the social work programmes or going for Psychologist sessions.

IV. Q4: Handling of inmates infected with or suspected to be positive of COVID-19

When one is suspected to have been infected by coronavirus, what were/are the actions usually taken in response to that by the Westville correctional centre’s officials? Were measures taken efficiently to curb the spread of the virus?

Responses to question 4

Njabulo, said:

“In a case whereby one displayed some symptoms of COVID-19, you would be admitted at the correctional centre’s hospital for some time. It was very unfortunate, though, that some inmates were scared to come forward when they were sick. You’d find that an inmate is sick,

but they never receive any sort of treatment, and they did not go for any isolation due to not getting tested for coronavirus.”

Jared, said:

“The officials would take him out and put him in isolation to be by himself for 14 days to see if he really got the COVID-19, so yeah that’s how it was.”

Simiso, said:

“We were told to go get an injection at the clinic and quarantined.”

Bandile, said:

“The inmate would be removed from the rest of us and would be put in one cell which was meant for Quarantine. All those who displayed symptoms of COVID-19 for Seven (7) days, but if the illness was worsening, more days would be added in Quarantine until they are better or fine. The nurses would be attending to those ill inmates daily, providing them with medication and everything that they needed during the time of Quarantine. Also, when an inmate was found to have contracted the virus, disinfecting specialists would come for thoroughly cleaning.”

Mondli, said:

“We assisted each other most times, when we noticed that an inmate was coughing in a suspicious manner, we would report it to the official members asking that they get checked or if they could be given their own bed in the centre’s clinic since every centre has a clinic. Thus, the nurses would attend to that inmate who’s sick.”

Sandiso, said:

“When an inmate was sick or coughing in a suspicious manner, we would report them to the officials, or the inmate would report to the officials that he is sick. In response to that, he would be taken for Quarantine where sick inmates are isolated at the centre’s clinic for 14 days. There would be daily checkups for that inmate. Also, everyone else who was in contact with that inmate who fell sick would also be quarantined and monitored to see if they are fine.”

Mbuso, said:

“When you display symptoms of COVID-19, like coughing for some time, you would go to the section’s clinic to get tested. If it happens that you test positive for the virus, you would be quarantined for 14 days as well as the inmates you interacted with would be quarantined.”

Sizwe, said:

“If you felt sick, we also looked out for each other, if I maybe had constant coughs, or had a strong headache, or maybe my body temperature was high, you’d be called in at the centre’s clinic. Thereafter, taken into the Quarantine room, where you’d be kept for some days to be monitored for the recommended period. You’d also be, then, checked for the virus.”

Sifiso, said:

“When I was still detained in Newcastle correctional centre, I was the first inmate to ever contract COVID-19. I stayed for about a week before any action was taken with regards to having me tested or getting any treatment and before I was isolated away from the rest of the inmates, even though it was already known that I had contracted COVID-19. Thereafter, after a week I was moved to another management area called “*Watervaal*” where I was then isolated for. However, I did not receive any treatment as it was hard for “*oBaba*” [the male official members] to even get to us as they were afraid. The nurses did come to assist us but that was also quite a challenge because “*oBaba*” are the only ones responsible to come to our sections which was quite a challenge due to being terrified, themselves, to come near us since there were too many of us who in isolation for being COVID-19 positive. Moreover, with taking medication was quite challenging as we only get to eat twice inside here. We eat in the morning at six (06:00am) and then during the day at Eleven (11:00am) we eat for supper, which meant when taking medication at night I would consume it on an empty stomach.”

Sipho, said:

“Well, most of the time, I was “*Cleaners*” [cleaner] at the time whereby when an inmate displayed symptoms or even was found to have contracted COVID-19, he would be removed from the rest of the inmates in the holding cells; moved to an isolation cell which was situated at the centre’s clinic to Quarantine; also all of those inmates who were in contact with him would also be tested and quarantined for about seven-to-fourteen days. Thereafter, they would then be exposed to the rest of the inmates once on the clear. Like this one time whereby the inmates who were completing grade 12 had to quarantine because their teacher

had tested positive for COVID-19. Those grade 12 inmates were separated and put in another section away from the rest of the inmates.”

V. Q5: Frequency of testing and routinely healthcare checkups of inmates

Do inmates get tested for diseases, if yes, how often and if not why?

Responses to question 3

The main aim of this question is to determine some of the possible healthcare challenges occurring in Durban Correctional Medium D due to overcrowding in WCF. According to previously reviewed literature in this study, the cause of the high rate of morbidity and mortality with regards to HIV and TB in correctional centres is due to overcrowding, poor hygiene and nutrition, violence, lack of access to basic healthcare services, and the great amount of prevalence of many other communicable diseases which weakens the immune system of inmates, thus exposing them to infections (WHO, 2011; UNAIDS, 2011). In support of this statement, the below presented results reveal that overcrowding plays a crucial role in perpetuating the spread of diseases that already exists within the correctional facility walls.

Njabulo, said:

“No, unless one comes forward and says they are feeling ill. However, most inmates do not say when they are sick as they are afraid to be looked at a certain way by other inmates. For example, if I tell another inmate that I’m sick, he might view it a certain way.”

Jared, said:

“Yes. It was easy to get medical assistance. If you wake up and if you feel that you’re not right, you just ask for a clinic, and they would let us to come to the clinic. For COVID-19, I wouldn’t say that we were all tested. But the officials told us about this COVID-19. They tried to keep us distanced and they told us that if anyone have any sort of symptoms, they must let us know.”

Simiso, said:

“No, we never tested but received an injection [Vaccine].”

Bandile, said:

“For COVID-19, it was a must that everyone tests for the virus so to ensure that you don’t infect others should it happen that you possess the virus.”

Mondli, said:

“Yes, in another instance we all got sick because of one inmate who sick and we had thought it was just a minor flu. Therefore, we all got tested to see if we are on the safe side. During the time of the pandemic everyone was test for COVID-19 and as much I did not want to test, but I did follow the instruct that we all had to test so to be sure that we are on the safe side.”

Sandiso, said:

“Yes, there was a point where everyone was told to get tested for the COVID-19, even though not everyone tested but most did go to get tested.”

Mbuso, said:

“Yes, we get checked for various diseases. If you are coughing and are feeling sick you go to the clinic to get tested. At the clinic they’ll determine if it is just flu that you’re feeling sick from or if it’s COVID-19. And if it is COVID-19 you don’t return to the other inmates, you quarantine.”

Sizwe, said:

“We were all told about the vaccination for COVID-19 and even though we were told it was not compulsory, but the way in which they recommended that we vaccinate it was as if we were forced to vaccinate. However, I didn’t vaccinate because in the beginning I didn’t really believe that it was really there. Also, I’d say that they usually instantly get information about any diseases or pandemics that pose as a threat before they get to us. Thereafter, they then ask us to all vaccinate for it before those diseases attack, just in case that disease arrives, there is some vaccination in our immune systems.”

Sifiso, said:

“No, we were not tested, where I was detained, and not many inmates vaccinated for the COVID-19.”

VI. Q6: Perceptions on the accessibility to medical assistance and distribution of medications for inmates

How do inmates, usually, get their medication? Is the distribution of medicine efficient?

Responses to question 6

A plethora of sources have argued that the state of overcrowding in the South African correctional facilities has greatly challenged the means to provide adequate as well as sufficient medical assistance to individuals living behind bars. However, the presented result below has proven these allegations to be false as most of the participants in this study have sung praises for the medical care and attention they receive from the nurses. Even though there are some inmates who have expressed the inaccuracies regarding being provided medication that does not attend to them.

Njabulo, said:

“Inmates come to the Youth centre’s hospital when they feel sick. However, I wouldn’t say that the medication I got attended to what I needed it for. Sometimes you’d find that someone would be coughing, in a normal way, but they would be given Pain killers for just to reduce any pains. In due time, whatever illness you felt goes away. Also, sometimes you’d find that when one comes to the centre’s hospital complaining about something they are not feeling alright about, they are given medications that doesn’t necessarily attend to that illness. Like I said with the Pain killer’s pills, when I come in the hospital stating that I’m feeling sick, let’s say I have Sinus problem I’d be given pain killers.”

Jared, said:

“At the clinic. The treatment at the clinic is good. They’ll ask you about what’s going on with your body or whatever, and then you explain to them and then they try from their side to see what they can do. Yes, they provide you with the medication for what illness you have.”

Simiso, said:

“They would give us pills for pain. When I took those pills I would feel better during the day, however, the pain would get worse later at night.”

Bandile, said:

“All medication is provided at the centre’s clinic; the nurses provide us with the required medication when feeling sick. Yes, they ensure that when someone comes to the clinic, they would be scanned for surety that they are fine.”

Mondli, said:

“At the centre’s clinic and yes, it is sufficient as we are provided with medication that is necessary for treating what we are feeling ill from.”

Sandiso, said:

“Those living with TB, for example, are catered for by the nurses at the centre’s clinic. In most cases, the inmate with TB would be admitted at the centre’s clinic, so that the sisters [Nurses] monitor him and give him treatment medication.”

Mbuso, said:

“When an inmate is found with TB, he stays at the section’s Clinic to be monitored by the sister [nurse]. Thereafter, when the inmate is in a much better state, he then returns to the holding cell. There is some medication which the inmate is allowed to take with him to the holding cell, such as less harmful medication. However, the strong medication which the if excessively consumed can lead to death. Which therefore means that such medication can only be consumed at the section’s clinic. The reason for this is to ensure that the inmate doesn’t overdose on those pills.”

Sifiso, said:

“The “*Sisters*” [nurses], during the COVID-19 pandemic, would come to our sections to give us our medication as it was not encouraged to be walking around and about. However, now we ask to go to the clinic so to get our medication. Unfortunately, when it comes to coming to the clinic when you have a stomach-ache, you would be provided with pills for pain or headache. So, sometimes you may be provided with medication that is in accordance with what you are ill of, t’s really hard.”

Sipho, said:

“During the time before the outbreak of COVID-19, the inmate would be brought to the clinic by one of the officers to collect their medication. After, the outbreak, the “*Sisters*” [nurses] were the ones who would go to the sections to deliver the medication to those relevant inmates. Moreover, in an instance whereby an inmate was in isolation to be quarantined for COVID-19, the “*Sisters*” [nurses] would be dressed in PPEs [protective gears] and brought the medication to the isolated inmates. Also, I believe that had the procedures of medication supply had not been changed to accommodate the outbreak, a large number of inmates may have been infected with COVID-19.”

VII. Q7: Response to official staff members affected or suspected to have contracted COVID-19

When a staff member or an inmate is found to have contracted COVID-19, are they and how are they isolated from the rest of the incarcerated individuals?

Responses to question 7

Njabulo, said:

“All I can say that it would happen that there would be an official member who would be found to have contracted the coronavirus, let’s say that it’s seen after a week or so, they have been here, at work. So, everyone who was close with them like me as one of the Cleaners who were in contact with them, serving them food, and everything like that. We would be taken for isolation for some days in one cell as the Cleaners to be monitored so to see if we don’t display any coronavirus symptoms. However, we were just sanctioned in isolation cell, but not tested.”

Jared, said:

“Actually, what was done is, if maybe one of them is suspected of having this virus, they would tell them not to come to work because they might give us the virus as we’re closed up here. If an inmate who were in contact with that official, he would be tested for the same virus so that we know that he’s not infected.”

Simiso, said:

“Som officials would not come to work, but some would be here at the centre like Mr. Pillay and Ms. Shantelle who visibly showed signs of being sick.”

Bandile, said:

“There would be Disinfecting specialists that would come to the centre to do thorough cleaning and all inmates who were in contact with the infected official member would be removed from the rest of the inmates in the holding cell and would be isolated in quarantine cells. You would be monitored by nurses for some time to see if you have not contracted the virus too. However, if you seem to be critically ill, the nurses will move you to other relevant departments for better assistance.”

Mondli, said:

“The official member would go away in isolated for Quarantine at home and not come to work. Precisely, we would no longer see the official member at the centre, and we would ask where he went, and we would be informed of the situation or the condition that *uBaba* [Official member] is in.”

Sandiso, said:

“The official member would stay at home for some time and not come to work.”

Mbuso, said:

“It may happen that the official gets it maybe from town when outside., but they were also being checked whenever entering the correctional centre. Therefore, if an official member tests positive for COVID-19, they had to stay at home as form of Quarantine.”

Sizwe, said:

“They would be suspended; we would hear that they are not at work, and they are suspended due to having been found positive with the virus.”

Sifiso, said:

“They would not come to work. In 2020, I was still studying and one of my teachers had contracted COVID-19, she was stopped from coming to work, and we were informed not to go to school. Only after she was fine did she return.”

Sipho, said:

“An official member would be suspended for some time from coming to work so to quarantine at home, as well as those who were in contact with them, irrespective of being an inmate or one of the official members also had to quarantine. Those official members were also asked to quarantine at home until they are sure that they were not infected they could come back to work in order to control the spread of COVID-19.”

VIII. Q8: Perceptions about the rapid spread of diseases in correctional centres

Do you believe that the extent of overcrowding causes a rapid spread of diseases amongst inmates, if yes, can you give examples that support that thought?

Responses to question 8

Njabulo, said:

"Yes, I could say so because it is very overcrowded, thus easily spread since most individuals sometimes did not wear the masks.

Jared, said:

"Officials had a way of having us social distance. Like when we are getting food, from one line we have like one meter distance from each other."

Simiso, responded:

"In my understanding, the virus was really strong [dangerous]"

Bandile, said:

"Yes, especially during the time of COVID-19, with the overcrowding is quite difficult to practice social distancing. Also, the way now things are, since the number of inmates per cell is back to normal, if the outbreak of COVID-19 was to resume, it wouldn't be easy at all."

Mondli, said:

"Yes, like I said, sometimes you'd find that one inmate is sick and sometimes we just take as just a minor flu, because one time we ended up all getting sick.

Sandiso, said:

"Yes, diseases spread quite easily because we are always cramped up and we also share most of the things in our holding cells. One of the dominating severe diseases which has claims live of many inmates here is Tuberculosis (TB). And I know of inmates whom I shared a cell with and was quite close with who died due to TB."

Mbuso, said:

"Yes, it happens that diseases like TB easily spread. Some inmates may get infected due to interacting too closely to an inmate who has TB in a sense that they are either sharing cigarettes or the one with TB coughed closely to the other inmate. In such instances, when one gets a TB infection in our holding cell, we would all be tested for TB."

Sizwe, said:

"Yes, the most common disease that usually spreads amongst us is TB. It spreads quite easily or rapidly due to overcrowding, yeah."

Sifiso, said:

“Yes, diseases get spreads quite easily due to overcrowding and with the way we are just so careless in our holding cells, also our beds are too close to each other, and we are just chatting with each other sitting too closely, thus diseases like Tuberculosis spread very easily.”

Sipho, said:

“The most common disease is Tuberculosis since it largely dominates in unhygienic spaces, and it spreads much faster in overcrowded spaces when there’s someone who has contracted it. Another thing is flu, when there’s one inmate with flu in the holding cell, the rest of the cellmates will also have flu. This has happened in my holding cell whereby one inmate had flu, thereafter, I could say about 75% of the inmates also had flu.”

IX. Q9: Time-schedules of time spent outside holding cells

Can you tell me more about how many times you were taken outside for physical exercises during the COVID-19 outbreak?

Responses to question 9

Jared, said:

“We get exercise from Nine (9:00am) in the morning till maybe at Eleven O’clock (11:00am) and then from half-past one (13:30pm) till about half-past two (14:30pm).

Simiso, said:

“We would be let out in the morning for exercises and again during the day.”

Bandile& Mondli said:

“We went twice in a day for exercising, specifically in the morning and in the afternoon of the day.”

Sandiso, said:

“Well, I spent most of my time in school, but what happened was that each cell at a time would go out for exercises. To be precise, not all the inmates were let out at the same time for exercises.”

Mbuso, said:

“We exercised every day, in the morning at 09h00am until 11h00am and in the afternoon around 3h00pm or 3h30pm. Whilst, exercising, we would wear masks.”

Sizwe, said:

“Yeah, we did go outside, there were different activities that we would do, like for myself I would play soccer, but others did other activities. We did go outside also for exercises; however, the exercise-periods were no longer the same as they were shorter than usual during COVID-19 pandemic. But after COVID-19, the times were prolonged and back to normal.”

Sifiso, stated:

“There were exercise times, however, where I was isolated, we were not let out for exercises.

Sipho, said:

“The gym section during exercises was prohibited for reasons such as that during fitness training different units would usually mix, like B4 and B5 units. Therefore, gym was closed. What was being avoided was the fact that it could happen that, maybe, an inmate from B5 whom had just been sentenced could be COVID-19 positive would infect the rest of the inmates even in B4. Therefore, units would have different schedule times for exercising, for example, B4 would be let out on their own scheduled time and B5 would also have their own different schedule time.”

X. Q10: Introduced measures to curb the spread of COVID-19 within the correctional centre

What measures were put in place for you in an attempt to control or curb the spread of COVID-19?

Responses to question 10

Njabulo, said:

“Wearing masks whole day; always sanitizing our hands, especially when going into official’s offices; social distance was practiced outside of our cell chambers; when one is showing symptoms they would be isolated for some days to monitor their recovery; and if an inmate was in contact with an official member who tested positive for COVID-19, isolation measures were followed to control the spread of the virus.”

Jared, said:

“We were provided with sanitizers in each cell; we were provided with masks that you can wash; wear masks when we play ball; social distance by keeping one meter apart from each other during the time we go get food.”

Simiso, said:

“We were provided with sanitizers in each cell; we were provided with masks that you can wash; wear masks when we play ball; social distance by keeping one meter apart from each other during the time we go get food.”

Bandile, said:

“We were made aware that the Coronavirus was very deadly, and we were so frightened of it. Therefore, we were made to practice Social Distancing when we called outside of our cells, such as when getting food. Also, a space was made in between beds to ensure we weren’t too close to each other to accommodate the social distancing regulation. Moreover, the number of inmates in my cell was reduced since there were too many of us clamped up in one cell. We received sanitizers and soap when a sanitizer was finished for time being. But they quickly always provided us with Sanitizers. Furthermore, we were provided with washable masks monthly. Also, the nurses would come to our cells to check if we are still alright. To keep us warm, we received jerseys monthly as part of PPEs.”

