

Health care needs of detainees in custody with the South African Police Services in Limpopo

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DECLARATION

Herewith I, Makgatu Refiloe Patricia, student number 22166513, declare that the dissertation entitled **Health care needs of detainees in custody with the South African Police Services in Limpopo**, which I herewith submit to the North-West University, Potchefstroom Campus, in compliance with the requirements set for the degree, Magister Curationis, Health Science Education:

- Is my own work, has been text edited and has not previously been submitted to any other university.
- All sources are acknowledged in the reference list (refer to Appendix J for turn-it-in report).
- This study has been approved by the Research Ethics Committee (Humanities), Health Science Faculty, North-West University (Potchefstroom Campus), ethics number NWU-00167-13-A1.
- The whole study complies with the ethics research standards of North-West University (Potchefstroom Campus).



Refiloe Patricia Makgatu

Date: 16 November 2015

ABSTRACT

Good healthcare to all incarcerated populations is essential and forms part of good public healthcare. The World Health Organization (2007) states that a detainee shall be afforded healthcare of the same quality and standard as is available to the general public. Attending to the immediate healthcare needs of detainees in police custody not only acknowledges their right to good healthcare, but also provides opportunities that may benefit the wider community by preventing the spread of diseases and risks of complications caused by diseases. It is a reality that there is an escalation in newly admitted detainees with healthcare needs, some detained with their chronic health problems like diabetes and diseases like tuberculosis (TB) and Human Immunodeficiency Virus (HIV), while others present with acute illnesses during incarceration in the local police cells.

The researcher has encountered the challenge of meeting the healthcare needs of detainees on a daily basis as part of her duties as a professional nurse working at a correctional centre where the detainees are admitted from different police holding cells. The issue of addressing the healthcare needs of detainees in police holding cells poses questions related to the health services available to the population detained by the South African Police Services (SAPS). The researcher believes that a better understanding of the healthcare needs of the detainees in South African police custody and the current management of these needs can enhance the quality of healthcare services to all detainees and improve the quality of health of the wider South African population.

The research was aimed at exploring and describing the healthcare needs and management of the needs of detainees in SAPS custody in the Makhado municipality in the Limpopo province as perceived by the police officials working with the detainees on a daily basis in the holding cells. The questions used in search for answers on how the detained population's healthcare needs can be met, were: "What are the healthcare needs of detainees in SAPS custody in the Makhado municipality in the Limpopo province as perceived by the police officials working with the detainees on a daily basis in the holding cells?" and "What are the perceptions of police officials working with detainees on a daily basis in the holding cells on the challenges in meeting the healthcare needs of detainees in SAPS custody?"

The study followed a qualitative interpretive descriptive research approach and data were collected through one-on-one interviews by means of an interview guide to collect information from 30 police officials working with detainees on a daily basis. The data

collection and analysis was done simultaneously to identify data saturation. The themes that emerged from the one-on-one interviews were discussed with literature integration. The police officials expressed their views on the reality of the healthcare needs of the detainees they care for in the eight police holding cells included in the study. The themes demonstrated that the detainees have bio-physical, psychological, social, spiritual, environmental and nutritional needs. Respondents have a strong sense that the healthcare needs of the detainees should be addressed by collaborating with Primary Health Care services within the police stations.

From the research findings and conclusions the researcher compiled recommendations for nursing education, nursing research and healthcare services.

[Key words: healthcare; healthcare needs; police official; police custody; detainees; health; care; correctional services; incarcerated population; prison health]

TABLE OF CONTENTS

DECLARATION	i
ACKNOWLEDGEMENTS	ii
ABSTRACT	iii
LIST OF ABBREVIATIONS	xi

CHAPTER 1

RESEARCH OVERVIEW

1.1	INTRODUCTION	1
1.2	BACKGROUND TO THE RESEARCH	1
1.3	PROBLEM STATEMENT AND RESEARCH QUESTIONS	6
1.4	AIM AND OBJECTIVES OF THE RESEARCH	7
1.5	THE RESEARCHER'S ASSUMPTIONS	8
1.5.1	Meta-theoretical assumptions	8
1.5.1.1	View of a human being	8
1.5.1.2	Environment	9
1.5.1.3	Health	9
1.5.1.4	Nursing	9
1.5.2	Theoretical assumptions	10
1.5.2.1	Concepts considered central to the study	10
1.5.3	Methodological assumptions	12
1.6	CENTRAL THEORETICAL ARGUMENT	13
1.7	RESEARCH DESIGN AND METHOD	13
1.7.1	Research design	14
1.7.2	Research method	14
1.7.2.1	Population and sampling	14