Mondli, said:

“We did social distancing, we also had to consider other inmates’ lives as well by ensuring that we wash our hands and rinse the sink after using it. Also, I would be scared to share cigarettes with other inmates because some inmates were in contact with the official members, so I couldn’t be sure if they had not picked the virus up and if we share the same cigarette, I might get it as well. So, I refused someone else’s cigarette for my own safety. We did get the sanitizer from the official members as the Cleaners and when our sanitizer was finished at our holding cells, we would ask that of the official members we cleaned for. We also received masks to wear so that ensure that talking to others you don’t spit on them or anything like that.”

Sandiso, said:

“We were encouraged not to share cigarettes; to sanitize our hands frequently; keep 5-meter away from another inmate to exercise social distancing when standing in a queue to get food.

The queue would be so long due to the distance we kept apart from each other. However, with time when the other inmates got released the queues were not as long. We were provided with 3 cloth masks that we used and washed interchangeably.”

Mbuso, said:

“During the outbreak, some inmates were let out via the liberation in the correctional centre to try and control overcrowding, but it was greatly unfortunate because it became quite overcrowded during the pandemic period. We were also provided with sanitizers in holding cells and cloth masks. When attending a case at court, you take a mask at reception and when coming back from court, you’d take a new mask that you would return with back to your cell. Also, with regards to visiting, visitors were restricted and instead were given the centre’s store account number which they would send you money to so to buy things such as cosmetics and so forth. Moreover, we are provided with jerseys and tracksuits when the season changes.”

Sizwe, said:

“We vaccinated; we were told to wash our hands regularly, before eating; ensured to that we constantly kept our living spaces hygienic; taught to wash our laundry every after three (3) days; we were provided with Sanitizers in our cells. Moreover, we were given clothe masks that were made here.”

Sifiso, said:

“The regulations included ensuring that we keep our holding cells always clean by disinfecting to get rid of any germs where we are stationed. Also, when we going to get ‘*Sifola*’ [queued] to get food, we would separate into groups of five (5). Moreover, we wore masks when we went outside for exercises. Also, we had sanitizers in our holding cells.”

Sipho, said:

“I could say that most of the regulations enforced in here were pretty much the similar to those introduced outside, such as keeping 1.5 Meter apart from each other, wearing of masks especially when you leave your holding cell for any services you needed, visitors were not allowed just like outside people were not allowed to travel around.”

XI. Q11: Inmate perspectives re

Do you believe that the measures put in place were enough to control and curb the spread of COVID-19 during 2020/2024?

Responses to question 11

Njabulo, said:

“No.”

Jared, said:

“Yeah, I think that was enough because in here, I don’t think it would’ve come.”

Bandile, said:

“Yes, the measures were enough to help control the spread of COVID-19 and were very efficient.”

Mondli, said:

“Well, since, here I am, I’m fine and healthy, and luckily didn’t get infected. I guess I can say that I am satisfied with everything that was done to ensure our safety. I’m not a doctor [laughs] so other than everything that I was told I believe it was enough, and they helped us greatly.”

Sandiso, said:

“I don’t think they were enough, honestly. There were things we couldn’t do during the time of the COVID-19, such as we couldn’t attend school anymore.’

Mbuso, said:

“No, I wouldn’t say they were enough, but they did help to balance everything and control the spread of COVID-19 since it was extensively overcrowded in the correctional centre.”

Sizwe, said:

“Yeah, I could say so, but even so, still in our holding cells as we were reduced from 52 to 29, 30, 35 since there were more inmates brought in., we felt that we were still overcrowded in reference to the COVID-19 regulations that stated that there shouldn’t be more than three (3) individuals put in one space, and all of that. However, for us here, everything was just the same, and I could say that we were in opposition of most of the COVID-19 rules. Like for example, even the masks that we were provided, we’d use them until they were worn out to

the point that they were no longer protecting us. However, even though we seemed to be in opposition with the COVID-19 rules and regulation, I could say though that they were sufficient since in the section that I stayed in, there weren't many inmates who were found positive for COVID-19."

Sifiso, said:

"Yes, the regulations put in place were indeed enough and sufficient in controlling the spread of COVID-19 as there weren't too many inmates who got infected with COVID-19."

Sipho, said:

"Yes, indeed it was enough and very effective in curbing the spread of COVID-19, so much so that there were very few cases of COVID-19 infections amongst inmates, especially in this centre. To be specific, this section had the lowest cases of COVID-19 compared to the other medium sections in Westville correctional centre, and if I remember correctly there were only three (3) cases of COVID-19: which were the case of the grade 12 teacher and then two other inmates."

XII. Q12: Inmates' suggestions for more progressive and efficient strategies to control and curb the spread of COVID-19 in the facility

In your opinion, what do you think would have been a more progressive and efficient strategy to control and curb the spread of COVID-19 in the facility?

Responses to question 12

Njabulo, said:

"If only the number of inmates in cell chambers was reduced as there were about thirty-five (35) to thirty-eight (38)."

Jared, said:

"I don't think anything else could have been done, therefore, everything introduced was effective."

Bandile, said:

"I'd say if the availability of nurses was increased so to ensure that they were always there to ensure that we all alright."

Mondli, said:

“I believe everything we were instructed to do was enough to ensure our safety. I just think that all we need to do is continue with practising all the COVID-19 rules and regulations because we don’t know if the virus will attack once again.”

Sandiso, said:

“Yes, it was very efficiently in assisting everyone in here to be safe from COVID-19.”

Mbuso, said:

“What can I say, well it would’ve been better if each inmate had their own holding cell since we attended different magistrate courts. You can find that we travelled to about four magistrate courts. It could be that where I was attending my case, I didn’t contract COVID-19, but the other inmate we are travelling with maybe they can contract the virus at his magistrate court where he attended his case, and he can bring the virus with him back to us travelling with him and even his cell mates. Also, with regards to visiting, visitors were restricted and instead were given the centre’s store account number which they would send you money to so to buy things such as cosmetics and so forth.”

Sizwe, said:

“I wished that if the official members who oversee guarding us could have stayed within the correctional centre’s subsidy houses for the official staff members. Since COVID-19 was said to be so dangerous that even Visitors were no longer allowed so to avoid having any contact with people from outside, and the official members did leave the correctional centre to be with outside people, that sort of exposed us to the chances of also contracting this virus should they get infected outside the correctional centre. Therefore, it would have been better if the official members were stationed to stay within the grounds of the correctional centre to ensure that they also minimise any contact with the outside world which poses very much as a threat to us as we are stationed here. Also, even though I understood the reasoning behind visiting rights being stopped, however I did not really support not being able to have any visitors because there are some foods that we cannot get from the centre’s tuckshop which we were able to receive from our relative and people visiting us. I think, being too close with our visitors could have been avoided by keeping a distance from each other via the utilisation of that glass separating us. There are those glasses separating us in groups, like before you get to

Group A, there were glasses which ensured that we not so close to each other or breathing too close to each other.”

Sifiso, said:

“Well, it’s just that most of the inmates did not take the COVID-19 outbreak serious, therefore did not vaccinate. I wish the department had ensured that everyone vaccinated for the COVID-19 because most inmates did not vaccinate because it was not compulsory. So, if only everyone had to test and vaccinate without being given any choice to choose not to.”

Sipho, said:

“Other ways would be regarding the sanitizers provided in our units; I believe that it would have been much better if the sanitizers were provided in the holding cell. Also, when it comes to situating inmates into holding cells, if the new inmate could be situated at their own holding cells, be tested before they could be allocated to holding cells with older inmates. In this way, the spread of disease can be easily avoided.”

XIII. Q13: Perceptions on the information released to the public regarding experiences of inmates in correctional centres.

Do you believe that the Westville correctional facility published or reported an accurate number of infections as well as deaths of those infected by COVID-19 at WCF? If not, what do you think was the case?

Responses to question 13

Njabulo, said:

“I don’t really have any information to that.”

Jared, said:

“Yes, some of it is true.”

Mondli, said:

“Yes.”

Simiso, Bandile, Sandiso, Mbuso, Sizwe, Sifiso, and Sipho:

Stated that they cannot comment on that as they do have information with regards to that.

Questions for correctional officials

I. Q1: Availability of infrastructure to accommodate incarcerated inmates

Do the current infrastructure and resources cater to all the inmates at the Durban Correctional Centre in WCF?

Responses to question 1

Thembekwayo, who is one of the Healthcare department official staff, said:

“I can say that it is enough because the same regulations that are adhered to outside of the correctional facilities by the department of Health is the same. During the admission of inmates, they get screened for TB. Should it be that they display even one TB symptom, they will be separated from the others, have their cough taken for testing by the NHL (National Health Laboratory) either at King George Hospital or Edington Hospital where it would be verified if indeed the inmate may have TB or not. Moreover, inmates are screened whenever they come to the section’s centre clinic and are screened for TB on their day of Discharges.”

Zukiswa, who is also one of the Healthcare department official staff at the facility, said:

“The resources that we have at the hospital section are enough to cater for the inmates’ medical and health issues they may have here at the Youth Centre.”

Thubalethu, who is one of the Warden Officers, said:

“It was long time ago; I had not even started working at this department whereby a cell would accommodate the relevant number of inmates it is supposed to accommodate. However, due to the population in the correctional centres, you’d end up having more than what is to be accommodated. At least here in Medium D, it is better than where I was previously designated in Medium B where we would have 50 to 60 inmates in one cell, and you’d find that others are sleeping on the floor due to the overcrowding and they have no beds. So, this thing stating that each cell must accommodate a certain number of inmates, does not work, not anymore.”

Zandisiwe, who is one of the Social Workers at the facility, said:

“With regards to the infrastructure, I cannot have a say because I am not assigned to the Section, maybe the Unit managers may have that information as this department is responsible for development and care where we offer therapeutic services.”

Rajesh, who is one of the head of department officials at the facility, said:

“No, the prison is overcrowded, so it’s not enough. We don’t have enough space, even in the hospital section we don’t have enough space for offenders.”

II. Q2: The effects of overcrowding on the implementation of the COVID-19 regulations

How were you affected by overcrowding with regards to adherence to COVID-19 regulations of 2020/2024?

Responses to question 2

Thembekwayo, said:

“Overcrowding has never caused a barrier to being able to practise the COVID-19 regulations. Whenever inmates came to the clinic, they were provided with surgical masks; I also had sanitizers on my desk to ensure that inmates apply it whenever they visit the clinic.”

Zukiswa, said:

“I cannot really pinpoint that to be so because for us here in the Youth Centre, we isolate inmates that are TB positive for example. Therefore, I cannot say they were overcrowded because we separated them.”

Thamsanqa, who is one of the Warden Officers, said:

“All I can say is that the department ensured to provide all relevant resources to control the spread of COVID-19 amongst inmates.”

Thubalethu, said:

“Social distancing was very impossible to environmental factors. Theoretically it’s possible but practically no it’s impossible, since inmates are detained time and again. It’s like if you want to have a non-smoking cell, you’ll end up realising that in this cell you’d have 15

inmates, but in the smoking cell you'd find that there are about 50 inmates, thus realising that the equation in this sense is not balancing which means this strategy is not working. The environment that we are in does not allow to practice social distancing even if the policy said so.”

Zandisile, said:

“Our sub-section is not as overcrowded as the other medium centres in the correctional facility; thus, overcrowding was never a challenge for us.”

Rajesh, said:

“Everything went fine.”

III. Q3: Inmates' behaviour towards the correctional official members

Has overcrowding ever led to being disrespected in some instances where you needed the inmates to adhere to a certain precaution, particularly that involved coronavirus regulations? If yes, how did you respond to that?

Responses to question 3

Thembekwayo, said:

“No, it has never, everything was followed accordingly. We made sure that whenever an inmate visits the clinic or gets incarcerated, they are screened for COVID-19. We also did roadshows by going section-by-section to ask screening questions to inmates.”

Zukisa, said:

“No, we educated the boys about what to do and how to live that the was COVID-19 pandemic.”

Thamsanqa, said:

“Like I have mentioned that the department of correctional services ensured to utilise the relevant people to ensure that the inmates are educated with the information they needed to know even before the virus hit the correctional facility. Official members such as the nurses and social workers provided counselling and more information about the virus to both the

officials and inmates. Therefore, this made it much easier for inmates to adhere to the regulations without questioning.”

Thubalethu, said:

“One of the challenges that we had was that the offenders took advantage of us, as they would try to use us by ill-speaking about the other officials in the different working shift by stating that there are things that they were not performing compliantly or correctly than “our” shift. This made us feel some sort of pride as we would think that we were doing the job much better than the official members in other shifts when they wanted something from us. We therefore decided to propose that instead of doing the handover of shifts telephonically we should opt for doing it physically at the post of duty where the Supervisor or Manager of the division would go for the 8th day so to be there for proper handover of shifts to control the behaviour of inmates. Also, another challenge was that there were inmates who only believe in Zulu traditional practices and therefore did not want anything to do with westernised medication. Therefore, we had to make the inmate understand that what we currently have is the westernised medication, make them recognise that this is just a trying era, we cannot offer what they are used to, but instead can only offer them what we are able to bring here in the correctional centre which is these westernised medications so to save their lives.”

Zandisiwe, said:

“Our sub-section is not as overcrowded as the other medium centres in the correctional facility; therefore, it was very much easier to control and lead the inmates. Inmates followed our instructions.”

Rajesh, said:

“All prisons are overcrowded, but offenders listened and did what we told them to do.”

IV. Q4: Inmates’ acceptance of the new change due to the COVID-19 pandemic

Did inmates adhere to the new rules and regulations, if any were, introduced at the facility?

Responses to question 4

Inmates are like children as many would say. They adhere to whatever is imposed unto them as long as they are given a reason as to why they need to do what they are being instructed to

do. The below responses have expressed obedience amongst inmates, but also revealed that inmates are more of curious being who always wants to know “why”.

Thembekwayo, said:

“Yes, what can I say. I always wore a mask, also I had a box of masks in my office so that when inmate comes in, he takes a mask and wears It if it happened that he didn’t have it. However, I must point out that every inmate was provided with mask by the state. Thus, every inmate had to wear a mask, but if it happened that an inmate comes in and is not wearing one with the excuse that he either washed his or anything like that. I would therefore provide him with a mask. I also had sanitizers on my desk, as you also see it here, I still have it. They had to sanitize their hands whenever he came in, also we always maintained the distance.”

Zukiswa, said:

“Yes, I can say also that this pandemic was also an eye-awakening moment. Even as of current, when we educate the boys about ‘infection prevention control’, we remind them about the time of the pandemic that when you are ill, you ought to wear a mask to protect the next person, not necessarily due being COVID-19 positive. The boys now understand the whole notion due to that traumatic time of the pandemic.”

Thamsanqa, said:

“Like I have previously mentioned that the department of correctional services made sure to utilise its members accordingly to ensure that the rules and regulations of COVID-19 were practiced in the best possible way, such as the nurses, social workers, clinical psychologists who were able to provide counselling aiding not only the inmates but also the official members to give caution about the virus. This made it much easier to understand the arrival of the virus.”

Thubalethu, said:

“Let me be honest with you, if we stay in the same room close to each other but when we are outside, we then practice social distancing, it makes no sense. It makes no difference at all. Inmates are very much respective and will adhere to the rules when you make sense to them by giving them reasons why so that they a have a by-in. You must explain to them and convince them that this is what is going to happen from now onwards due to the fact of 123.”

Zandisiwe, said:

“In the beginning, it was a bit challenging as it was something new to all of us. Fortunately, our department equipped us with enough resources to ensure that they adhere to the regulations, such as being provided with masks and sanitizers to use.”

Rajesh, said:

“Yes, offenders were adhering to the rules, and we sensitised them on a daily basis, that COVID-19 is in here and this is how they must behave; and if there’s any symptoms, they must report it to the wardens immediately.”

V. Q5: Health-related challenges within the facility

As the correctional facility staff member, what were some of the healthcare issues you recognized to be a challenge during the COVID-19 outbreak during 2020/2024?

Responses to question 5

Although, the Department of Correctional Services did an exceptional job in ensuring that not many inmates contract COVID-19, unfortunately the virus seemed to have been on a mission to extinct the correctional officials. The below responses show that a lot of officials lost their lives due to the COVID-19 at the facility and many are still left with scarred hearts and traumatised minds due to the way people died one after another and officials could not send them off in a dignified nor proper manner because of the limiting rules of the COVID-19 protocols.

Thembekwayo, said:

“It’s not always a usual case that we have challenges, but it does happen now then that we find inmates who are TB patients. Even so, we separate them from others, keep them isolated in single cells as they take their treatment, and we monitor their progression for two-weeks. Thereafter, they are sent back to others, however, all of the inmates in the section they were designated in will be taken as TB suspects as well as test them to ensure that they are TB negative.”

Zukiswa, said:

“As one of the officials who unfortunately encountered the virus. However, for inmates it was a much lighter case as we did not any positive case of COVID-19 here at the Youth Centre.

Thamsanqa, said:

“Every situation or disease that comes introduces its challenges, but it was not so bad due to the support system provided by the department. However, what paused as a great threat in our lives was losing other official members to the virus whom one had some sort of contact with them. This, therefore, left me thinking and fearing if I had not encountered it myself and maybe if I had not passed it to my family. All I can say is the greatest challenge was losing most of our colleagues who died due to COVID-19 or having them quarantined for the virus, thus this left us in great fear. Fear was our greatest challenge.”

Thubalethu, said:

“Firstly, COVID-19 was a first-time experience to most of us and the information provided was not consistent in terms of being told today to adhere to this and tomorrow to adhere to that, however, were to comply with those until proven otherwise. Another, challenge was the population that we have in the correctional centre vs the situations we were faced with when it came to trying to control the population. Fortunately, the introduced policies assisted us to do everything in uniformity. The greatest challenge during this time of the pandemic was that we were not able to attend the funeral ceremonies of our colleagues who left us due to the virus. Another thing were problems pertaining to the distribution of sanitizers, whereby some sanitizers were more efficient than the others provided and sometimes they would not come in time.”

Zandisiwe, said:

“The only challenge that I had was that I had a carpet in my office, I wished that we could have had tiled floors since we do not even have a hoover that we can use to sanitize and clean it. We had an official member who was affected by the virus, and we suspected that the carpet in our offices might have also contributed since it's not usually cleaned thoroughly. Also, the coronavirus pandemic was a very traumatic experience as we lost a lot of official members during this time. The most challenging part was that we could not attend the funeral or hold memorial services. Even in my section, one of my social workers past on, we were with her in December the previous year and when we came back to work in January she passed on. So it was very bad, very traumatic, very scary. We lost a plethora of official members to COVID-19 and this affected us in a very bad way.”