1.7.2.2	Data collection	15
1.7.2.3	Data analysis	17
1.7.2.4	Literature integration	17
1.8	TRUSTWORTHINESS	18
1.9	ETHICAL CONSIDERATIONS	18
1.10	DISSERTATION CHAPTER LAYOUT	19
1.11	CHAPTER SUMMARY	19

CHAPTER 2

RESEARCH METHODOLOGY

2.1	INTRODUCTION	20
2.2	RESEARCH DESIGN	20
2.3	RESEARCH METHOD	22
2.3.1	Context, population and sampling	22
2.3.1.1	Context	22
2.3.1.2	Population	23
2.3.1.3	Sampling	24
2.3.1.4	Sample size	25
2.4	DATA COLLECTION	25
2.4.1	The role of the researcher in data-collection	28
2.4.2	Dealing the possible vulnerable participants	29
2.4.3	Physical environment for interviews	29
2.4.4	Consent process for conducting the research	29
2.4.5	Physical setting of the researcher	31
2.4.6	Interview	31
2.4.7	Field notes	32
2.5	DATA COLLECTION	33

2.6	LITERATURE INTERGRATION	34
2.7	TRUSTWORTHINESS	34
2.8	ETHICAL CONSIDERATIONS	36
2.9	RESULTS	39
2.10	CHAPTER SUMMARY	39

CHAPTER 3

DISCUSSION OF RESEARCH FINDINGS AND LITERATURE INTEGRATION

3.1	INTRODUCTION	40
3.2	REALISATION OF DATA COLLECTION AND DATA ANALYSIS	40
3.2.1	Realisation of data collection	40
3.2.2	Realisation of data analysis	43
3.2.3	Demographic profile of the participants	44
3.3	RESEARCH FINDINGS	45
3.3.1	Perceptions of police officials on healthcare needs of the detainees in police holding cells	46
3.3.1.1	Bio-physical healthcare needs	47
3.3.1.2	Psychological health needs	56
3.3.1.3	Spiritual healthcare needs	60
3.3.1.4	Nutritional healthcare needs	62
3.3.1.5	Environmental health needs	64
3.3.1.6	Social healthcare needs	66
3.3.2	Perceptions of police officials regarding the management of the detainees' healthcare needs	68
3.3.2.1	Accessibility of healthcare for the detainees in police holding cells	69
3.3.2.2	Basic skill and knowledge of police officials working with detainees in police holding cells	72

3.3.2.3	A collaborative healthcare approach is needed to address the different healthcare needs of detainees	74
3.3.2.4	Health education is imperative in meeting the preventative healthcare needs of the detainees	76
3.4	CHAPTER SUMMARY	77

CHAPTER 4

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

4.1	INTRODUCTION	79
4.2	CONCLUDING STATEMENTS	79
4.3	EVALUATION OF THE STUDY	81
4.4	LIMITATIONS OF THE RESEARCH	82
4.5	RECOMMENDATIONS	82
4.5.1	Recommendations for nursing education	83
4.5.2	Recommendations for nursing research	83
4.5.3	Recommendations for healthcare services in police holding cells	84
4.6	CHAPTER SUMMARY	85
	REFERENCE LIST	86

APPENDICES

APPENDIX A	Ethics certificate – NWU	95
APPENDIX B	Approval letter – SAPS	96
APPENDIX C	Mediator confidentiality	97
APPENDIX D	Interview schedule	98
APPENDIX E	Invitation for participation	99
APPENDIX F	Written consent form	103
APPENDIX G	Field notes	104
APPENDIX H	Interview transcripts	105
APPENDIX I	Interview guide	118
APPENDIX J	Turn-it in report	120
APPENDIX K	Language editor certificate	121