Rajesh, said:

“There are no challenges that I can remember brought to us, everything went fine.”

VI. Q6: Perceptions regarding managing these health-related challenges

In your opinion, what could have been improved to ensure the reduction of those issues during the coronavirus pandemic?

Responses to question 6

Although the correctional officials acknowledged that the strategies put in place were very useful in controlling and curbing the spread of COVID-19 within the correctional facility, however, they still felt that there were some gaps within the institution specifically which still needed to be attended to. The national strategies were to generally address all South African facilities, unfortunately forgetting that institutions may not have or afford the same resources nor have the same problems as others. Therefore, by this statement, the researcher believes that each correctional institution ought to have also be addressed individually to ensure that whatever problems it had were solved accordingly.

Thembekwayo, said:

“Honestly, everything was/is covered. The way in which things are, I believe that everything is in order because even for the inmates that are admitted late, there is a sister [nurse] who works a late shift, she starts at 12pm, thus is always available to attend to those who are admitted late for example at 6pm as some of leave at 4pm.”

Zukiswa, said:

“Yes, I can say so, but I wish that we could strengthen the system of educating the boys because you’d find that there are some boys at the section that are really sick but due to being afraid of stigmatisation by other inmates, they don’t come to the clinic for help. Boys that do not seriously ill come to the clinic but those who really need our assistance are afraid because they are either part of some gangsterism group. Also, the boys that are taking a specific treatment medication tend to think that when they take the medication, they are doing it for us nurses. So, if education to change their way of thinking can be largely enforced.”

Thamsanqa, said:

“The department did an exceptional job in ensuring that the situation during the pandemic was handled according and in an efficient manner.”

Zandisiwe, said:

“As I have mentioned, even though all of the departments provided us with efficient resources to ensure we are protected from the virus, the carpet incident was a great challenge, and I wished that my floor especially in my office could have been installed with tiles.”

Rajesh, said:

“No, there is nothing much that I can recommend.”

VII. Q7: COVID-19 protective protocols for the correctional staff

What were the strategies that were introduced for the whole Correctional Facility members to ensure adherence to the COVID-19 regulations during 2020/2024?

Responses to question 7

The research reviewed in Chapter Two of this paper have expressed that the correctional authorities were not adhering to the protocols put in place to ensure the safety of inmates during incarceration, thus putting the lives as well as health of inmates at risk of contracting this deadly virus. However, the below responses from the interviews conducted reveal that the department of Correctional Services did all in its power to ensure that everyone behind the walls of correctional centres is protected from COVID-19 and this is also expressed by some of the response in this research.

Thembekwayo, said:

“It was always encouraged that official members practice the wearing of Masks regulation, especially when entering the correctional centre. At the main gate there would be screening forms whereby you would be screened, asked if you had a tight chest so on. However, it happens that you display one of the symptoms listed in the screening form as COVID-19 signs, you therefore were required to go get tested for COVID-19 outside of the Correctional facility. When one of the official members is found infected with COVID-19, all of the people who came in contact with them were also tested for COVID-19.”

Zukiswa, said:

“As nurses, we had to teach inmates things that they are not used to doing and things that are actually obvious thing that we are supposed to be doing on a daily basis but tend to overlook, such as washing of hands. We had to enforce cleanliness and of opening of windows. We conduct screening sessions for each and every inmate and record all of that on a report every day. The boys were provided with masks and sanitizes that were mounted on the wall when coming to the clinic as well as it was also available at their sections.”

Thamsanqa, said:

“Officials had to go for isolation at their homes for 14 days; every 30 minutes officials had to apply a sanitizer; there was also something like a metal detector, but it wasn’t really a metal detector instead it would spray you all over your body and clothing. Every institution had this detector that we had to walk through, it would automatically sense and scan you, thereafter, spray you as form of fumigation in case you have encountered the virus either from a taxi that you took to work or from another official member you were in contact with. This is to avoid the COVID-19 being spread to other official members as well as inmates in the correctional centre. Moreover, we were encouraged to go get tested for COVID-19 at Laansaet, should you be found positive with the virus you would fill in the 14 days paperwork that permits you to not come to work until you’re healthy enough to come to work. In an attempt to practice Social Distancing, we ensured that when going to an office we did not all get cramped up in that one office, but instead went one-by-one at a time. Moreover, we were provided with transport that transported us to and from work to ensure that we do not mix with people who take public transportation who may have the COVID-19 virus. Sanitizers were also made available when boarding the transportation.”

Thubalethu, said:

“The working shift pattern changed to working 7 days in and 7-days off. All in all, we were not that much in contact with each other so to reduce the chances of officials being contact with each other in the case that should one be infected with the virus, there are slim chances that they would pass it on to other officials. Also, we had permits that strictly allowed travelling from work to house and from house to work only so to reduce any chances of being in places that would pose as risk of encountering the virus.”

Zandisiwe, said:

“As social workers, we ensured that we hold smaller groups with interacting with inmates during the therapeutic sessions. We usually had about a maximum of 15 inmates during group sessions before the start of the pandemic, and then we reduced the number of inmates to 4 or 6 per group sessions.”

Rajesh, said:

“We followed all of the rules that were given to us, we made sure that all officials were wearing masks, okay, even offenders were wearing masks too, hey (pause), alright; and if they gave us any symptoms we would take to the hospital for treatment. We sanitized, yeah. We were given sanitizers like this (shows a bottle of sanitizer), given to everybody. All of those things, alright, mmh. If an official member contracted the virus, they were sent to stay at home until they are better to come back to work.”

VIII. Q8: COVID-19 protective protocols for inmates

What were the strategies put in place for inmates at the facility to curb the spread of COVID-19 during 202/2024?

Responses to question 8

A plethora of researchers have outlined the COVID-19 rules and regulations put in place for all correctional facilities to practice in an attempt to curb the spread of COVID-19 in such institutions despite their overcrowded state. The below responses outline how the Westville correctional facility ensure to control as well as minimise the spread of coronavirus amongst inmates and raised awareness about the virus.

Thembekwayo, said:

“There were enough PEPs, such as sanitizers; gowns, shoes, and hats to wear; masks; special wards; single cells for isolation should there be any one of the inmates who may encounter the COVID-19 infection.”

Zukiswa, said:

“We did education and awareness programmes to inmates’ sections as well as when they come to the clinic, we ensured they practice social distancing. We also enforced wearing of masks, thus all inmates were provided with masks that were sewed here at the correctional facility. When an inmate is suspected of COVID-19, they were quarantined, tested and thereafter we determine if they require isolation in accordance with his results.

Thamsanqa, said:

“There were sanitizers provided for inmates to always utilise. Also, the department of correctional services ensured to retain the number of inmates incarcerated to ensure that overcrowding is reduced to control the spread of COVID-19. Especially in instances that the inmates had to travel for attending court hearings. Therefore, we ensured that the inmate who attended a court hearing, when he comes back to the correctional centre, he had to be sprayed the whole body even under the feet as well to kill any germs. Also, inmates were provided programmes by social workers that encouraged them to wash their hands every 30 minutes with a soap that they were provided, and to not utilise other inmates’ things such sharing of dishes and everything of that sort because if they going to share dishes that could also increase the chances of being infected by the virus. Moreover, inmates were also encouraged to wash and ensure to keep their dishes always clean before they can dish-up food in them. Also, the inmates were provided with enough cleaning material to ensure that they keep their rooms clean. For ventilation, were had their windows open most times to ensure that air circulates in their cells. The nurses also assisted us by coming to the holding cells in the sections to raise awareness that the COVID-19 was dangerous and in the case an inmate has encountered the virus how is he to behave when in quarantine as well as to ensure he does not spread it on to other inmates; how to practice the relevant regulations to ensure they do not get infected with the virus. Moreover, during dishing up of food, inmates were not queuing at once, we let inmates out one at a time to keep social distancing.”

Thubalethu, said:

“There was a project of sewing masks for all inmates, where all inmates had about two masks each. Moreover, were made sure that inmates who were infected by the virus were separated in single cells. We made sure that inmates who found to have been infected by the virus, were separated from the rest of the inmates and put in single cells and were monitored accordingly to that prescribed manner.”

Zandisiwe, said:

“We practiced social distancing during the Parade which is the morning briefing; we were provided with sanitizers to utilise at all times; I still even have a lot of bottles of sanitizer here in my office (laughs); we wear masks; there wear new sinks installed with hand wash soaps so to regularly wash our hands.”

Rajesh, said:

“Offenders, we had to give them sanitizers and masks to wear.”

IX. Q9: Perceptions regarding the introduced strategies to curb the spread of COVID-19

Would you say the introduced strategies were enough to curb as well as control the spread of the coronavirus amongst inmates, and were the results positive in showing progression? State some scenarios related to progression.

Responses to question 9

This question seeks to distinguish the opinions of the officials with regards to the manner in which the COVID-19 pandemic has been approached within the correctional centres in South Africa. Moreover, the researcher intended to determine if the introduced tactics to attend the pandemic were successful in curbing the spread of COVID-19 within the correctional facility.

Thembekwayo, said:

“Yes, they were enough especially because we did not have any cases of COVID-19 amongst the inmates in the Youth Centre. I would have said it was not enough if we had cases of COVID-19, but now we did not. Therefore, the strategies in place were enough.”

Zukiswa, said:

“Yes, in terms of inmates, they were enough because we did not have many cases of positive COVID-19 amongst inmates.”

Thamsanqa, said:

“Yes, the strategies were enough and very progressive.”

Thubalethu, said:

“Although, the strategies worked to a certain level, however, I cannot say they were enough.”

Zandisiwe, said:

“I think that the department really considered our safety in ensuring that we are protected in such a way that as official members we would alternate by having 15% of official members who would work in the morning shift and others at night. Moreover, we were provided with enough resources to ensure we were protected against COVID-19. We were provided with masks;

there were new installations of handwash sinks with soaps; we had sanitizers; we practiced social distancing during our morning briefing sessions. Therefore, in my opinion, the introduced strategies were efficient and progressive.”

Rajesh, said:

“Yes.”

5.5. Discussion from the conducted Interviews

This section focuses on discussing the findings of the study during the collection of the data in the form of Interviews also in relation to the research question; objectives; and literature review, by outlining the key themes as well as patterns that emerged from the collected and analysed data. Moreover, this section further intends to provide in-depth discussions of the interview findings by exploring the fundamental intelligence behind the research’s connotated problem statement, theoretical framework, research objectives and questions, and data analysis approach. Furthermore, the deprivation and criminogenic needs theories were considered as a theoretical framework utilised to delineate as well as comprehend the challenges brought by overcrowding on the implementation of coronavirus preventative measures in correctional facilities and thereafter aid in the formulation of strategies to tackle as well as address these challenges. To be precise, this section will focus into two (2) sections, which will be Thematic analysis of the collected data, the discussion of the emerging themes within the findings and interpretation of the findings.

5.5.1. Thematic Analysis

Jenna Crosley (2021) defines Thematic analysis as the study of patterns of meaning and is basically about analysing the themes within a data set to identify meaning. Moreover, the scholar further delineate that the process of Thematic analysis is driven by the research questions, so it’s not necessary to identify every possible theme in the data, but rather to focus on the key aspects that relate to the research questions (Crosley, 2021). This study has specifically considered the use of a **deductive approach** which allows the researcher to begin the analysis with a set of themes that are already expected to be found in the data and this approach is usually informed by prior knowledge and/or research or even existing theory (Crosley, 2021). Furthermore, the researcher also specifically considered the use of **Reflexive thematic analysis** because, as Crosley (2021) posits, it allows the researcher to change,

remove, as well as add codes when working through the data and can be performed by multiple researchers but can also be an individual effort.

SECTION A

I. Reflexive Thematic Analysis

Reflexive Thematic Analysis (RTA) is a flexible and quantitative approach to analysing patterns as well as themes that arise in data collected. To be precise, it includes an iterative as well as reflective process whereby the researcher actively engages with the collected data to construct distinctive themes.

II. Main research question:

How does overcrowding affect the implementation of the coronavirus rules and regulations in the Westville correctional facility?

Following the grouping of the patterns, themes that surfaced from the interviews were developed to provide a thorough representation of the inmates' common experiences. To be precise, following the recording of the interviews, the data were firstly converted into English text (See 5.3.) and then categorized into themes by grouping related subjects into groups.

III. Generating initial codes:

- Limited access to healthcare
- Poor hygiene practices
- Environmental factors
- Overcrowding
- Limited resources
- Limited spaces
- Increased administrative duties
- Work-life balance

IV. Theme to initial codes:

Theme 1: Inefficient and inaccurate medical assistance

- Codes: Limited access to healthcare; inaccurate diagnosis; incorrect provision of medication.

Theme 2: Increased spread of diseases

- Codes: Poor hygiene practices

Theme 3: Difficulty in Social Distancing

- Codes: Environment factors; limited resources

Theme 4: Difficulty in controlling the number of inmates in each cell

- Code: Overcrowding, sizeable arrests, limited spaces

Theme 5: Correctional staff work overload

- Code: Work-life balance; increased administrative duties

SECTION B

5.5.2. The emerging Themes

I. Inefficient and inaccurate medical assistance

According to the literature reviewed in Chapter Two, Beyrer, Kamarulzaman, and McKee, (2016) believed that the problems brought on by the increasing frequency of infectious disease outbreaks in correctional facilities were already made worse by overcrowding and population density prior to the pandemic, however, they were at a far more controllable pace than when COVID-19 broke out. Also, Ghram, Bragazzi, Briki, Jenab, Khaled, Haddad, and Chamari (2021) argued that the attempts to control the coronavirus community transmission do not stand a chance of succeeding if strict infection prevention and control measures, such as testing, treatment, and care, are not implemented in correctional facilities and other places of detention as way of responding to this crisis. However, the researcher argues against this perception because the data collected through interviews reveal that the Department of Correctional Services (DCS) did an exceptional work in ensuring the safety of inmates in correctional facilities. De Claire and Dixon (2017) urged that the continuous rapid spread of

the coronavirus greatly challenges the public health response to the pandemic in correctional facilities, therefore it calls for a holistic approach, to which the researcher strongly believes that indeed the DCS ensured to introduce methods that worked best in curbing the spread of COVID-19 in correctional facilities, even though of course there are some gaps that need to be covered.

In accordance with the research objective of this study which aims to determine other possible healthcare challenges that may have occurred in Durban Correctional Centre D due to overcrowding in WCF, the data collected reveal that Medium D in WCF battles cases of easy spread of diseases, especially TB, amongst inmates due to overcrowding in the holding cells. Although, the DCS has done a seemingly outstanding work in ensuring the spread of COVID-19 was controlled in correctional centres, unfortunately, inmate participants during interviews expressed that the availability of the Clinic at the correctional centre was not enough to ensure that they received all the health-related assistance they need. This is because inmates assert that they are usually provided with medication that does not necessarily cater to the illness they would enquire assistance for. Therefore, this displays inaccuracies and inconsistencies within the institution's distribution of medication when needed.

Moreover, this research does not only intend on studying how COVID-19 was the greatest challenge in correctional facilities but largely seeks to analyse and explore other possible health-related challenges that occur due to overcrowding as well as how they are overcome.

The below responses reveal that the correctional facility's clinic does not take inmates' illnesses into much consideration as, according to the respondents, inmates are not taken seriously when they ask for assistance and the nurses may ask "when you were outside, did you go to a clinic as often as you do here!" said Njabulo. Moreover, Njabulo, one of the inmate respondents added that "Inmates come to the Medium D's hospital when they feel sick. However, I wouldn't say that the medication I got attended to what I needed it for. Sometimes you'd find that someone would be coughing, in a normal way, but they would be given Pain killers for just to reduce any pains. In due time, whatever illness you felt goes away. Also, sometimes you'd find that when one comes to the centre's hospital complaining about something they are not feeling well about, they are given medications that don't necessarily attend to that illness. Like I said with the Pain killer pills, when I come in the hospital stating that I'm feeling sick, let's say I have Sinus problem I'd be given pain killers."

And in support of this statement another participant, named Thabo asserted that “Unfortunately, when it comes to coming to the clinic when you have a stomach-ache, you would be provided with pills for pain or headache. So, sometimes you may be provided with medication that is not in accordance with what you are ill of, it’s really hard.” Whereas another inmate participant expressed immense disappointment as well as dissatisfaction with regards to provision and availability of medical assistance by saying “They would give us pills for pain. When I took those pills I would feel better during the day, however, the pain would get worse later at night.”

Also, Thabo further shared that he was one of the first inmates to be diagnosed with COVID-19 at a correctional facility he was detained at and revealed that “When I was still detained in Newcastle correctional centre, I was the first inmate to ever contract COVID-19. I stayed for about a week before any action was taken with regards to having me tested or getting any treatment and before I was isolated away from the rest of the inmates, even though it was already known that I had contracted COVID-19.”

In this regard, medical assistance provided to inmates in correctional facilities requires revision for this matter. Especially since one of the inmate respondents revealed that “For COVID-19, I wouldn’t say that we were all tested” said Jaden, which further reveals some negligence within the medical care provision to inmates. Moreover, the researcher believes that such negligent behaviour perpetuates the already existing predicament of fighting off diseases within incarceration institutions.

Moreover, in support of the argument that the levels of medical care and/or assistance posed great inefficiency, participants have expressed that, daily checkups are not so common at the correctional facility. This, therefore, further displays negligence of inmates’ health related needs. It is no secret that even in recent years before the year 2020, minimum standards of care for things like food, bedding, toilet paper, space, wash, and access to healthcare have not been well implemented ([Muntingh 2016](#); [Nagisa-Keehn and Nevin 2018](#); [Van Hout and Wessels 2021b](#)). Therefore, these empirical findings presented in this study are consistent with the publications here presented, including those of [Jumbe et al. 2022](#); [Kateta 2021](#); [Mhlanga-Gunda et al. 2022](#); [Van Hout and Wessels 2021](#) that proclaim that the avoidance of these healthcare precautions resulted in systematic deficiencies in the fundamental standards of care for inmates during COVID-19 outbreak, inadequate coverage of disease mitigation strategies, a lack of adequate personal protective equipment (PPE),

testing, and medical isolation capabilities, and ad hoc reactionary responses to (possible) COVID-19 clusters.