LIST OF TABLES

Table 2.1	Objectives of the research	20
Table 2.2	Inclusion and exclusion criteria	24
Table 2.3	Dimensions of community health nursing as adapted from Clark, 2008:69	26
Table 2.4	Semi-structured interview guide (format adapted from Creswell, 2013:165)	27
Table 2.5	Introductory meeting schedule with the mediators	30
Table 3.1	Demographic profile of the participants	44
Table 3.2	Perceptions of police officials on healthcare needs of the detainees in police holding cells	46
Table 3.3	Bio-physical healthcare needs	47
Table 3.4	Psychological healthcare needs	57
Table 3.5	Spiritual healthcare needs	60
Table 3.6	Nutritional healthcare needs	62
Table 3.7	Environmental healthcare needs	64
Table 3.8	Social healthcare needs	66
Table 3.9	Perceptions of police officials on the management of healthcare needs of the detainees in police holding cells	68

LIST OF FIGURES

Figure 2.1	Map of the provinces of South Africa (Limpopo and Parks Board, 2012)	23
Figure 3.1	Summary of objectives and guiding questions on healthcare needs and management thereof of detainees in police holding cells	42

LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral drugs
ART	Antiretroviral treatment
CSC	Community Service Centre
DCS	Department of Correctional Services
DoH	Department of Health
HIV	Human immunodeficiency virus
MDG	Millennium Development Goals
NDoH	National Department of Health
NGO	Non-Governmental Organisation
NHS	National Health System
NWU	North-West University
PHC	Primary Health Care
SA	South Africa
SAPS	South African Police Services
STI	Sexually Transmitted Infections
TAC	Treatment Advocacy Centre
TB	Tuberculosis
UK	United Kingdom
UN	United Nations
WHO	World Health Organization

CHAPTER 1: RESEARCH OVERVIEW

1.1 INTRODUCTION

This chapter provides an overview of this research focussing on the healthcare needs of detainees in police holding cells where they are incarcerated while awaiting their trial and subsequent sentencing. The background and problem statement that direct the research is discussed, followed by the research questions, objectives and methodology. The chapter explains principles to ensure trustworthiness in this research, together with the ethical considerations applicable to the detainees as a vulnerable population. An outline of the whole research report is provided for the sake of clarity.

1.2 BACKGROUND TO THE RESEARCH

The background serves to inform the reader of the existing healthcare context in which detainees in police holding cells find themselves and the need for healthcare service in South Africa to ensure that the health of detainees are equally promoted and maintained and that illnesses are prevented with the same level and standard of care the general community receives.

Detainees' healthcare is an integral part of the wider healthcare context in South Africa due to the interaction of the prison community with the general community in the country. It is therefore important to ensure equal healthcare for prison communities and the general population in the country. This thought is strengthened by the code of ethics included in the Declaration of Tokyo as drafted by the World Medical Association at the request of the World Health Organization (WHO). It states that a detainee should be afforded medical care of the same quality and standard as is available to the general public (WHO, 2003:2). Furthermore, the WHO (2007:viii) indicates that good prison healthcare has considerable benefits and helps to improve the health status of a community at large.

In terms of section (27)(1) of the Constitution (1996) the right to healthcare is defined as a second-generation human right that places a duty on the government to provide healthcare to all the citizens in the Republic of South Africa, including those who are in South African Police Service (SAPS) custody. According to Clark (2003:605) and

Marshall, Simpson and Stevens (2000:5), detainees (also known as incarcerated individuals) often have similar healthcare needs to people found in the general population. Unfortunately, the Draft White Paper on Remand Detention Management in South Africa only refers the reader to the Correctional Service Act 111 of 1998 in relation to healthcare provision for detainees. The Act clearly recognises those detainees who are incarcerated in correctional services institutions where there are healthcare workers available on a daily bases.