With too many inmates, the healthcare resources within correctional facilities can become insufficient in a sense that it may lead to delays in testing, isolation, symptomatic individuals, and providing necessary treatment to those infected with illnesses and, in the worst-case scenario, COVID-19. In support of this statement,

II. Increased spread of diseases

In an attempt to protect the lives of the correctional facility community, the World Health Organization (WHO), acting through the United Nations Subcommittee on Prevention of Torture, recommended that a special release of inmates be implemented in order to alleviate overcrowding and the spread of the virus (Sibisi, Masuku, and Mphatheni, 2024). Under the objective to determine other possible healthcare challenges occurring in Durban Correctional Centre D due to overcrowding in WCF, this research found that HIV, viral hepatitis, and tuberculosis (TB) were among the diseases that were more likely to affect those with underlying medical conditions (Sibisi, Masuku, and Mphatheni, 2024). The inmates' compromised immune systems increased chances of vulnerability to COVID-19 infection during the height of the outbreak. According to Katey et al., (2021), during the pandemic's height, correctional facilities were major COVID-19 hotspots in all impacted countries, especially those with exceptionally high COVID-19 infection rates. Researchers like Shabangu, Keehn, and Nevin claimed that conditions in South African correctional facilities were especially terrible and that inmates were bound to get sick from infections and diseases even before the COVID-19 pandemic (Shabangu, 2009).

The conducted interviews support all existing research regarding the subject at hand of overcrowding in correctional facilities that stands as a barrier between progressive rehabilitation as well as operation of the correctional institution. MacDonald (2018) assert that inmates voiced concern in March 2020 that their incarceration conditions would contribute to the spread of the coronavirus. After careful revision of the participants' responses in this study, it is evident that the easy spread of diseases within correctional facilities is a coherent progeny.

Moreover, in support of the above outlined factor, inmate respondents have expressed that in most cases when one inmate contracts an illness that is contagious, it spreads rapidly to other cell mates and in such instances, inmates do not receive a quick medical response from the

relevant departments of the correctional facility. For example, in seeking the inmates' experiences and perceptions regarding role played by the high population density in correctional facilities that leads easy as well as rapid spread of diseases, Simiso who one of the inmate participants, said "Yes, diseases spread quite easily because we are always cramped up and we also share most of the things in our holding cells. One of the dominating severe diseases which has claims live of many inmates here is Tuberculosis (TB). And I know of inmates whom I shared a cell with and was quite close with who died due to TB". Another example is of Mfundo, another inmate participant who responded to the research question by asserting that "Yes, in another instance we all got sick because of one inmate who sick and we had thought it was just a minor flu".

Therefore, the presented data reveal that overcrowding in correctional facilities increases the chances of viruses and diseases to spread faster than they naturally would. Moreover, the researcher supports the notion that the cause of the high rate of morbidity and mortality with regards to HIV and TB in correctional centres is due to overcrowding, poor hygiene and nutrition, violence, lack of access to basic healthcare services, and the great amount of prevalence of many other communicable diseases which weakens the immune system of inmates, thus exposing them to infections (WHO, 2011; UNAIDS, 2011). These illnesses are the most common illnesses that spread rapidly in correctional facilities. They are highly perpetuated by overcrowding which makes it easier for inmates to breathe or cough diseases to one another.

III. Difficulty in Social Distancing

According to inmate statistics, South Africa's correctional facilities were 37% overcrowded just prior to the COVID-19 pandemic's outbreak in 2019, with 162,875 correctional inmates compared to 118,572 bed spaces available for accommodation. Rapisarda and Byrne (2021), however, calculated that there would be 154,437 inmates housed in South African correctional facilities as of April 2020. Unfortunately, due to the rising crime rates, South Africa's correctional facilities are already overcrowded, with new inmates adding to the number of people already behind bars or cases pending trial. This became evident during the COVID-19 pandemic, when it was challenging to keep physical distance in jail facilities due to the high population density of inmates incarcerated (Trends, 2021). For example, one of the inmate participants named Njabulo stated responded that "Yes, indeed I can affirm that overcrowding in incarceration cells made it quite challenging to abide by the COVID-19

rules and regulation because it wasn't possible to reduce the number of inmates per cell as there would be more than thirty (30) of us in one cell, therefore in that way there was no social distancing" and one of the official members, named, further added that "It was a long time ago; I had not even started working at this department whereby a cell would accommodate the relevant number of inmates it is supposed to accommodate. However, due to the population in the correctional centres, you'd end up having more than what is to be accommodated."

Moreover, upon examining of the tactics used to curb the spread of COVID-19 during 2020/2024 at Durban Correctional Centre D in WCF, Social Distancing prevention strategies were practically hard to execute, which led to overcrowding in penal facilities. Muntingh (2020) contends that in contexts such as correctional facilities, physical isolation is just not an option. In support of Muntingh's publication and/or argument, Thubalethu who is one of the official participants also outlined the matter of overcrowding being a barrier in the execution of the Social Distancing tactic in correctional centres by asserting that "Where I was previously designated, we would have 50 to 60 inmates in one cell, and you'd find that others are sleeping on the floor due to the overcrowding and they have no beds. So, this thing stating that each cell must accommodate a certain number of inmates, does not work, not anymore". To second this claim, one of the inmate participants, Bandile, also shared that "It was not possible to practice social distancing. During the time of the COVID-19 outbreak, it became very overcrowded in correctional centre. We could only practice social distancing when we going to get food as we queued in groups of 5s. Other than that, we couldn't social distance in our holding cells due to the overpopulation".

Therefore, the researcher perceives this as evident enough that the most crucial protocol in fighting against COVID-19 is distracted by the high population density in incarceration cells, thus increasing the chances of viruses spreading rapid amongst inmates. In support of this perception, another inmate participant named Siphon asserted that "It was not easy to practice Social Distancing due to the overcrowding in our cells. Although, we would usually practice social distancing when we outside of our holding cells, however, that did not make any difference because we still got together in our overcrowded holding cells. Therefore, it was still the same as not having practiced it". Also, for inmates sharing overcrowded quarters, preventative measures like maintaining a safe distance from others who were coughing or sneezing were not an option (Sibisi, Masuku, and Mphatheni, 2024). Moreover, one of the official member participants, Thubalethu added that "Social distancing was very impossible

to environmental factors. Theoretically it's possible but practically no it's impossible, since inmates are detained time and again. It's like if you want to have a non-smoking cell, you'll end up realising that in this cell you'd have 15 inmates, but in the smoking cell you'd find that there are about 50 inmates, thus realising that the equation in this sense is not balancing which means this strategy is not working. The environment that we are in does not allow to practice social distancing even if the policy said so".

After careful review of the data collected during interviews under the subject of practicing social distancing in correctional facilities, the presented findings reveal that it is inevitably impossible to adhere to such protocols even though the state may have intended to follow this instruction.

IV. Difficulty in controlling the number of inmates in each cell

The research findings reveal that each incarceration cell held about thirty (30) inmates and more. In an attempt to objectively investigate the extent of overcrowding in Durban Correctional Centre D at WCF, interview findings reveal that one of the most agonizing issues within correctional centres is the uncontrollable number of inmates received as well as detained daily. One of the official participants, Thubalethu, said "It was long time ago; I had not even started working at this department whereby a cell would accommodate the relevant number of inmates it is supposed to accommodate. However, due to the population in the correctional centres, you'd end up having more than what is to be accommodated. At least here in Medium D, it is better than where I was previously designated in Medium B where we would have 50 to 60 inmates in one cell, and you'd find that others are sleeping on the floor due to the overcrowding and they have no beds. So, this thing stating that each cell must accommodate a certain number of inmates, does not work, not anymore". Another official member interviewed also highlighted the fact that correctional centres are preposterously over-populated by saying that "No, the prison is overcrowded, so it's not enough. We don't have enough space, even in the hospital section we don't have enough space for inmates when questioned if they believe that the available infrastructure and resources are enough to cater for all the incarcerated inmates.

Previous studies, such as that of Nkosi (2018), on the subject pertaining to the ratio of incarcerated inmates to the availability of spaces show that correctional institutions are overcrowded and under-resourced across Africa, yet large amounts of inmates are incarcerated in correctional centres, jails, and other detention facilities (World Prison Brief,

2020). Moreover, according to the Penal Reform International (2018) overcrowding is an extensive contributing factor to many health-related issues in correctional facilities, more distinctively infectious diseases as well as mental health issues. The researcher argues for this statement after careful reviewing of the findings, indeed overcrowding in correctional centres creates a web of disease and virus spreads across the whole institution. As reviewed in the findings, the larger the number of detained individuals in one cell, the higher the chances of diseases as well as viruses being spread amongst inmates.

V. Correctional staff work overload

According to an article titled *Overcrowded Westville female prison in KwaZulu-Natal a concern* published by Christ Ndaliso (2022), asserts that due to the issue of overcrowding at Westville correctional facility, the centre suffers consequences of being short-staffed which therefore negatively impacts the quality of services provided to inmates. Furthermore, the article cites that WCF acknowledged the deficit of psychologists, doctors, social workers, and nurses, which has an impact on the accessibility and quality of healthcare services provided to inmates. With regards to reviewing the data collected in correspondence to the notion that the official staff members were now tasked with too many responsibilities, one of the official participants, Thubalethu revealed that “The working shift pattern changed to working 7 days in and 7-days off” and another official member, Zukiswa said “We conduct screening sessions for each and every inmate and record all of that on a report every day”.

The above-referenced responses from the official member participants show that responsibilities for officials increased in order to minimize the spread of COVID-19 with the correctional centre. This shows that the Department of correctional services attempted to go above-and- beyond its power to ensure the safety of the incarcerated individuals. Although, there may have been backlashes in terms of not fully avoid the harm brought by coronavirus to inmates, however, it may be strongly argued that DCS gave it it’s all to stand adhere to the constitutional “Right to life for all individuals” even if it meant putting its employees at strain.

5.6. Summary

This study contributes to the understanding of the perceptions, experiences, and practices undertaken by the Department of Correctional Services when attacked by deadly pandemics or viruses as well as diseases. Although, this study’s findings highlighted the positive outcomes of the introduced protocols to protect the correctional community against COVID-19, however, there are some gaps within the healthcare system at DCS which need to be

addressed to ensure smooth operation as well as handling of any outbreaks in the future. The Deprivation model as well as the Criminogenic needs theories were adopted as a theoretical framework for this study with the intent to highlight as well as understand the behaviour of inmates during incarceration in correspondence to their experiences and challenges that affect their well-being in correctional facilities, especially that pertaining to healthcare. Moreover, the above-mentioned theories were utilised so to formulate strategies as well as suggestions to objectively fill the vivid gaps within the department of correctional services in terms of handling health-related issues.

After revision of the collected data, the findings show that even though the Department of Correctional Services introduced strategies that theoretically proved to be effective in curbing the spread of COVID-19 within the correctional facilities, however, the introduced strategies proved to not be so realistic in the sense that they were practically impossible to undertake due to the environmental factors. For instance, Social Distancing within correctional facilities proved to be something impossible to undertake due to overcrowding within the incarceration cells; some of the provided sanitizers were ineffective; the masks provided were not surgical masks which meant that inmates had to use cloth masks that they had to “regularly” wash at their unhygienic holding cells; the testing of all inmates and detection of possible infections were inconsistent since some of the inmates did not get tested and some stayed for days before being detected to have contracted the virus; inability to control the number of inmates per cell was the biggest challenge as it is the main cause of the inability to practice social distancing; and inconsistent availability of medical care, especially for those inmates who are on medical treatment. All of the above-mentioned challenges that arose due to overcrowding in the Westville correctional facility have negatively impacted the implementation of COVID-19 rules and regulations introduced to be followed with correctional settings.

In the context of this study, the experiences, challenges, and themes are consistent with the research questions, problem statement and objectives of the study and literature which suggests that overcrowding in correctional facilities defeats the attempts to keep inmates protected from any sort of harm that may threaten their health and wellbeing whilst incarceration. Moreover, by addressing the issues discussed in the above paragraph that challenged the successes of the introduced strategies, DCS can further mitigate the potential of virus attacks at correctional facilities, thus further ensuring smoother rehabilitation.

CHAPTER SIX

KEY FINDINGS, IMPLICATIONS, RECOMMENDATIONS AND CONCLUSION

6.1. Introduction

This chapter focuses on the key findings from the previously discussed chapters in this dissertation. It further accentuates the challenges faced by the correctional community due to overcrowding and thereafter outlines how overcrowding stands as a barrier in executing preventative measures that ensure health-related safety of inmates in correctional centres. Moreover, this chapter pinpoints the relevant implications that arose within this research under the subject at hand and further highlights the importance of managing the number of inmates detained at correctional facilities by listing out recommendations that would allow for the ability to easily curb the spread of virus and diseases within correctional institutions. The study's main objective was to investigate the impact of overcrowding on the implementation of COVID-19 rules and regulations during 2020/2024. Through qualitative research methods, this study explored the experiences as well as perceptions of inmates regarding the role played by overcrowding during the COVID-19 pandemic, focusing especially on the complexities and challenges faced by the Westville correctional institution with regards to abiding by the introduced safety protocols.

Also, to be precise, this chapter is organized in a plausible order into different sections, such as a summary of the key findings which outline the major themes and insights from the study; discuss the personal and institutional implications of the study; and thereafter present the theoretical implications as well as practical recommendations suitable for addressing means of minimizing overcrowding in correctional centres and introducing other ways of curbing the spread of diseases/viruses in correctional facilities. Lastly, recommendations for further research are highlighted as well as emphasise the significance of ongoing review of the discussed research issue.

6.2. Key findings

Although, the Department of Correctional Services did an exceptional job by introducing COVID-19 rules and regulations that ensured the safety of inmates against Coronavirus should it reach beyond the incarceration walls. Unfortunately, there are some gaps within the introduced structure due the non-permitting environmental factors at correctional facilities. The utilised thematic analysis outlined frequencies of sentiments or key words related to the inability to practice the introduced COVID-19 protocols at correctional centre settings, such as difficulty social distancing; easy spread of diseases; limited medical assistance; large number of inmates housed per holding cell; limited resources; not enough space in holding cells. This study's limitations outline significant areas for future research and improvement. Fortunately, regardless of these limitations, this study extensively contributes to giving a vivid insight of the inmates' experiences during the peak stages of the COVID-19 pandemic and how they adhered to the COVID-19 rules and regulations.

Moreover, the study draws attention to the analytical need to address overcrowding and the inefficient provision of medical assistance in correctional facilities by proposing practical recommendations for future references should the world be under this sort of attack by epidemics. This study argues that overcrowding in correctional facilities can be mitigated and controlled, thus allow for great handling of the relevant health-related tactics to be practiced.

6.2.1. Analysis of research findings

To examine the relationship between overcrowding in correctional facilities and the COVID-19 preventative protocol, general conclusions were drawn from the collected data through the guidance of the research objectives and questions. In correspondence to the research site under study, the research objectives were to:

- investigate the extent of overcrowding;
- explore the effect of overcrowding on the implementation of Covid-19 regulations;
- determine other possible healthcare challenges that occur; and to
- examine and recommend tactics to curb the spread of covid-19 at Durban Correctional Centre D in Westville correctional facility

I. Extent of overcrowding in the correctional centre

After careful review of the data collected through interviews, the research participants expressed that although Medium D section in Westville correctional centre is not as overcrowded as compared to the other medium sections in the facility, however, the cell chambers hold high-population density of inmates. This high-population density allows for an easy spread of diseases amongst inmates at the facility and challenges the means to practice preventative measures. According to the research findings, each holding-cell consist of more than 30 inmates, whereas in other medium sections, such Medium B section, the holding-cells holds about 50 to 60 and/or even more inmates. One of the official respondents expressed that some inmates would even sleep on the floor because there are no bed spaces to host them. More to this, the respondent further stated that it was long ago whereby correctional facilities accommodated the number of inmates in which they are designed to house, as of current times there are more inmates housed in comparison to the available infrastructure and resources. Also, another official participant stated that overpopulation is an issue that can never be escaped and that the facility is very crowded. Therefore, this is evident enough that the extent of overcrowding at the facility is greater than the amount of space available for the inmates.

II. The impact of overcrowding on the implementation of COVID-19 regulations

The inmate respondents expressed that it is practically impossible to adhere to or practice the COVID-19 regulations due to the non-permitting environmental factors in correctional facilities. To be precise, the research findings reveal that at least seventy percent (70%) of the respondents expressed that practicing social distancing was very challenging in the correctional facility due to the state of overcrowding. One of the official respondents argued that “it does not make any sense to practice social distancing when outside of the detention-cells, yet still be assembled in large groupings when detained”. Therefore, this finding corroborates IDPCC(2020) study which revealed that in cramped conditions, and with communal activities such as eating, showering, and using the toilet, it is impossible for correctional facilities to comply with global advice on COVID-19 and physical distancing.

Moreover, the findings further show that medical assistance within correctional facilities needs extensive revision because most of the inmate respondents expressed that testing and provision of medication was not consistently performed. More to this, some of the inmate respondents stated that an individual would be noticed after some days that they have contracted COVID-19. Also, one of the official respondents asserted that isolation of inmates

was quite a challenge due to not having enough isolation chambers to cater for all those who were ill. Also, not all inmates were tested for COVID-19, nor check-ups were performed regularly.

With regards to the wearing of masks, due to the high number of inmates, the institution started a project which supplied cloth-masks to inmates. This, therefore, meant that inmates had to regularly wash their masks and use them interchangeably. Unfortunately, taking into consideration the unhygienic living spaces of inmates, this method can be said to have attracted even higher chances for the virus to breed. Therefore, for this reason, the wearing of masks regulation was impacted by overcrowding in the sense that inmates could not be provided with Surgical masks that they could wear once and throw away due to the high number of inmates which the facility houses.

Regarding the use of sanitizers, some of the inmate respondents stated that the provision of sanitizers was not consistent as in some sections they would stay for long periods of the week without sanitizers. In response to this, one of the official participants asserted that the manner in which sanitizers were distributed had to be revised because inmates would consume the provided sanitizers. Also further added that there was also a crisis regarding the provided sanitizers as some were seemingly defective which therefore meant that some of the sub-sections would not receive sanitizers until re-stocking is done.

Hence, this research argues that the introduced COVID-19 regulations were impossible to adhere to in correctional facilities due to overcrowding that seemed to cause either a delay or an inconsistency in the practicing of the regulations.