In fact, Chapter 10.5.3 of the White Paper on Correctional Services declares that by its nature, detention can have a damaging effect on both the physical and mental wellbeing of detainees (Department of Correctional Services, 2005). The Department of Correctional Services is therefore obliged to provide for the special healthcare needs of individuals in its institutions, indicating that detainees in correctional centres receive healthcare within the facilities. Detainees in the custody of the Department of Correctional Services are differentiated from the detainees in the custody of the SAPS. Detainees in SAPS custody are detained in the holding cells, where they experience the same environmental setting as other detainees. Section 35(2)(e) of the South African Constitution (1996) describes the rights of arrested and accused individuals, stating that they have the right to be detained in conditions that are consistent with human dignity, including at the opportunity to exercise, the provision of adequate accommodation, nutrition and medical treatment at the government's expense.

In the South African context, police holding cells¹ are often the place where detainees are incarcerated while awaiting their trial and subsequent sentencing. International literature seems to agree that individuals held in police custody often suffer from a range of health problems. Very few studies have been conducted that focus on the healthcare needs of those individuals (McKinnon & Grubin, 2010:209; Payne-James, Green, McLachlan, Munro & Moee, 2010:11). According to the WHO (2007:viii) all prisons are different, but they share common challenges, but there is limited research that focuses on the healthcare needs and effectiveness of healthcare management for the detainee in SAPS custody as compared to research done on detainees of the correctional services in South Africa.

¹ Please note that police holding cells and SAPS custody will be used interchangeably in this study.

The health status of a client (in this study this refers to the detainee) is influenced by factors from the different health dimensions namely the biophysical dimension, the psychological dimension, the physical environment, the socio-cultural dimension, the behavioural dimension and the health system (Clark, 2003:609). It is vital to consider those dimensions when assessing the healthcare needs of detainees in police custody. Cochraine (2012:12) has indicated that a healthcare assessment will determine a detainee's ability to benefit from healthcare provision. Nobile, Flotta, Nicotera, Pileggi and Angelillo (2011:1) have added that the provision of specific interventions aimed at risk reduction for prisoners in custody may prevent morbidity among the prison population. They also believe that interventions aimed at risk deduction can prevent the high rate of relapse to criminal activities and could therefore facilitate the detainees' adjustment in the community.

In South Africa there are several settings for incarceration that include either local police cells or local prison and remand centres, medium or training prisons, juvenile or young offender prisons, female prisons and maximum or high security prisons². The World Health Organization's guidelines for essentials in prison health describes different settings for incarceration that includes police holding cells and other category of prisons (WHO, 2007:viii). Baksheev, Thomas and Ogloff (2010:1043) has indicated that globally, police custody seems to represent the first point of detention in the criminal justice system following the alleged commission of an offence and arrest by the police.

The focal mission of policing is to preserve social order by means of preventing criminal action, or alternatively, to restore disrupted social order caused by crime and the White Paper on Correctional Services (Department of Correctional Services, 2005:47) states that the government is obliged to provide facilities for all detainees that allow for minimal limitation of an individual's rights, while ensuring secure and safe custody. Furthermore, it stipulates that the facility must be staffed by personnel who are trained in human development and the rights of individuals in the legal or judicial process. Adding on that, the services must aim to maintain the wellbeing of individuals in custody by providing for their physical wellbeing in the form of nutrition and healthcare; the maintenance and establishment of social links with families and

² Prisons are also known as correctional centers.

society; their spiritual wellbeing, moral wellbeing and psychological wellbeing (Department of Correctional Services, 2005:11). However, according to Flanagan and Flanagan (2012:69), the provision of healthcare services to detainees is not discretionary, which contradicts for example the terms set in the Constitution (1996), section 35 (2)(f), which clearly state the right of the detained to be visited by a spouse or partner, next of kin, chosen religious counsellor, and a medical practitioner.

Despite the stipulations mentioned above, the reality is that the detainees in SAPS custody can be considered a neglected community in terms of healthcare provision, as there is still no tangible evidence of how the facilities provide for the healthcare needs of incarcerated persons. However, in terms of article (G) 349.2 on medical treatment and hospitalisation of a person in custody, once an individual has been arrested, the arresting member legally has a duty to take care of the arrested person and to ensure that medical treatment (or any other therapy deemed appropriate) is provided whenever necessary (The South African Constitution (1996). The above standing article (G) 349.2 should be implemented despite the nature of the detainee's criminal charges. Similar rules apply internationally as McKinnon and Grubbin (2010:210) have reported that when a detainee comes into custody in the United Kingdom (UK), a police sergeant is required to enter details relating to a detainee's health and health-based risks on a computer-based form. Based on this, the sergeant or police official decides whether a doctor, known as a forensic medical examiner, is required. This practice requires skills and knowledge to provide a specific outcome as mentioned by Nobile *et al.* (2011:1).