III. Healthcare challenges in Westville correctional centre

The research findings reveal that there still exist healthcare challenges within the facility which have been outlined by so many researchers before, such as the rapid spread of illnesses amongst inmates, like Tuberculosis (TB). Although, there are measures put in place to cater for the TB positive inmates, however, there are instances revealed by inmates that overcrowding plays a huge role in the manner in which the virus spreads. Inmates have pointed out scenarios whereby one inmate was ill and the whole section fell ill as the sickness rapidly spread. Moreover, the official respondents further stated that there are isolation chambers at the facility for critically ill TB inmates, however, during the peak times of the COVID-19 pandemic the institution ran out of safety beds or cell chambers to cater for all inmates who showed symptoms of the deadly coronavirus due to overcrowding. Again, this is

evident that overcrowding stood as a negative barrier to the adherence to the COVID-19 rules and regulations.

IV. Strategies introduced to curb the spread of COVID-19 at the correctional centre

The findings show that the introduced strategies to curb the spread of COVID-19 in correctional centres are similar to those introduced to the rest of the world outside of the incarceration walls. The respondents listed the below strategies to ensure the safety of the correctional community:

- Wearing of masks;
- testing of inmates for COVID-19;
- walk through body temperature scanners;
- constant use of sanitizers, body sanitizers and washing of hands;
- regular disinfecting of cell chambers;
- isolation of ill inmates;
- separate inmate exercising schedules per section;
- temporal suspension of officials showing signs of possible COVID-19 infections;
- inmates leaving a one-meter distance from each other during “*ukufola*” (collecting food from the food-cart) as form of social distancing;
- education and awareness programme provided by nurses;
- transporting of medication by nurses to inmates cell chambers to limit movement and contacts between all correctional individuals;
- health and safety programmes provided by social workers; and
- the provision of shuttles to transport the official staff to and from work to limit contact with the outside world to avoid getting infections from those travelling by public transport.

6.3. Comparison with the existing literature

The findings of this study support the research conducted by The United Nations Office on Drugs and Crime (2013) which cites that overcrowded correctional facilities, globally, generates burdensome and prevalent challenges to maintaining inmate health as well as providing a safe environment. This study reveals that the overcrowded environment at the correctional facility challenges the means to practice the necessary safety protocols against COVID-19. Also, the findings of this study further extensively support the writings of Christ Ndaliso (2022) who posits that due to the issue of overcrowding at Westville correctional facility, the centre suffers consequences of being short-staffed which therefore negatively impacts the quality of services provided to inmates. This can be seen through the presented data whereby the inmate participants expressed that there exist inconsistencies with the availability of health care assistance; and official participants complaining about the increased work-overload as there were more responsibilities to be undertaken during the peak times of the epidemic.

However, there were some publications that were reviewed in Chapter two of this dissertation that the researcher begs to differ from them, such as the publication released by Prison Insider (2021) which assert that the manner in which the South African authorities managed the pandemic shows significant inconsistencies through the regulations or measures disclosed and those practiced. The researcher argues against this statement because the data presented in this study clearly shows that the correctional institution attempts to practice the COVID-19 regulations, but unfortunately due to the non-permitting correctional centre environment or setting, there are a lot of barriers and fails. Moreover, Prison Insider (2020) also cited that journalists revealed evidence proving that none of the measures advertised in a governmental video were implemented in the daily management of the facilities as inmates extensively reported the lack of information shared by the administration and expressed their distress. The researcher criticizes the ambiguity of this statement as it does not clarify whether the “lack of information shared” it referring to COVID-19 related teaching provided by the correctional staff to inmates (which was in fact provided through the educational awareness programmes by the nurses and safety precaution practices programmes by social workers) or the actual results regarding COVID-19 related cases at the institutions.

Also, the researcher wishes to provide positive feedback to the publication by Winter (2011) rather than to criticize or argue against the citation that detainees at Westville correctional facility had to settle for Phuthu (pap or maize meal porridge) and a chicken wing or drumstick with soup for supper. The research findings and through observations also made, the

researcher provides that inmates are provided with a healthy balanced meal that consists of at least two types of vegetables in the plates every day. During data collection, the researcher observed the “ukufola” process whereby inmates collect food from the food carts. The researcher confirms that their plates/dishes were filled with pap, spinach, butternut, and chicken with soup; and in another day, cabbage and potatoes were served in their dishes. Therefore, in this sense there is improvement with regards to ensuring to provide inmates with healthy meals so to support their immune systems

6.4. Implications of the study

The research results suggest that controlling the population density in correctional facilities can improve the ability to handle health-related challenges and effectively improve service delivery within the institution. To be precise, this means that an efficient control of the high population density in correctional facilities will improve the ability to control as well as decrease the spread of illnesses within the institution, thus largely leading to a healthier rehabilitative space for inmates.

6.4.1. Personal implications

The findings of this study have fundamental implications for the inmates, such as lack of personal space; increased stress and anxiety; inefficiency on resource availability; increased risk for transmission of air-borne infections; and decreased potential for faster rehabilitation.

6.4.2. Institutional implications

The study’s findings have fundamental implications for the Department of Correctional Services’ service delivery, such as loss of trust from the public; shortage of human resources; disturbances in service delivery; decreased productivity; increased staff workload; inability to effectively control health related challenges; and loss of institutional organized operations.

6.4.3. Theoretical implications

The deprivation model was considered as the primary theoretical framework for addressing the reactions of inmates in response to their lived experiences during the COVID-19 pandemic, focusing specially on adhering to its protocols.

To be precise, the deprivation Model argues for the notion that the oppressive conditions in correctional facilities bring about the aggressive nature of inmates in response to the degrading as well as stigmatising life behind bars (Peacock, 2013). In simpler terms, the

deprivation of goods and services is the refusal to distribute the fundamental necessities and avail basic facilities to inmates according to Nkosi (2018). The research findings show that inmates experience deprivation mostly when seeking medical assistance when feeling ill as the nurses would provide medication that does not necessarily attends to the illness in which the inmate has come to the section's clinic for. More to this, research findings of this study further reveal that inmates became anxious, stressed, and afraid of this deadly virus, thus resorting to unknowingly causing harm on oneself, such as drinking sanitizers due to the mental distress that they experience.

The criminogenic needs theory is greatly associated with the Social Learning Theory, thereby defining criminal behaviour as the consequence of an interface between particular circumstances and personal factors, thus known to be criminogenic needs, which upsurges the potential (risk) of a crime being committed (Andrews and Bonta, 1994). These scholars further delineate the criminogenic needs being a concept of when "Many inmates require shelter and employment, as well as the cessation of drug use". The research findings show a great example of this theory whereby inmates consumed sanitizers in their holding cells due to drug intake rush that they had.

6.5. Research recommendations

Correctional facilities will have to adjust to a "new normal" after COVID-19 by putting policies in place that guarantee the ongoing safety, health, and welfare of inmates, employees, and the general public. Since the pandemic has brought attention to structural issues and weaknesses in penal institutions, it is critical to reconsider management, rehabilitation, and healthcare strategies. Key recommendations for correctional facilities in the post-COVID-19 era are listed below:

1. Ongoing health and safety measures:

- **Sustained infection control procedures:** correctional facilities should continue to implement improved hygiene procedures even after the pandemic has ended. These procedures should include routinely cleaning high-touch surfaces, disinfecting common areas, and keeping masks and hand sanitizers on hand.

- **Ventilation improvements:** to stop the spread of respiratory illnesses after the pandemic, correctional facilities must have adequate ventilation. Purchasing contemporary, effective ventilation systems ought to be a top concern.
- **Frequent health examinations:** both personnel and prisoners should continue to undergo routine health examinations, which should include temperature monitoring and health surveys. Early disease detection reduces the severity of outbreaks.
- **Healthcare access:** increase the availability of mental and physical health services. Covid-19 brought attention to how vulnerable people in custodial environments are to health hazards, particularly those who already have a medical condition. Building strong healthcare systems in facilities ought to be a primary concern.

2. Mental health support and well-being:

- **More resources for mental health:** the pandemic's effects of fear, uncertainty, and isolation have made mental health problems in prisoners worse. Correctional facilities must make more investments in mental health services, such as counseling, treatment, and stress-reduction tools.
- **Post-pandemic psychological impact:** as a result of the pandemic's disturbance, many prisoners will have suffered from anxiety, despair, or trauma. Routine operations should incorporate programs that emphasize mental health checks and trauma-informed care.
- **Support for staff mental health:** during the epidemic, correctional staff experienced a great deal of stress and strain. To alleviate burnout and boost morale, it will be crucial to offer counseling, debriefing sessions, and mental health resources

3. Improved rehabilitation and education programs:

- **Greater access to family and community connections:** provide virtual visitation and contact methods after the pandemic to strengthen ties between prisoners and their families or community support networks. Rehab and recidivism reduction depend on this relationship.

4. Reducing overcrowding:

- **Population control:** covid-19 shown how congested settings complicate control and increase the risk of transmission. To avoid future epidemics, correctional facilities should continue to pursue alternatives to incarceration, such as non-custodial terms and parole opportunities, to reduce congestion.
- **Decarcerating efforts:** examine legislation that targets non-violent, low-risk inmate in an attempt to reduce the overall number of persons incarcerated. People nearing the end of their sentences or those with minor violations, for example, may be eligible for early release or be sent to community-based programs.
- **Improved intake screening:** to reduce the risk of creating epidemics within the facility or exacerbating pre-existing issues, make sure that adequate intake screening is conducted to identify inmates who may require medical or mental health treatment.
- **Build more correctional institutions:** to ensure subsequent housing of inmates, more correctional facilities ought to be built. Chapter 5 shows **figure 2: Westville correctional facility satellite map** to show clearer view of the vacant land around the centre which needs to be utilised by building correctional space for inmates.

5. Enhanced staff training and support:

- **Workforce flexibility:** to lessen employee burnout, give employees more flexible work hours. To guarantee sufficient coverage without overtaxing employees, this could involve job-sharing, telework choices for administrative personnel, and improved staffing ratios.
- **Staff well-being and retention:** the epidemic has highlighted the need for improved assistance for correctional employees. Reducing turnover and improving job satisfaction can be achieved by providing competitive pay, ongoing mental health care, and chances for professional growth.

6. Collaboration with public health authorities:

- **Integration of the health system:** correctional facilities ought to improve their collaborations with regional and national public health agencies. In the event of future public health emergencies, this partnership can guarantee that correctional facilities receive the required medical supplies and prompt advice on health precautions.
- **Vaccine and health initiatives:** correctional facilities ought to keep up their immunization efforts after the pandemic, particularly for vulnerable groups like elderly inmates and those with underlying medical issues. Regular facility operations should include making sure that staff and inmates have access to flu vaccines and other preventive health measures.

7. Transparency and accountability:

- **Transparency in health data:** Correctional facilities should continue to be open and honest about the safety and health problems inside their buildings after the outbreak. Building trust with the public and detained people's relatives can be facilitated by routinely reporting on inmate health, safety precautions, and operational improvements.

6.6. Research limitations

This research study, like any other, has limitations that influence its validity and reliability. Therefore, acknowledging these limitations is fundamental to understanding this paper's scope and boundaries.

6.6.1. Geographical limitations

The KwaZulu-Natal province was the focus area, which is amongst the provinces in South African known to have overcrowded correctional facilities. However, the study findings may not generalize to other correctional centres all around South Africa as a whole. Therefore, repeating this study in other provinces in South Africa would be beneficial in providing more information as well as insight into the research problem statement and topic.

This study was limited to one correctional facility, such as the Westville correctional facility. This correctional facility was purposefully selected because it is amongst the notorious South African correctional centres that are awfully overcrowded. The researcher was extensively aware of the fact that the inclusion of other correctional centres in South Africa would

provide a much more vivid comprehension of the challenges brought by overcrowding in correctional centres, especially during times of deadly outbreaks that may threaten the health of inmates. Unfortunately, the research completion period could not allow for the researcher to travel to other provinces in order to get more insight on how overcrowding impacted the adherence to the COVID-19 rules and regulations within correctional centres.

6.6.2. Participant-related limitations

The official participants may have been selective with the information they provided as they did not want to bluntly point out any faults or failures on the manner in which the department of correctional services handled the COVID-19 outbreak in correctional facilities.

The purposive sampling technique was adopted with the objective to select suitable individuals to participate in this study, such as inmates who were present during the start of the COVID-19 pandemic and officials to represent the different departments in Westville correctional centre. The researcher wishes to also point out that with regards to the finding official participants, it was quite challenging because most of the officials did not want to participate. As a result, the official participants were of higher authorities in the departments interviewed because they felt obligated to participate as representatives of those departments since their subordinates saw them as suitable to provided answers to the research questions.

6.6.3. Time-related limitations

This research sampling frame was changed from focusing on conducting the research at Medium B to collaborating with Medium D inmates at the Westville correctional centre. This change was necessary due to the research timeframe which had already been delayed by having to wait for about three (3) months to receive a Gatekeeper's Letter from the Head office of the Department of Correctional Services, whereas the researcher only had just one semester left to complete thereafter submit the dissertation. Therefore, as a result the research sample frame had to be changed to accommodate the research timeframe.

The Medium D section was considered as means to honour the research criteria of focusing on male participants. Moreover, this section was recommended by one of the management officials due to the inmate obedient behaviour in this section; unlike in Medium B, where the inmates are said to not always keen to participate in research studies, thus would have been a challenge in the timely completion of Data collection. Moreover, to increase research credibility, the official participants was increased to two (2) nurse response who shared to

have interacted a lot with inmates during the peak times of the COVID-19 pandemic, thus leading to the research consisting of sixteen (16) participants.

6.6.4. Generalising limitations

In the context of this study, the presented findings are not being representative of correctional facilities because it was limited and confined at Westville correctional centre.

6.7. Recommendation for future studies

Based on the findings as well as the limitations of this dissertation, the researcher recommends that the future studies extend their study scope by focusing on a larger scale of increasing the number of participants and explore other study sites, such as correctional facilities in various provinces. Moreover, the below recommendations for future research purposes are proposed in accordance with the events that the researcher recognised during the conducting of this research study. As a reminder, studies ought to largely focus on the following areas for assurance that the department of correctional services has improved.

1. Post-COVID-19 reforms:

- To investigate the impact of COVID-19 pandemic on the correctional centre reform initiatives.
- To determine if the COVID-19 experience has led to any permanent policy changes relating to overcrowding, health, and safety in correctional facilities; and analyse lessons that may be drawn from these changes.

2. Prison population reduction in pandemic contexts:

- To determine correctional centres' high-population density reduction methods during the COVID-19 pandemic.
- To assess the effectiveness of the correctional facilities' high-population reduction during the COVID-19 pandemic, largely concentrating on the association between reducing overcrowding and successfully enforcing the COVID-19 rules and regulations.

3. Inmate-led strategies for health management:

- To examine the manner in which inmates attempted to control as well as manage the spread of COVID-19 by themselves in the overcrowded environments of incarceration institutions.

- To determine the inmate-led initiatives during the COVID-19 pandemic, such as peer education in an attempt to mitigate the impact of overcrowding and improve compliance or adherence with health protocols.

4. Infrastructure and resource allocation:

- Investigate the role of physical infrastructure (isolation cells) and access to resources (sanitation, masks, and medical care) on the ability to enforce COVID-19 and health protocols.

5. Alternative strategies to address overcrowding:

- To investigate the available strategies to reduce and/or control overcrowding in correctional facilities.
- To analyse the effectiveness of the strategies introduced to reduce overcrowding in correctional centres during the peak stages of the COVID-19 pandemic.

6.8. Conclusion

This study investigated the impact of overcrowding on the implementation of the Coronavirus rules and regulations in correctional facilities. The primary challenge at correctional facilities, as portrayed by the research findings, is the rapid spread of diseases within correctional institutions due to being over-populated. The secondary challenge is the inability to practice and follow the crucial safety strategies as well as protocol to curb the spread of diseases, such as social distancing from one another due to the high-density population in correctional centres.

Chapter 1 introduced the research topic, background, research objectives and questions, and the theoretical framework of this dissertation. **Chapter 2** reviewed the relevant already existing literature, and highlighted the challenging of overcrowding in correctional facilities during the peak of the COVID-19 outbreak as well as the government's response to the pandemic in order to protect those living behind bars. **Chapter 3**, dived into theoretical framework, outlining the secondary data correspondent with criminological theories in context of this research. **Chapter 4** outlined the constituents of the research design and the qualitative methodology as a whole. **Chapter 5** presented the data collected and analysed the participants' responses, revealing the inability to practice the COVID-19 protocols within correctional facilities and other health-related challenges caused by overcrowding.

The findings of this study outline the fundamental need to address overcrowding in correctional centres so to allow for the ability control as well curb the health-related challenges. It is evident that the high-density population in correctional facilities lead to poor service delivery and delayed rehabilitations for inmates due to the lack of resources. Therefore, the researcher recommends that more correctional institutions ought to be built in order to accommodate all incarcerated individuals.

The primary theoretical framework of this study is the **Deprivation model**, outlining that the oppressive conditions in correctional facilities birth the aggressive nature of inmates in response to the degrading as well as stigmatising life behind bars (Peacock, 2013). Whereas Nkosi (2018), propagates that aggressive and self-destructive behaviour amongst inmates is due to the depriving circumstances in the correctional facilities instigated by overcrowding. In the context of this study, the findings show that inmates felt so deprived of smoking and/or consuming substances during the peak times of the COVID-19 and resorted to drinking the provided sanitizers. Also, the reviewed literature further highlights the different riots that occurred in correctional facilities due to the inability to give a hundred percent(100%) attention to all inmate because of the high number of inmates incarcerated. The secondary theoretical framework, the **Criminogenic needs theory**, highlights the inmates' needs during incarceration., such as, need to stop taking drugs; and some may have low self-esteem, therefore, need healthcare. Also, since criminogenic needs theory is closely allied to social learning theory, it further views criminal behaviour as the outcome of an interaction between certain situational and personal factors (criminogenic needs) which increase the likelihood (risk) of a crime. This research outlined six (6) factors that are directly connected to crime perpetuated by overcrowding in correctional facilities, such as low self-control, anti-social personality, anti-social values, criminal peers, substance abuse and dysfunctional family. These factors ought to be reviewed in order to curb as well as mitigate criminal activities that are committed by the youth led by these factors.