Considering international literature, McKinnon and Grubbin (2010:209) have reported that individuals held in police custody in the UK often suffer from a range of physical health problems, psychological disorders and conditions associated with the use of alcohol and drugs. Additionally Payne-James *et al.* (2010:11) have concluded that there are generally two main areas of healthcare needs for detainees in police custody that cannot be ignored; (a) healthcare needs related to the expertise of a general practitioner or primary health care nurse such as the treatment and management of asthma or diabetes; and/or (b) healthcare needs related to the reason that the individual is in custody. Chariot, Martel, Penneau and Debout (2008:73-76) have urged that safeguarding the health, integrity, and dignity of all detainees remanded in police

custody is a duty of all custody officials (employee who is certified to carry out custodial duties), whether the detainees are guilty or not.

As indicated earlier, the WHO (2007:viii) concludes that good prison health is essential and forms part of good public health, as good prison health prevents the spread of diseases and promotes the health and wellness of the society of which the prisons and/or police holding cells form part as a whole. Møller (2007:3) has also argued that healthcare is provided to detainees for social reasons, as the vast majority of inmates will return to society within a few years. The author has further stated that proper healthcare helps to preserve their physical functions, which makes it possible for ex detainees integrating into society to embark on productive activities. Attending to the immediate healthcare needs of detainees and the prison population in general provides opportunities that may benefit the wider community that prisons serve when returning detainees to the community (Watson, Stimpson & Hostick, 2004:121). Adding to that, Senior and Shaw (2011:284) have acknowledged that good healthcare and health promotion in prison should enable individuals to function to their maximum potential upon release. This may help to reduce re-offending and morbidity in a high-risk sector of the general public with medium- and long-term reductions in demand of the National Health System (NHS).

Condon, Hek and Harris (2008:156) have identified that a prison environment has an impact on the ability of prisoners to promote health and should be considered a vital part of public health. Moreover, prisoners are well recognised as more likely to adopt risky health behaviour than the population as a whole (Condon, Hek & Harris, 2008:156). Good healthcare is also essential to reduce health risks and the morbidity and mortality rate of prisoners, which is higher than the general population due to environmental impacts influenced by a lack of control of their own environment. Attending to the healthcare needs of detainees in police cells should therefore be viewed as an integral and essential part of the daily routine functions of custody officials, more especially those who have been trained on healthcare, to ensure the continuity of care for those who enter and exit police custody. Van den Bergh, Gatherer, Fraser and Moller (2011:689) have also pointed out that accessibility of quality healthcare services in prisons is of vital importance. Similarly, Dissel and Ngubeni (2000:36) have acknowledged that police holding cells are seen as temporary

facilities and therefore not given the attention they deserve as an important part of the custodial chain.

1.3 PROBLEM STATEMENT AND RESEARCH QUESTIONS

According to Baksheev, Thomas and Ogloff (2010:1044), “the health and social needs of detainees at the front end of the criminal justice system are poorly understood”. These researchers continue to demonstrate that research has predominantly focused on the incarcerated population of prisoners within the broader criminal justice system. Likewise, the current policy for the healthcare of incarcerated individuals in South Africa seems to focus on prisons (also known as correctional centres) where healthcare workers are available on site on a daily basis. In the White Paper on Remand Detention Management in South Africa (Department of Correctional Services, 2014:9), the government stipulates that the periods of awaiting trials detention should be as short as possible, but this is often not the reality.