6.9. References

Abraham, L.A., Brown, T.C. and Thomas, S.A., 2020. How COVID-19's disruption of the US correctional system provides an opportunity for decarceration. *American Journal of Criminal Justice*, 45(4), pp.780-792.

Aidoo, E., 2024. *Exploring how prisoners experience work: A discursive practice approach* (Doctoral dissertation, Brunel University London).

Alase, A., 2017. The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International journal of education and literacy studies*, 5(2), pp.9-19.

Aliaga, M. and Gunderson, B., 1999. *Interactive statistics*. Prentice Hall.

Amanda Khoza, 2020. How South African prisons are managing Covid-19. [Available Online] <https://www.newframe.com/how-south-african-prisons-are-managing-covid-19/> Accessed: 15/07/2023

Anderson, C. (2010) Presenting and Evaluating Qualitative Research, *Am. J. Pharm. Educ.* 74(8) Article 141:1-7.

Annual Report of the Judicial Inspectorate for Correctional Services for the period 1 Apr 2013 to 31 Mar 2014 at 37. Available at: [http://judicialinsp.dcs.gov.za/Annualreports/Annual%20Report%202013%20-%202014%20\(2\).pdf](http://judicialinsp.dcs.gov.za/Annualreports/Annual%20Report%202013%20-%202014%20(2).pdf)

- Antwi, S.K. and Hamza, K., 2015. Qualitative and quantitative research paradigms in business research: A philosophical reflection. *European journal of business and management*, 7(3), pp.217-225.
- Ardino, V., Milani, L. and Di Blasio, P., 2013. PTSD and re-offending risk: the mediating role of worry and a negative perception of other people's support. *European Journal of Psychotraumatology*, 4(1), p.21382.
- Arghode, V., 2012. Qualitative and Quantitative Research: Paradigmatic Differences. *Global Education Journal*, 2012(4).
- Arifin, S.R.M., 2018. Ethical considerations in qualitative study. *International Journal of Care Scholars*, 1(2), pp.30-33
- Arksey, H. & Knight, P. (1999) *Interviewing for Social Scientists: An Introductory Resource with Examples*. London, Sage
- Bangura, S.A., 2022. *Food Availability and Sanitation Conditions in Pademba Road Prisons, a Case Study*. Walden University.
- Bantjes, J. and Kagee, A., 2013. Epidemiology of suicide in South Africa: Setting an agenda for future research. *South African Journal of Psychology*, 43(2), pp.238-251.
- Bantjes, J., Swartz, L. and Niewoudt, P., 2017. Human rights and mental health in post-apartheid South Africa: lessons from health care professionals working with suicidal inmates in the prison system. *BMC international health and human rights*, 17(1), pp.1-9.
- Barbour, R. (2001) Checklists for Improving Rigour in Qualitative Research: A Case of the Tail Wagging the Dog? *British Medical Journal*, 322(7294):1115-1117.
- Baxter, P., 2008. Qualitative Case Study Methodology: Study Design and Implementation for Novice Researchers. *The Qualitative Report*, 13(4), pp.544–559.
- BBC News. 2020. Coronavirus: Beijing Orders 14-day Quarantine for Returnees. 15 February. <https://www.bbc.com/news/world-asia-china-51509248>.
- Beyrer, C., Kamarulzaman, A. and McKee, M., 2016. Prisoners, prisons, and HIV: time for reform. *The Lancet*, 388(10049), pp.1033-1035.
- Bezuidenhout, C. 2019. *A South African perspective on fundamental criminology*, second edition. Pearson South Africa (Pty)Ltd.

- Bhandari, P., 2021. Population vs sample: what's the difference? [online] Scribbr. Available at: <https://www.scribbr.com> [Accessed 12 November 2021].
- Bhasin, H., 2020. [online] Marketing91. Available at: <https://www.marketing91.com> [Accessed 22 October 2021].
- Bhattacharjee, A., 2012. Social science research: Principles, methods, and practices.
- Bick, J. A. (2007). Infection control in jails and prisons. *Clin. Infect. Dis.* 45, 1047–1055. doi: 10.1086/521910
- Birt, L., Scott, S., Cavers, D., Campbell, C. & Walter, F. (2016) Member Checking: A Tool to Enhance Trustworthiness or Merely a Nod to Validation? *Qualitative Health Research*, 26(13):1802-1811.
- Bisman, J. (2010) Postpositivism and Accounting Research: A (Personal) Primer on Critical Realism, *Australasian Accounting Business and Finance Journal*, 4(4):3-25.
- Braun, V. and Clarke, V., 2012. *Thematic analysis*. American Psychological Association.
- Brelje, A.B. and Pinals, D.A., 2020. Provision of health care for prisoners during the COVID-19 pandemic: an ethical analysis of challenges and summary of select best practices. *International Journal of Prisoner Health*.
- Brivik, A., 2014. The Impact of Overcrowding on Prisoners' Rights (Master's thesis, University of Cape Town).
- Cain Burdeau (2020). Europe Released 128,000 Prisoners to Prevent Virus Outbreaks. Available at: <https://www.courthousenews.com/europe-released-128000-prisoners-to-prevent-virus-outbreaks/>
- Cameron, E., 2020. The crisis of criminal justice in South Africa. *South African Law Journal*, 137(1), pp.32-71.
- Centre for the Study of Violence and Reconciliation Prison overcrowding and the constitutional right to adequate accommodation in South Africa (2005) available at [http://www.issafrica.org/crimehub/uploads/Prison overcrowding%28Steinberg%29.pdf](http://www.issafrica.org/crimehub/uploads/Prison%20overcrowding%28Steinberg%29.pdf)
- Christa Reddy., 2022. In Depth Interview Advantages and Disadvantages. Available [Online]: <https://content.wisestep.com/depthinterviewadvantagesdisadvantages/#:~:text=An%20indept>

h%20interview%20is%20defined%20as%20a%20qualitative,idea%2C%20or%20subject%20the%20respondent's%20perspectives%20are%20explored. Accessed: 2022.06.30

Commonwealth Human Rights Initiative (2020). State/Ut Wise Prisons' Response To The Coronavirus Pandemic In India. Available at: <https://www.humanrightsinitiative.org/content/stateut-wise-prisons-response-to-covid-19-pandemic-in-india>

Coyle, A. and Fair, H., 2018. *A human rights approach to prison management: Handbook for prison staff*. Institute for Criminal Policy Research Birkbeck, University of London.

Creswell, J. W. (2009). *Research Design: Qualitative, Quantitative and Mixed Methods Approach* (3rd Ed.). Thousand Oaks, CA: Sage.

Creswell, J.W. & Poth, C.N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Thousand Oaks, CA: Sage Publishing, Inc.

Cruywagen, V., 2022. As prison overcrowding rate intensifies, Popcru threatens Pollsmoor strike. *Daily Mevrick* (13 October 2022), available at: <https://www.dailymaverick.co.za/article/2022-10-13-as-prison-overcrowding-rate-intensifies-popcru-threatens-pollsmoor-strike/> (accessed 15 July 2023)

Daniel, J., 2011. *Sampling essentials: Practical guidelines for making sampling choices*. Sage Publications.

De Claire, K., and Dixon, L. (2017). The effects of prison visits from family members on prisoners' well-being, prison rule breaking, and recidivism: a review of research since 1991. *Trauma Viol. Abuse* 18, 185–199. doi: 10.1177/1524838015603209

De Vaus, D., 2001. *Research Design in Social Research*. [online] USC Libraries. Available at: <http://https:linguides.usc.edu/writingguide/researcheddesigns> [Accessed 22 October 2021].

Deepa, R. and Panicker, A.S., 2016. A Phenomenological Approach to Understand the Challenges Faced by Medical Students. *Qualitative Report*, 21(3).

Department of Correctional Services, 2012. *Department of correctional services: Annual report 2011/2012*.

Dheda, K., Perumal, T., Moultrie, H., Perumal, R., Esmail, A., Scott, A.J., Udwardia, Z., Chang, K.C., Peter, J., Pooran, A. and von Delft, A., 2022. The intersecting pandemics of

tuberculosis and COVID-19: population-level and patient-level impact, clinical presentation, and corrective interventions. *The Lancet Respiratory Medicine*, 10(6), pp.603-622.

Dissel, A. and Ellis, S., 2002. Reform and stasis: transformation in South African prisons. *Critique internationale*, 16, pp.137-152.

Dolan K, Wirtz AL, Moazen B, Ndeffo-mbah M, Galvani A, Kinner SA, et al. Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. *The Lancet*. 2016 Sep 16;388(10049):1089–102.

Dolovich, S., 2017. Prison conditions.

Dumond, R.W., 2000. Inmate sexual assault: The plague that persists. *The Prison Journal*, 80(4), pp.407-414.

Easton, V.J. and McColl, J.H., 1997. Statistics Glossary v1. 1.

Edwin Naidu, 2020. Violence and Covid-19 take toll on SA's prisoners. Available [Online] <https://www.iol.co.za/sundayindependent/news/violence-and-covid-19-take-toll-on-sas-prisoners-d3ccc664-2715-4e82-903d-f9cc8a8b9bda>

Elger, B.S., 2009. Prison life: Television, sports, work, stress and insomnia in a remand prison. *International journal of law and psychiatry*, 32(2), pp.74-83.

Ellis, E. (2020, April 23). Prison riots about cellphones and cigarettes not coronavirus, authorities claim. *The Daily Maverick*. <https://www.dailymaverick.co.za/article/2020-04-23-prison-riots-aboutcellphones-and-cigarettes-not-coronavirus-authorities-claim/>

Elo, S. & Kyngas, H. (2008) The qualitative content analysis process, *J Adv Nur*, 62(1):107-115.

Elumn Madera, J.E., 2016. The cumulative impact of trauma exposure and recidivism after incarceration among black men.

epistemological perspectives." *Journal of Quality Assurance in Hospitality&*

Etikan, I., Musa, S.A. and Alkassim, R.S., 2016. Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics*, 5(1), pp.1-4.

Evans, J.R. and Mathur, A., 2005. The value of online surveys. *Internet research*.

Exworthy, T., Samele, C., Urquía, N. and Forrester, A., 2012. Asserting prisoners' right to health: Progressing beyond equivalence. *Psychiatric Services*, 63(3), pp.270-275.

Fitzgerald, L. & Dopson, S. (2011) Comparative Case Designs: Their Utility and Development in Organisational Research in: Buchman, D. & Bryman, A. (eds.) *The Sage Handbook of Organizational Research Methods*. Paperback Edition. London, Sage.

Fourie, J. and Van Zanden, J.L., 2013. GDP in the Dutch Cape Colony: The National Accounts of a Slave-Based Society. *South African Journal of Economics*, 81(4), pp.467-490.

Franco-Paredes, C., Jankousky, K., Schultz, J., Bernfeld, J., Cullen, K., Quan, N.G., Kon, S., Hotez, P., Henao-Martínez, A.F. and Krsak, M., 2020. COVID-19 in jails and prisons: A neglected infection in a marginalized population. *PLoS neglected tropical diseases*, 14(6), p.e0008409.

Geldenhuis, K., 2017. Overcrowded prisons-an unofficial death sentence?. *Servamus Community-based Safety and Security Magazine*, 110(4), pp.14-21.

Ghrum, A., Bragazzi, N.L., Briki, W., Jenab, Y., Khaled, M., Haddad, M. and Chamari, K., 2021. COVID-19 pandemic and physical exercise: lessons learnt for confined communities. *Frontiers in Psychology*, 12, p.1533.

Gililli, C. (2020, July 31). Prisoners fear for their lives at Sun City as Covid-19 wave spreads. News24. <https://www.news24.com/news24/southafrica/news/prisoners-fear-for-their-lives-at-sun-city-ascovid-19-wave-spreads-20200730>

Graaff-Reinet Advertiser. 2020. Women's Prison in East London Records 26 Positive Cases of Coronavirus. 13 April. <https://www.graaffreinetadvertiser.com/News/Article/National/womens-prison-in-east-london-records-26-positive-cases-of-coronavirus-202004130710>.

Gray, D. (2018) *Doing Research in the Real World*. 4th Edition. London, Sage.

GroundUp. 2020. Covid-19: Call for Minister to Release Prisoners. 24 April. <https://www.groundup.org.za/article/covid-19-judicial-inspector-asks-minister-release-prisoners>.

Groves, R.M., Fowler Jr, F.J., Couper, M.P., Lepkowski, J.M., Singer, E. and Tourangeau, R., 2011. *Survey methodology* (Vol. 561). John Wiley & Sons.

Grujić, Z.V., Blagić, D.M. and Milić, I.D., 2022. PENITENTIARY SYSTEMS AND THE COVID-19 PANDEMIC: PRISON POPULATION IN THE PERIOD OF THE 'NEW REALITY'. *TEME*, pp.1131-1145.

H. Summers, 'Everyone will be contaminated': prisons face strict coronavirus controls (23 March 2020), published in The Guardian. Available at: <https://www.theguardian.com/globaldevelopment/2020/mar/23/everyone-will-be-contaminatedprisonsface-strict-coronavirus-controls>;

Hague, P.N., Hague, N. and Morgan, C.A., 2004. Market research in practice: a guide to the basics. Kogan Page Publishers.

Hans, B. (2020, June 20). 'Nudity, hunger strike' expected in prisons over visitation ban induced by the coronavirus. Independent Online. <https://www.iol.co.za/saturday-star/news/nudity-hunger-strikeexpected-in-prisons-over-visitation-ban-induced-by-the-coronavirus-49653234>

Haydam, N.E. and Steenkamp, P., 2020. A methodological blueprint for social sciences research—the social sciences research methodology framework. *EIRP Proceedings*, 15(1).

Hewson, T., Shepherd, A., Hard, J., and Shaw, J. (2020). Effects of the COVID-19 pandemic on the mental health of prisoners. *Lancet Psychiatry* 7, 568–570. doi: 10.1016/S2215-0366(20)30241-8

Hollin, Clive & Palmer, Emma. (2010). Criminogenic Need and Women Offenders: A Critique of the Literature. *Legal and Criminological Psychology*. 11. 179 - 195. 10.1348/135532505X57991.

<https://marisluste.wordpress.com/wp-content/uploads/2011/07/riska-modelis-2.pdf>

Institute for Crime & Justice Policy Research, World Prison Brief data. Available at: <https://www.prisonstudies.org/worldprison-brief-data>

International Drug Policy Consortium, COVID-19: Prisons and detention in Southeast Asia (2020). Available at: http://files.server.idpc.net/library/IDPC-AdvocacyNote_COVID19-prisons-and-detention-in-SEA_April-2020.pdf

Jack Jr, C.R., Bennett, D.A., Blennow, K., Carrillo, M.C., Dunn, B., Haeberlein, S.B., Holtzman, D.M., Jagust, W., Jessen, F., Karlawish, J. and Liu, E., 2018. NIA-AA research

framework: toward a biological definition of Alzheimer's disease. *Alzheimer's & Dementia*, 14(4), pp.535-562.

Jackson, S.L. (2011) "Research Methods and Statistics: A Critical Approach", 4th edition, Cengage Learning, p.17

Jays, B., Socks, R., Do, I.W.C. and Reside, Y., (2020). Cross Tabulation Analysis1.

Jenna Crosley, 2021. What (Exactly) Is Thematic Analysis? A Plain-Language Explanation & Definition (With Examples). [Online] Available: <https://gradcoach.com/what-is-thematic-analysis/> Accessed: 2022.06.30

John Letzing (2020). How prison populations can be protected from Covid-19. Available at: <https://theprint.in/features/how-prison-populations-can-be-protected-from-covid-19/453095/>

Katey, D., Morgan, A.K., Asori, M., Ampofo, S.T. and Mpobi, R.K.J., 2021. COVID-19 and the marginalized: an opinion piece on further measures to address COVID-19 in prisons in Sub-Saharan Africa. *International Journal of Prisoner Health*, 17(3), pp.373-379.

Keehn, E.N. and Nevin, A., 2018. Health, human rights, and the transformation of punishment: South African litigation to address HIV and tuberculosis in prisons. *Health and human rights*, 20(1), p.213.

Kim, H., Hughes, E., Cavanagh, A., Norris, E., Gao, A., Bondy, S.J., McLeod, K.E., Kanagalingam, T. and Kouyoumdjian, F.G., 2022. The health impacts of the COVID-19 pandemic on adults who experience imprisonment globally: A mixed methods systematic review. *PloS one*, 17(5), p.e0268866.

Kimberley, K., 2020. St Albans prison a ticking time bomb. *Daily Dispatch*.

Kinner, S.A., Young, J.T., Snow, K., Southalan, L., Lopez-Acuña, D., Ferreira-Borges, C. and O'Moore, É., 2020. Prisons and custodial settings are part of a comprehensive response to COVID-19. *The Lancet Public Health*, 5(4), pp.e188-e189.

Koko, K. (2020, July 8). Riots erupt in prisons as inmates say they fear getting Covid-19. Independent Online. <https://www.iol.co.za/the-star/news/riots-erupt-in-prisons-as-inmates-say-they-feargetting-covid-19-50597004>

Kollamparambil, U. and Oyenubi, A., 2021. Behavioural response to the Covid-19 pandemic in South Africa. *Plos one*, 16(4), p.e0250269.

Kras, K.R. and Fitz, L., 2020. The social and environmental implications of the novel coronavirus on institutional and community corrections in South Africa. *Victims & Offenders*, 15(7-8), pp.933-947.

Kras, K.R. and Fitz, L., 2021. The social and environmental implications of the novel coronavirus on institutional and community corrections in South Africa. In *The Global Impact of the COVID-19 Pandemic on Institutional and Community Corrections* (pp. 104-118). Routledge.

Kumar, R., 2019. *Research Methodology*. 5th ed. [ebook] Thousand Oaks, CA: Sage Publications ltd, pp.25-45. Available at: <<https://corladancash.com>> [Accessed 12 November 2021].

L. Ensor, Prison overcrowding a ‘disturbing’ problem for government (17 July 2019), published in BusinessDay. Available at: <https://www.businesslive.co.za/bd/national/2019-07-17-prison-overcrowding-a-disturbing-problem-for-government/>

L. Roy, Infections and Incarceration: Why Jails And Prisons Need To Prepare For COVID-19 Now (11 March 2020), published in Forbes. Available at: <https://www.forbes.com/sites/lipiroy/2020/03/11/infectionsand-incarceration-why-jails-and-prisons-need-to-prepare-for-covid-19-stat/#2ac566c049f3>

Lappi-Seppälä, T., 2010, April. Causes of prison overcrowding. In paper submitted to the Workshop on Strategies to Reduce Overcrowding in Correctional Facilities, 12th United Nations Congress on Crime Prevention and Criminal Justice, Salvador, Brazil (pp. 12-19).

le Roux-Kemp, A., 2013. Overcrowding in prisons: A health risk in need of (re) consideration. *Health L. Rev.*, 21, p.33.