Moreover, there is an escalation in newly admitted detainees with healthcare needs, because some detainees had been detained with their health problems for as long as they have stayed in the local police cells awaiting trial. The researcher has encountered this challenge on a daily basis as part of her duties as a professional nurse working at a correctional centre. According to the Draft White Paper on Remand Detention Management in South Africa (Department of Correctional Services, 2014:83), the remand detention institution must ensure that policies that address the health of detainees include stipulations on communicable diseases and special outbreaks that may threaten the safety and security of detainees, personnel and other persons that may be in contact with the affected remand detainees. Although the mentioned White Paper links its alignment on provision of health to section 12 of the Correctional Service Act 111 of 1998, which is comprehensively applicable to detention institutions where there are healthcare professionals available on a 24-hour basis, the alignment has not yet realised from the point of view of the researcher. The White Paper on Remand Detention Management in South Africa (Department of Correctional Services, 2014:43-44) notes that although the provision of health services should occur in close cooperation with the National Department of Health (NDoH) and its provincial offices, the endeavour of managing illness among detainees is a great challenge since there is no statutory requirement that forces the Department of Health

(DoH) to make their health services available. Seemingly, the issue of addressing the health of detainees in police holding cells poses questions related to the health services available for such detainees. There is also a question mark on whether the police officials who work with the detainees in holding cells in the criminal justice system on a daily basis are aware of their healthcare needs and the challenges related to effective management of this matter.

The research questions originated from the above literature and the experience of the researcher. The study is aimed at making recommendations on how the SAPS in the Limpopo province, specifically the Makhado municipality, can effectively manage the healthcare needs of detainees in SAPS custody. In order to reach this aim, the following research questions have to be answered:

- What are the healthcare needs of detainees in SAPS custody in the Makhado municipality in the Limpopo province as perceived by the police officials working with the detainees on a daily basis in the holding cells?
- What are the perceptions of police officials working with detainees on a daily basis in the holding cells on managing their healthcare needs while in SAPS custody in the Makhado municipality in the Limpopo province?

1.4 AIM AND OBJECTIVES OF THE RESEARCH

The overall aim of this research is to explore and describe the healthcare needs of detainees in SAPS custody in the Makhado municipality of the Limpopo province as perceived by the police officials in order to propose recommendations to the health care policy makers and the SAPS on the management of detainees' healthcare needs. As identified by De Viggiani, Kushner, Last, Powell and Davies (2010:8) in their study on police custody healthcare, a better understanding of the healthcare needs of detainees may help the healthcare services to manage those needs across the whole criminal justice system. The following objectives apply:

- To explore and describe the healthcare needs of detainees in SAPS custody in the Makhado municipality in the Limpopo province as perceived by the police officials working with the detainees on a daily basis in the holding cells.

- To explore and describe the perceptions of police officials working with detainees on a daily basis in the holding cells on managing their healthcare needs in SAPS custody in the Makhado municipality in the Limpopo province.

The following section describes the research design and method, the researcher's assumptions, ethical considerations and strategies to ensure the rigour of the findings.

1.5 THE RESEARCHER'S ASSUMPTIONS

1.5.1 Meta-theoretical assumptions

The following assumptions underlie the study as they are part of the researcher's belief system. These beliefs are influenced by Christianity as the researcher's personal religion and a belief in the Bible as manual that guide for the behaviour of all Christians. The essence of this behaviour centres on the love they should portray as Christians to fellow human beings as God loved man so much that He gave His only begotten son to die for their sins. It follows from this that detainees as human beings deserve to be loved regardless of their crimes. They deserve healthcare equal to any other person in the general community.

1.5.1.1 View of a human being

In this study, human beings refer to the detainee, police officer and healthcare provider. The researcher views a detainee as God's creation. They have been deceived by the serpent to turn against God's love and provisions and continued to stand on the cursed land due to Cain's sin. There are also those who are meeting trials to test the durability of their love of God. One can in this regard refer to the Word of God in Genesis 4, James 1, and Isaiah 48 (Bible, 2004). The researcher believes that if God saw the detainee as deserving of His grace and gave the person spiritual wellbeing, so be it. The person should attain psychological and physical wellbeing regardless of the prison environment. Everyone deserves a second chance. Concerning the police officer, the researcher believes that God chose them as people who have to take control of the environment where detainees are kept for their disobedience to laws like those in Deuteronomy 4:5-8 (Bible, 2004).

1.5.1.2 Environment

The researcher views the police holding cells or prison environment as an open environment. It may appear to be different for many people, including the detainees themselves who might view it as a closed environment because of its physical attributes, especially when it comes to health and disease. Detainees are in an environment where there is limited and closely controlled movement, but they have constant contact with the outside community. Detainees who are convicted while incarcerated at local police holding cells have contact with police or custody officials and their visitors. What is more, they frequently attend court cases, especially those who have not yet been sentenced. If detainees' healthcare needs have not been given attention it poses a danger to the entire population because of the contact they have with the outside community on a daily bases. Prison communities are still part of the outside community as detainees are expected to participate positively in the economy of this country after their rehabilitation or their release from their place of detention. For this to be achieved, we need to maintain their health while in prison.

1.5.1.3 Health

The researcher views health as a state of complete physical, psychological and spiritual wellness without any social threat to the feeling of completeness. In the context of this study, the researcher views health as a treasure to be safeguarded. Health should be maintained and safeguarded, regardless of the physical environment or setting. According to the World Health Organization (WHO, 2003:2), health is a state of a complete physical, mental and social well-being and not merely the absence of disease or infirmity, illustrating that health does not only imply physical well-being, but also encompasses mental and social dimensions. This study focuses on the comprehensive healthcare needs of the detainee in SAPS custody (see Chapter 2, Table 2.3 on the dimensions of health).

1.5.1.4 Nursing

The researcher views nursing as man's adherence to God's call to serve Him. Nurses serve God by attending to all the different health dimensions, including the physical, psychological and socio-cultural wellbeing of people. When serving God's people with passion to save lives, the researcher believes it pleases God to release His blessings that money cannot bring. In the context of this research, nurses are entrusted with

being the custodians of healthcare for God's people, regardless of their iniquities. This includes detainees, because God is the only judge of our iniquities.

1.5.2 Theoretical assumptions

According to Botma, Greeff, Mulaudzi and Wright (2010:187) theoretical assumptions reflect the researcher's knowledge of existing theoretical or conceptual frameworks and explains what the researcher believes is good practice. The researcher has been inspired by authors like Van den Bergh *et al.* (2011:689), who pointed out that prison health is an inevitable part of public health and that addressing health in prison is essential in any public health initiative that aims to improve overall public health. The researcher also believes that good healthcare practice should benefit the community at large. Similarly, the World Health Organization (WHO, 2007:viii) sets its sights on good practice when it indicates that good prison health has considerable benefits and helps to improve the health status of a community at large. The concepts that follow hereafter are considered central to the research and are defined within the context of this study.

1.5.2.1 Concepts considered central to the study

- **Healthcare needs**

Healthcare needs refer to any unaccomplished goal or desire related to the health and wellbeing of a person that requires healthcare services and should be evidence-based (Thornton-Jones & Hampshaw, 2003:272). Thornton-Jones and Hampshaw have described healthcare to detainees as services that developed on an ad hoc basis to suit custodial or organisational requirements, rather than something that is based on the health needs of prisoners. Comprehensive healthcare needs can include any disturbance that affects the physical, social, psychological and spiritual wellbeing of a person. Healthcare is prevention, treatment and management of illness, including the preservation of mental and physical wellbeing through the services offered by the medical and allied health professionals. Relevant to the focus of this research, the Correctional Services Act (111 of 1998) stipulates that care is the provision of services and programmes aimed at enhancing and maintaining the bio-physical, social-cultural, mental, spiritual and physical environmental well-being of inmates.

- **Detainee**

A detainee is a person that is legally committed to a prison as punishment for a crime or while awaiting trial (Oxford advance dictionary of current English, 2012:239). This can occur by means of confinement, capacity or by forcible restraint. In the context of this study, the term applies particularly to those individuals incarcerated in a police holding cell (also known as inmate, detainee, offender or prisoner).

- **Police custody**

Custody is taking control or guardianship over another person (Oxford advance dictionary of current English, 2012:1109). For the purpose of this research, police custody is defined within the context of the Criminal Procedure Act (51 of 1977), which states that police custody is when individuals are detained in local police cells under the control or custody of an SAPS official. It is also known as remand detention according to the White Paper on Remand Detention Management in South Africa (Department of Correctional Services, 2014).