Leedy, P.D. and Ormrod, J.E., 2001. *Practical research: Planning and design*. Pearson. One Lake Street, Upper Saddle River, New Jersey 07458.

Legodi, R. and Dube, M., 2023. Community Reintegration of Offenders at an Overcrowded Rural Correctional Facility: Work Experiences of Correctional Officials. *Social Sciences*, 12(9), p.489.

Lukas Muntingh (2006). Prisons in a Democratic South Africa – A guide to the rights of prisoners as described in the Correctional Services Act and Regulations. Available at: <https://acjr.org.za/resourcecentre/Prisons%20in%20a%20Democratic%20South%20Africa%2>

[0%20a%20Guide%20to%20the%20Rights%20of%20Prisoners%20as%20Described%20in%20the%20Correctional%20Services%20Act%20and%20Regulations.pdf](#)

MacDonald, M., 2018. Overcrowding and its impact on prison conditions and health. *International Journal of Prisoner Health*, 14(2), pp.65-68.

Makou, G., Skosana, I. and Hopkins, R., 2017. Fact sheet: The state of South Africa's prisons. Daily Maverick, 18 July.

Manohar, N., MacMillan, F., Steiner, G.Z. and Arora, A., 2018. Recruitment of research participants. *Handbook of research methods in health social sciences*, pp.71-98.

Marupeng, P., 2020. Deaths of three prison warders spark health fears. *Sowetan Live* (6 July 2020) <https://www.sowetanlive.co.za/news/south-africa/2020-07-06-deaths-of-three-prison-warders-spark-health-fears/> (Referenced 15 July 2023)

Masutha, M., 2016. Address by the Minister of Justice and Correctional Services, TM Masutha, MP (Adv) at the Africa Regional Seminar on Finding Practical Solutions for Addressing Violence and Discrimination Against Persons Based on Sexual Orientation, Gender Identity and Expression. *speech presented in Johannesburg, South Africa*, 3.

Maxwell, J.A., 2010. Using numbers in qualitative research. *Qualitative inquiry*, 16(6), pp.475-482.

Mays, N. & Pope, C. (2000) Assessing quality in qualitative research, *British Medical Journal*, 320:50-52.

McElroy, A.: Bio-cultural models in studies of human health and adaptation. *Med. Anthropol. Quart.*, 4: 243- 265 (1990).

Mdakane, B. (2020, April 19). Prisoners threaten hunger strike if Covid-19 fears are not addressed. City Press. <https://www.news24.com/citypress/News/prisoners-threaten-hunger-strike-if-covid-19-fears-are-not-addressed-20200419>

Mears C. (2017) Chapter 21: In-depth interviews in: Coe, R., Waring M., Hedges, L. and Arthur, J. (eds), *Research Methods & Methodologies in Education*. 2nd Edition. London, Sage.

Melossi, D. and Pavarini, M., 2018. *The prison and the factory: Origins of the penitentiary system*. Springer.

Michaud, A., Adams, O., Cohn, T.A., Neubig, G. and Guillaume, S., 2018. Integrating automatic transcription into the language documentation workflow: Experiments with Na data and the Persephone toolkit.

Mitchley A (2020) Ramaphosa authorises release of low-risk inmates to combat spread of Covid-19 in prisons.

Mitchley, A. (2020, June 17). Detainees face action after blocking cell, arming themselves with makeshift weapons. News24. <https://www.news24.com/news24/southafrica/news/detainees-faceaction-after-blocking-cell-arming-themselves-with-makeshift-weapons-20200617>

Mlamla S (2020) South African prisons suspend visits for 30 days due to Covid-19 outbreak. Cape

Mlamla S (2020) Violence erupts in prisons as inmates feel 'frustrated fearful of Covid-19. Cape Argus.

Mlomo-Ndlovu, V.C. and Luyt, W.F.M., 2023. Bed space management as a strategy for managing overcrowding in the corrections environment in South Africa. *SACJ*, p.2.

Moodley, J.K., Parry, B.R. and Van Hout, M.C., 2023. Incarceration, menstruation and COVID-19: a viewpoint of the exacerbated inequalities and health disparities in South African correctional facilities. *International Journal of Prisoner Health*, 19(3), pp.400-413.

Motlalekgosi, H.P., 2015. Systematic Review of Theoretical and Evidence-based Literature on Offenders' Treatment in South Africa: A Penological Perspective.

Muntingh, L., 2006. Prisons in a democratic South Africa—A guide to the rights of prisoners as described in the correctional services act and regulations. *Cape Town, South Africa: Civil Society Prison Reform Initiative*.

Muntingh, L., 2016. Ten years after the Jali Commission Assessing the state of South Africa's prisons. *South African Crime Quarterly*, 58, pp.35-44.

Muntingh, L.M., 2020. Africa, prisons and COVID-19. *Journal of Human Rights Practice*, 12(2), pp.284-292.

Muntingh, L.M., 2020. Africa, prisons and COVID-19. *Journal of Human Rights Practice*, 12(2), pp.284-292.

Mvumu, Z., 2020. Sun City' accused of staging Covid-19 preparedness 'act' for Lamola. *Sunday Times*.

N. Nkosi and V. Maweni., 2020. The effects of overcrowding on the Rehabilitation of offenders: A case study of a correctional centre in Durban (Westville), KwaZulu-Natal. Available at: <https://journals.sagepub.com/doi/10.1177/0972558X20952971>

Naeem, M., Ozuem, W., Howell, K. and Ranfagni, S., 2023. A step-by-step process of thematic analysis to develop a conceptual model in qualitative research. *International Journal of Qualitative Methods*, 22, p.16094069231205789.

Naidoo, S. and Mkize, D.L., 2012. Prevalence of mental disorders in a prison population in Durban, South Africa. *African journal of psychiatry*, 15(1), pp.30-35.

Naik S (2020) Prisoners fear coronavirus threat. Saturday

Naik, S. (2020, June 13). Inmates resort to desperate measures to force social distancing in crowded prisons. Independent Online. <https://www.iol.co.za/saturday-star/news/inmates-resort-todesperate-measures-to-force-social-distancing-in-crowded-prisons-49331172>

National Academies of Sciences, Engineering, and Medicine, 2021. Decarcerating correctional facilities during COVID-19: advancing health, equity, and safety.

Ndaliso, C., 2022. Overcrowded Westville female prison in KwaZulu-Natal a concern. The Witness (7 March 2022), available at: <https://www.citizen.co.za/witness/news/overcrowded-westville-female-prison-in-kwazulu-natal-a-concern-20220307/> (accessed 16 July 2023)

Ngoepe, K., 2020. Prisoners tested positive for Covid-19 say they are not getting proper medication. *Independent Online (June 27 2020)*, available at: www.iol.co.za/news/south-africa/gauteng/prisoners-testedpositive-for-covid-19-say-they-are-not-getting-proper-medication-50049865 (accessed 25 May 2021).

Nickerson, C., 2022. Interpretivism Paradigm & Research Philosophy.

Nicole M, Jenni E, Cebelihle M (2021). Spike in Covid-19 cases in prisons following unrest. Available at: <https://www.news24.com/news24/southafrica/news/spike-in-covid-19-cases-in-prisons-following-unrest-20210730>

Nicole McCain, 2021. Covid-19: More than 68 500 inmates, 12 000 correctional services staff receive vaccine jabs. Available [Online]

<https://www.news24.com/news24/SouthAfrica/News/covid-19-more-than-68-500-inmates-12-000-correctional-services-staff-receive-vaccine-jabs-20210805> Accessed:

Nkosi, N. and Maweni, V., 2020. The Effects of Overcrowding on the Rehabilitation of Offenders: A Case Study of a Correctional Center, Durban (Westville), KwaZulu Natal. *The Oriental Anthropologist*, 20(2), pp.332-346.

Nkosi, N. and Maweni, V., 2020. The effects of overcrowding on the rehabilitation of offenders: A case study of a correctional center, Durban (Westville), KwaZulu Natal. *The Oriental Anthropologist*, 20(2), pp.332-346.

Nkosi, N.P., 2018. *The impact of correctional centre overcrowding on rehabilitation of offenders: a case study of Durban Westville correctional centre* (Doctoral dissertation).

Nkululeko Nene, 2020. Inmates accuse officials of bringing Covid-19 to prison and infecting them. Available [Online] <https://www.iol.co.za/news/south-africa/kwazulu-natal/inmates-accuse-officials-of-bringing-covid-19-to-prison-and-infecting-them-50449403> Accessed: 05 June 2022

Noble, H. and Smith, J., 2015. Issues of validity and reliability in qualitative research. *Evidence-based nursing*, 18(2), pp.34-35.

Nonkululeko Njilo, 2020. Covid-19 cases in prisons pass 600. Available [Online] <https://www.timeslive.co.za/news/south-africa/2020-05-18-covid-19-cases-in-prisons-pass-600/> Accessed: 05 June 2022

Nozibusiso Nkosi, 2018. The impact of correctional centre overcrowding on rehabilitation of offenders: a case study of Durban Westville correctional centre.

OECD (2002) Frascati Manual: proposed standard practice for surveys on research and experimental development, (6th edition). Retrieved 27 May 2012 from www.oecd.org/sti/frascaticmanual.

Ogloff, J.R. and Davis, M.R., 2004. Advances in offender assessment and rehabilitation: Contributions of the risk–needs–responsivity approach. *Psychology, Crime & Law*, 10(3), pp.229-242.

Oliver, L. and Mcquoid-Mason, D., 1998. Human Rights for Correctional Services. *A Resource*.

Park, Y.S., Konge, L. and Artino, A.R., 2020. The positivism paradigm of research. *Academic Medicine*, 95(5), pp.690-694.

Paul J. Lavrakas., 2008. *Encyclopedia of Survey Research Methods*. Error! Hyperlink reference not valid.

PBB. Murhula and SB. Singh (2019). A Critical Analysis on Offenders Rehabilitation Approach in South Africa: A Review of the Literature. *African Journal of Criminology and Justice Studies: AJCJS*, Vol.12, No.1 Feb. 2019 ISSN 1554-3897. Available at: https://umes.edu/uploadedFiles/_WEBSITES/AJCJS/Content/VOL12.1.%20MURHULA%20FINAL.pdf

Penal Reform International (2018), “Health – key facts”, available at: www.penalreform.org/priorities/prison-conditions/key-facts/health/ (accessed 20 February 2018).

Peté, S.A., 2015. Like a bad penny: The problem of chronic overcrowding in the prisons of colonial Natal: 1845 to 1910 (Part 1). *Fundamina*, 21(1), pp.102-118.

Pope, A., Vanchieri, C. and Gostin, L.O. eds., 2007. *Ethical considerations for research involving prisoners*.

Posholi, M., 2019. *An exploration of the perceptions of prison health care personnel regarding the accessibility of mental health services for inmates in Maseru prison* (Doctoral dissertation, Stellenbosch: Stellenbosch University).

Postman, Z. (2020, May 25). Covid-19: Lockdown makes access to justice for prisoners even more difficult. *The Daily Maverick*. <https://www.dailymaverick.co.za/article/2020-05-25-covid-19-lockdown-makes-access-to-justice-for-prisoners-even-more-difficult/>

Preiser W, Van Zyl G, Dramowski A (2020) COVID-19: Getting ahead of the epidemic curve by early implementation of social distancing. *S Afr Med J* 110.

Pritha Bhandari., 2021. An introduction to correlational research. [Online] Available at: <https://www.scribbr.com/methodology/correlational-research/>

Priya Chetty., 2016. Limitations and weakness of quantitative research methods. [Online] Available at: <https://www.projectguru.in/limitations-quantitative-research/>

Qutoshi, S.B., 2018. Phenomenology: A philosophy and method of inquiry. *Journal of Education and Educational Development*, 5(1), pp.215-222.

Rapisarda, S.S. and Byrne, J.M., 2021. An examination of COVID-19 outbreaks in African prisons and jails. In *The Global Impact of the COVID-19 Pandemic on Institutional and Community Corrections* (pp. 81-91). Routledge.

Reporter, S., 2021. More correctional services officials for prisons. IOL News (2 August 2021), available: <https://www.iol.co.za/weekend-argus/news/more-correctional-services-officials-for-prisons-efc78a37-c9f2-4773-9745-2b849be3203a> (accessed 16 July 2023)

Riaan Grobler, 2020. Covid-19: SA prisons report 93% recovery rate, with 299 active cases left out of 6 944 infections. Available at: <https://www.news24.com/news24/southafrica/news/covid-19-sa-prisons-report-93-recovery-rate-with-299-active-cases-left-out-of-6-944-infections-20200914>

Robertson, S.J., Lawn, S.D., Welte, A., Bekker, L.G. and Wood, R., 2011. Tuberculosis in a South African prison—a transmission modelling analysis. *South African Medical Journal*, 101(11), pp.809-813.

Rocheleau, A.M., 2013. An empirical exploration of the “pains of imprisonment” and the level of prison misconduct and violence. *Criminal justice review*, 38(3), pp.354-374.

Ross, P. and Bibler Zaidi, N., 2019. Limited by our limitations. *Perspectives on Medical Education*, [online] 8(4), pp.261-264. Available at: <https://link.springer.com> [Accessed 12 November 2021].

Rotberg, R.I. and Mills, G. eds., 2010. *War and Peace in Southern Africa: Crime, Drugs, Armies, Trade*. Brookings Institution Press.

Roze Moodley and Janine Arcangeli, 2020. South African Government News Agency. Measures to mitigate spread of COVID-19 in correctional services continues. Available [Online] <https://www.sanews.gov.za/south-africa/measures-mitigate-spread-covid-19-correctional-services-continues> Accessed: 05 June 2022

Roze Moodley and Janine Arcangeli, 2020. South African Government News Agency. COVID-19: Correctional Services eases prison overcrowding. Available [Online] <https://www.sanews.gov.za/south-africa/covid-19-correctional-services-eases-prison-overcrowding> Accessed: 05 June 2022

Samara, T.R., 2011. *Cape Town after apartheid: crime and governance in the divided city*. U of Minnesota Press.

Sameer Naik, 2020. Inmates resort to desperate measures to force social distancing in crowded prisons. Available [Online] <https://www.iol.co.za/news/south-africa/gauteng/inmates-resort-to-desperate-measures-to-force-social-distancing-in-crowded-prisons-49331172> Accessed: 05 June 2022

Saunders, M., Lewis, P. & Thornhill, A., 2009. *Research Methods for Business Students* 5th ed., Essex, England: Pearson Education Limited.

Setelela, R., 2018. Rehabilitation of long-term offenders in a maximum-security prison. *Unpublished Masters Dissertation. Pretoria: University of South Africa*.

Setumo Stone, 2020. Prisoners burn mattresses in protest of strict lockdown regulations. Available [Online] <https://www.news24.com/citypress/News/prisoners-burn-mattresses-in-protest-of-strict-lockdown-regulations-20200423> Accessed: 05 June 2022

Shabangu, K.I., 2006. *Prison overcrowding in the South African correctional services: a penological perspective* (Doctoral dissertation).

Shabangu, K.I., 2009. *Prison overcrowding in the South African correctional services: a penological perspective* (Doctoral dissertation).

Sibisi, N.N., Masuku, M.M. and Mphatheni, M.R., 2024. Bars of Suffocation: A Critical Review of the COVID-19 Pandemic and its Effect on Correctional Facilities in South Africa.

Singh, O. (2020, August 13). Westville Prison wardens stabbed by prisoners after morning meal. Times Live. <https://www.timeslive.co.za/news/south-africa/2020-08-13-westville-prison-wardensstabbed-by-prisoners-after-morning-meal/>

Singh, S., 2004. *Prison overcrowding: A Penological perspective* (Doctoral dissertation).

Singh, S., 2005. The historical development of prisons in South Africa: A Penological Perspective.

Singh, S., 2006. Overcrowding in South African prisons: the reality in the 21st century.

Singh, S., 2007. Being a criminology ethnographer in a South African prison: A search for dynamics and prevalence of HIV/AIDS in the Westville Prison, Durban, South Africa. *Journal of social sciences*, 15(1), pp.71-82.

Siqathule, S., 2020. Prison riot in Lusikisiki. *Ground Up* (12 May 2020), available at: www.groundup.org.za/article/prison-riot-lusikisiki/#:~:text=Photo%3A%20Sibahle%20Siqathule-,According%20to%20an%20official%20at%20Lusikisiki%20Correctional%20Centre%2C%20who%20wished,mattresses%20out%20of%20their%20cells (accessed 25 May 2021).

Slevitch, L. "Qualitative and quantitative methodologies compared: Ontological and

Smith, L.M., Denzin, N. and Lincoln, Y., 1994. Biographical method. The SAGE.

Spiegelberg, E. ed., 2012. The phenomenological movement: A historical introduction (Vol. 5). Springer Science & Business Media.

Stehman, S.V., 1999. Basic probability sampling designs for thematic map accuracy assessment. *International Journal of remote sensing*, 20(12), pp.2423-2441.

Stevenson KA, Podewils LJ, Zishiri VK, Castro KG, Charalambous S (2020) HIV prevalence and the cascade of care in five South African correctional facilities. *PLoS ONE* 15(7): e0235178. <https://doi.org/10.1371/journal.pone.0235178>

Stevenson, D.S., Zhao, A., Naik, V., O'connor, F.M., Tilmes, S., Zeng, G., Murray, L.T., Collins, W.J., Griffiths, P.T., Shim, S. and Horowitz, L.W., 2020. Trends in global tropospheric hydroxyl radical and methane lifetime since 1850 from AerChemMIP. *Atmospheric Chemistry and Physics*, 20(21), pp.12905-12920.

Stiles, W.B., 1993. Quality control in qualitative research. *Clinical psychology review*, 13(6), pp.593-618.

Taherdoost, H., 2016. Sampling methods in research methodology; how to choose a sampling technique for research. How to choose a sampling technique for research (April 10, 2016).

The Bangkok Post, Prisoners escape in Buri Ram jail riot after Covid-19 rumour (2020). Available at: <https://www.bangkokpost.com/thailand/general/1888805/prisoners-escape-in-buri-ram-jail-riotaftercovid-19-rumour>

The Law Society of South Africa, 2002. It is of little use To restrain the bad by punishment Unless you render them good By training or discipline. Available [Online] at: <chrome-extension://efaidnbmninnibpcjpcglclefindmkaj/https://static.pmg.org.za/docs/2003/appendices/030610prison.pdf>

Thobeka Ngema, 2020. Prisoners complain about no visitors, no Covid-19 testing and overcrowding. Available [Online] <https://www.iol.co.za/dailynews/news/prisoners-complain-about-no-visitors-no-covid-19-testing-and-overcrowding-87ee830a-0bd1-473e-99bd-8c42edbf5ec6> Accessed: 05 June 2022

Thobeka Ngema, 2020. Release of inmates due to Covid-19 sparks violence in prison. Available [Online] <https://www.iol.co.za/the-star/news/release-of-inmates-due-to-covid-19-sparks-violence-in-prison-47022248> Accessed: 05 June 2022

Thobeka Ngema, 2020. Westville Prison warder stabbings linked to request for Covid-19 test. Available [Online] <https://www.iol.co.za/dailynews/news/westville-prison-warder-stabbings-linked-to-request-for-covid-19-test-0f3ff55e-8863-426c-b9c3-23224c217d54> Accessed: 05 June 2022

Thomas, D. (2006) A General Inductive Approach for Analyzing Qualitative Evaluation Data, *American Journal of Evaluation*, 27(2):237-246

Thomas, R. B., Cage, T.B. and Little, M.A.: Reflections on adaptive and ecological models. pp. 296-319. In: *Human Population Biology: A Trans-disciplinary Science*. R. B., R.B. Thomas, T. B. Cage and M. A. Little (Eds). Oxford University Press, London (1989).

Tourism 12.1 (2011): 73-81.

Trends, G.P., 2021. *Penal Reform International, Thailand Institute of Justice* [online]

UNAIDS. HIV and AIDS estimates: South Africa; 2015. <http://www.unaids.org/en/regionscountries/countries/southafrica>. Cited 1 October 2016

United Nations Office on Drugs and Crime. Prison settings: Southern Africa; 2016. <https://www.unodc.org/southernafrica/en/hiv/prison-settings.html>. Cited 1 October 2016.

Van der Westhuizen, J. (2017). Annual report for the period 01 April 2015 to 31 March 2016 “people are living there”. Judicial Inspectorate for Correctional Services

Van Hout, M.C. and Mhlanga-Gunda, R., 2019. Prison health situation and health rights of young people incarcerated in sub-Saharan African prisons and detention centres: a scoping review of extant literature. *BMC international health and human rights*, 19, pp.1-16.

Van Hout, M.C. and Wessels, J., 2021. Human rights and the invisible nature of incarcerated women in post-apartheid South Africa: prison system progress in adopting the Bangkok Rules. *International Journal of Prisoner Health*, 18(3), pp.300-315.

Verschuren, P., Doorewaard, H. and Mellion, M., 2010. Designing a research project (Vol. 2). The Hague: Eleven International Publishing.

Vezi, Z., 2021. *An evaluation of juvenile rehabilitation programmes: perspectives from Westville Correctional Centre, KwaZulu-Natal* (Doctoral dissertation).

Vuso, S. (2020, May 12). Western Cape warders strike, demand mass testing at prison. Independent Online. <https://www.iol.co.za/capetimes/news/western-cape-warders-strike-demand-mass-testing-at-prison-47876492>

Walker, B. and Salt, D., 2012. Resilience thinking: sustaining ecosystems and people in a changing world. Island press.

Ward. <https://ccoso.org/sites/default/files/import/Ward-Melser---Yates-2007.pdf>

Westaway, A., 2012. Rural poverty in the Eastern Cape Province: Legacy of apartheid or consequence of contemporary segregationism?. *Development Southern Africa*, 29(1), pp.115-125.

WHO (World Health Organization). 2020. Frequently Asked Questions about Prevention and Control of COVID-19 in Prisons and Other Places of Detention. http://www.euro.who.int/data/assets/pdf_file/0008/436904/prisons-FAQ-COVID-2019.pdf (referenced 1 May 2020).

WHO/UNAIDS Technical guidance template for GF HIV proposals R11 (and GF TB proposals) 10 UNAIDS I World Health Organization Comprehensive HIV and TB programmes for people in detention (2011-08-18) 1.

Williams, C., 2011. Research methods. [JBER]. *Journal of Business & Economics Research*, 5(3).

Wilson, H.S., & Hutchinson, S.A. (1991). Triangulation of methods: Heideggerian hermeneutics and grounded theory. *Qualitative Health Research*, 1, 263-276

World Health Organization (2020) Preparedness, prevention and control of COVID-19 in prisons and other places of detention: Interim guidance.

World Health Organization (WHO). Global tuberculosis report; 2016. <http://apps.who.int/medicinedocs/documents/s23098en/s23098en.pdf>

World Health Organization, 2020. COVID-19 – a global pandemic. What do we know about SARS-CoV-2 and COVID-19? Available [Online] https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update-28-covid-19-what-we-know-may-2020.pdf?sfvrsn=ed6e286c_2 Accessed: 05 June 2022

World Health Organization, 2020. Preparedness, prevention and control of COVID-19 in prisons and other places of detention: interim guidance 15 March 2020 (No. WHO/EURO: 2020-1405-41155-55954). World Health Organization. Regional Office for Europe.

World Health Organization, 2022. *Good practices in managing infectious diseases in prison settings: a snapshot of responses to COVID-19 implemented around the globe between May and September 2020* (No. WHO/EURO: 2022-5206-44970-64017). World Health Organization. Regional Office for Europe.

Zainul Dawood (2022), <https://www.iol.co.za/dailynews/news/kwazulu-natal/overcrowding-and-suicides-a-concern-in-sa-prisons-4e9199d6-20eb-415e-b958-ff74d73c1bb6>

Zegeye, A., Worku, A., Tefera, D., Getu, M. and Sileshi, Y., 2009. Introduction to research methods. Graduate studies and research office Addis Ababa University.

Zhang C, Shi L, Wang FS (2020). Liver injury in COVID-19: management and challenges. *Lancet* 5:428-430.

Zincume, M., 2020. First covid-19 case at qalakabusha prison in empangeni. *Zululand Observer* (5 June 2020), available at: <https://zululandobserver.co.za/226441/first-covid-19-case-at-qalakabushaprison-in-empangeni/> (accessed 15 July 2023).

INFORMED CONSENT LETTER

Dear participant

Title: *Investigating the impact of overcrowding on the implementation of COVID-19 rules and regulations during 2020/2024 at Medium D, Westville correctional facility.*

Principal Researcher and Contact Information:

School of Applied Human Sciences

Initials and Surname: Mx Y Faku

Cell number: [REDACTED]

Email: y [REDACTED] | 218002732@stu.ukzn.ac.za

Purpose of the study:

My name is Yolanda Faku (218002732). I am a Masters candidate studying at the University of KwaZulu-Natal, Howard College Campus. The aim of this study is to solicit the perceptions of inmates and officials from the Westville correctional facility on various challenging impacts and effects that overcrowding has on the application of the COVID-19 rules and regulations at the facility. Also, it aims to thoroughly examine how this challenges inmates to abide by the COVID-19 rules and regulations. I am interested in interviewing you so as to share your experiences and observations on the subject matter.

Procedures:

You will be asked in an individual in-depth interview with the researcher. You will be asked questions related to correctional centre overcrowding and its impact on implementation of the COVID-19 rules and regulations. Your opinions regarding this subject matter will be highly required.

Please note that:

- The information that you provide will be used for scholarly research only.
- Your participation is entirely voluntary. You have a choice to participate, not to participate or stop participating in the research. You will not be penalized for taking such an action.
- Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study.
- The interview will take about 30 to 45 minutes.
- The audio-recording as well as other items associated with the interview will be held in a password-protected file accessible only to myself and my supervisor. After a period of 5 years, in line with the rules of the university, it will be disposed by shredding and burning.
- If you agree to participate, please sign the declaration attached to this statement.

Information about this study:

You will be given the opportunity to ask, after you have answered, all your questions about this research by e-mailing or calling the principal researcher, whose contact information is listed at the top of this letter. All inquiries are confidential. If you have questions regarding your rights as a research participant or if problems arise, which you do not feel you can discuss with the Primary Investigator, please contact the researcher's supervisor Dr. Mbhele at 031 260 166 or 0[REDACTED] | Email: mbhelen6@ukzn.ac.za and University HSSREC, Ms. Phumelele Ximba: 0312603587 | Email: ximbap@ukzn.ac.za

Thank you for your contribution to this research.

DECLARATION

I.....(full names of participant)herebyconfirmthat I understandthecontentsofthisdocumentandthenatureof the researchproject, and I consent to participating in the researchproject.I understand thatI am atliberty to withdraw from the project atany time, should I so desire. I understand the intentionof the research. I herebyagree to participate.Iconsenttohavethis interviewrecorded.

SIGNATUREOFPARTICIPANT

DATE

.....

.....

INCWADI YOKUGUNYAZA UKUBA INGXENYE YOPHENYO

Isihloko socwaningo: *Investigating the impact of overcrowding on the implementation of COVID-19 rules and regulations during 2020/2024 at Medium D, Westville correctional facility.*

Imininingwane yomphenyi:

School of Applied Human Sciences

Initials and Surname: Mx Y Faku

Cell number: [REDACTED]

Email: [REDACTED]m | 218002732@stu.ukzn.ac.za

Isizathu saloluphenyo:

Igama lami ngingu-Yolanda Faku (218002732). Ngingumfundi we-Masters ngifunda eNyuvesi yaKwaZulu-Natal, ekhampasi yaseHoward College. Inhloso yalolu cwaningo ukuthola imibono yeziboshwa nezikhulu esikhungweni sokuhlunyelelisa kwezimilo saseWestville ngemithelela ehlukehlukehene eyinselele kanye nemiphumela ukuminyana okuba nayo ekusetshenzisweni kwemithetho nemithethonqubo ye-COVID-19 kulesi sikhungo. Futhi, ihlose ukuhlola kahle ukuthi lokhu kuphonsela inselelo kanjani iziboshwa ukuthi zithobele imithetho nemithethonqubo ye-COVID-19. Ngingentshisekelo yokuxoxisana nawe ukuze wabelane ngolwazi lwakho kanye nokubonayo ngesihloko.

Uhlelo lophenyo:

Uphenyo luzokwenziwa ngokuthi ubuzwe imibuzo kwinhlolelokhono ngasese nomphenyi. Imibuzo ozobuzwa yona izobe imayelana nokuminyana kwesikhungo sokuhlunyelelisa kwezimilo sase-Westville futhi nokuthi lokuminyana kube nomthelelomuni ekusetshenzisweni kwemithetho nemithethonqubo ye-COVID-19. Umbono wakho mayelana naloluphenyo luzothathwa njengoneqhaza.

Sicela uqaphele ukuthi:

- Ulwazi olunikezayo luzosetshenziselwa ucwaningo lwezazi kuphela.
- Ukubamba kwakho iqhaza kungokuzithandela ngokuphelele. Unokukhetha ukubamba iqhaza, ukungabambi iqhaza noma ukuyeka ukubamba iqhaza ocwaningweni. Ngeke ujeziswe ngokuthatha isenzo esinjalo.
- Imibono yakho kule nhlokhono izokwethulwa ngokungaziwa. Igama lakho noma ubuwena ngeke kudalulwe nganoma yiluphi uhlobo ocwaningweni.
- Inhlolokhono izothatha cishe imizuzu engama-30 kuye kwengama-45.
- Ukurekhodwa komsindo kanye nezinye izinto ezihlobene nenhlolokhono zizobanjwa efayeleni elivikelwe ngephasiwedi elifinyeleleka kimi kuphela nakumphathi wami. Ngemva kwesikhathi esiyiminyaka emi-5, ngokuhambisana nemithetho yenyuvesi, izolahlwa ngokusika nokushiswa.
- Uma uvuma ukubamba iqhaza, sicela usayine isimemezelo esinamathiselwe kulesi sitatimende.

Ulwazi mayelana nalolu cwaningo:

Uzonikezwa ithuba lokubuza, ngemva kokuba usuphendulile, yonke imibuzo yakho mayelana nalolu cwaningo ngokuthumela i-imeyili noma ngokushayela umcwaningi oyinhloko, olwazi lwakhe lokuxhumana lubhalwe phezulu kule ncwadi. Yonke imibuzo iyimfihlo. Uma unemibuzo mayelana namalungelo akho njengomhlanganyeli wocwaningo noma uma kuphakama izinkinga, ongaboni ukuthi ungaxoxa noMphenyi Oyinhloko, sicela uthinte umphathi womcwaningi uDkt. Mbele ku-031 260 166 noma [REDACTED] | Ikheli: mbhelen6@ukzn.ac.za kanye neNyuvesi HSSREC, uNksz Phumelele Ximba: 0312603587 | Ikheli: ximbap@ukzn.ac.za

Siyabonga ngeqhaza lakho kulolu cwaningo.

ISIMEMEZELO

Mina.....(amagama agcwele ababambiqhaza) ngalokhu ngiqinisekisa ukuthi ngiyakuqonda okuqukethwe yilo mbhalo kanye nohlobo lweprojekthi yocwaningo, futhi ngiyavuma ukubamba iqhaza kuprojekthi yocwaningo. Ngiyaqonda ukuthi ngikhululekile ukuhoxa kuprojekthi nganoma yisiphi isikhathi, uma ngifisa. ngiyayiqonda inhloso yocwaningo. Ngalokhu ngiyavuma ukubamba iqhaza. Ngiyavuma ukuthi le nhlolokhono iqoshwe.

ISIGINESHA YOMHLANGANYELI

USUKU

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Appendix B:

INTERVIEWS SCHEDULE

Phase of Interview	Amount of time	What is included
Introduction	3 minutes	A quick and short introduction about the interviewer, the institution they're from, and a brief overview of what the interview process will look like. Furthermore, with introductions as well as a short, small talk, the interviewer will assist interviewees feel at ease.
Information about the position of the interviewee	5 minutes or less	The interviewer explains the position of the interviewee, the aim of the research, and how it will be of beneficence to them in the language that the interviewee will understand.
Questions for the interviewee	30 minutes	Questions of the research will be directed to the interviewees.
Conclusion	3 minutes	After the interview is completed, the interviewee will be informed as to how will they be able to access a completed research study and when can they expect it.

Appendix C:

DATA COLLECTION INSTRUMENT

QUESTIONS FOR INMATES

Main Themes	Follow-up questions
<p>Did overcrowding affect the implementation of COVID-19 regulations during 2020/2024 at Durban Correctional Centre D in WCF and to what extent?</p>	<ul style="list-style-type: none"> • How did overcrowding restrict you from practicing the COVID-19 regulations? • Can you explain, in an attempt to adhere to some of the COVID-19 regulations, how did you practice social distancing? • Can you explain what are the PPEs you received, how often did you utilise them, and why is that so? • Can you tell me more about how many times you were taken outside for physical exercises during the COVID-19 outbreak? • When one is suspected to have been infected by coronavirus, what were the actions usually taken in response to that by the Westville correctional center’s officials? • How many times were you usually tested for COVID-19 approximately in a month, what is usually the reason for that?
<p>What are some of the possible healthcare challenges occurring in Durban Correctional Centre D due to overcrowding in WCF?</p>	<ul style="list-style-type: none"> • Do inmates get tested for diseases, if yes, how often and if not why? • Did all inmates get tested for Covid-19, and if not, why is that so? • How do inmates, usually, get their medication?When a staff member or an inmate is found to have contracted COVID-19, are they and how are they isolated from the rest of the prison individuals?
<p>Did overcrowding disturb the COVID-19 precautions implementation during 2020/2024 at Durban Correctional Centre D in WCF?</p>	<ul style="list-style-type: none"> • Do you believe that the measures put in place were enough to control and curb the spread of covid-19 during 2020/2021? • In your opinion, what do you think would have been a more progressive and efficient strategy to control and curb the spread of covid-19 in the facility?
<p>To what extent did COVID-19 spread in Durban Correctional Centre D at Westville correctional facility due to overcrowding during 2020/2024?</p>	<ul style="list-style-type: none"> • What measures were put in place for you in an attempt to control or curb the spread of COVID-19? • Do you believe that the Westville correctional facility published or reported an accurate number of infections as well as deaths of those infected by COVID-19 at WCF?If not, what do you think was the case?

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Appendix C:

QUESTIONS FOR WCF OFFICIALS

Main Themes	Follow-up questions
<p>What is the extent of overcrowding in Durban Correctional Centre D at WCF?</p>	<ul style="list-style-type: none"> • Do the current infrastructure and resources cater to all the inmates at the Durban Correctional Centre D in WCF? • How many inmates are put in one cell?
<p>Did overcrowding affect the implementation of COVID-19 regulations during 2020/2024 at Durban Correctional Centre A in WCF and to what extent?</p>	<ul style="list-style-type: none"> • How were you affected by overcrowding with regards to adherence to COVID-19 regulations of 2020/2024? • Has overcrowding ever led to being disrespected in some instances where you needed the inmates to adhere to a certain precaution, particularly that involved coronavirus regulations? If yes, how did you respond to that? • Did inmates adhere to the new rules and regulations, if any were, introduced at the facility?
<p>What are some of the possible healthcare challenges occurring in Durban Correctional Centre D due to overcrowding in WCF?</p>	<ul style="list-style-type: none"> • As the correctional facility staff member, what were some of the healthcare issues you recognized to be a challenge during the COVID-19 outbreak during 2020/2024? • In your opinion, what could have been improved to ensure the reduction of those issues during the coronavirus pandemic?
<p>What were the tactics used to curb the spread of COVID-19 during 2020/2024 at Durban Correctional Centre D in WCF?</p>	<ul style="list-style-type: none"> • What were the strategies that were introduced for the whole Correctional Facility members to ensure adherence to the COVID-19 regulations during 2020/2024? • What were the strategies put in place for inmates at the facility to curb the spread of COVID-19 during 2020/2024? • Would you say the introduced strategies were enough to curb as well as control the spread of the coronavirus amongst inmates, and were the results positive in showing

	progression? State some scenarios related to progression.
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