- **Police official**

A police official is someone who engages in the enforcement of official regulations in a specified domain (Oxford advance dictionary of current English, 2012:1109). In this study they engage in the custody of detainees in the SAPS holding cells in the district of the Makhado municipality, Limpopo province, awaiting trial or sentencing. In this study the police officials are engaged in daily care of all detainees in their custody including their healthcare needs.

- **Correctional centre**

The Correctional Services Act 32 of 2001 (as amended) regulate that a correctional centre is “a place for the reception, detention, confinement, training or treatment of a person liable to detention in custody or to placement under protective custody, and all land outbuildings and premises adjacent to any such place and used in connection therewith and all land, branches, outstations, camps, buildings, premises or places to which any such persons have been sent for a purpose of incarceration, detention, protection, labour, treatment or otherwise, and all quarters of correctional officials used in connection with any such correctional centre, and for the purpose of sections 115

and 117 includes every established premises or place used as a police holding cell or lock-up.”

- **Healthcare**

Healthcare comprises the prevention, treatment and management of illness and the preservation of mental and physical wellbeing through the services offered by the medical, nursing and allied health professions (Clark, 2003:57). Clark’s application applies to this study with the emphasis on a specific setting, namely the police holding cells and/or remand detention or incarceration or prison setting. In this regard the police officials are the persons who ensure that the detainees are attended to when in need of healthcare entrusted under their custody.

- **Health**

The World Health Organization (WHO, 2003:2) defines health as “Not merely the absence of disease, it is a person’s physical, mental and social well-being”. In this study health refers to the ability of detainees to function in the state of a complete physical, mental and social wellbeing while in custody in the police holding cells.

- **Care**

The White Paper on Corrections in South Africa refers to care as needs-based services aimed at the maintenance of the well-being of persons under departmental care, providing for their physical wellbeing in the form of nutrition and healthcare, the maintenance and establishment of social links with families and society, and their spiritual-, moral- and psychological wellbeing (Department of Correctional Services, 2005:63)

1.5.3 Methodological assumptions

Brink, van der Walt and van Rensburg (2006:22) have described methodology as particular ways of knowing about the reality. Those ways are untested ‘givens’ that guide and influence the researcher’s investigations. While Burns and Grove (2009:4) have indicated that the practice of nursing takes place in an empirical world, this study engages in the ‘hows’ and the ‘whats’ of social reality in that it explores the experiences of the police officials pertaining to the healthcare needs of the detainees to “create meaning to what is being studied” (George, 2010:1626). The reality of everyday life is that it is not known when someone might be attacked by sickness or might experience

ill health, and therefore even a detainee in police custody might be attacked by an illness and require healthcare interventions like any other member of the community in our country. The healthcare of the detainees in local police custody has to be safeguarded like that of any member of the South African population to tackle the issue of inequalities amongst the population of SA at large.

Burns and Grove (2009:3) have defined nursing research as a scientific process that validates and refines existing knowledge and generates new knowledge that directly and indirectly influences the delivery of evidence-based nursing. The healthcare science theory should be useful for practice (Brink, van der Walt & van Rensburg, 2006:27). In the context of this study the concepts, healthcare needs of detainees are explored and described to provide suggestions for enhanced management of these healthcare needs. According to Burns and Grove (2009:2), nursing studies have to focus on the understanding of human responses and have to determine the best intervention to maintain and promote health, prevent diseases and manage illnesses.

1.6 CENTRAL THEORETICAL ARGUMENT

As a nurse researcher my point of view is that detainees have healthcare needs and that good healthcare in remand detention helps to improve the health status of the population at large. Recommendations to healthcare policy makers and the SAPS are based on discussions with police officials working with detainees in the police cells on a daily basis on how to cater for their healthcare needs. This adds to evidence of how best healthcare can be offered by applying expertise and knowledge to test the reality. The study utilises interpretive descriptive research to explore and describe the healthcare needs of the detainees in police holding cells as experienced by the police officials. The researcher remained involved in the research process through a diligent and systematic approach. Adding to that, the researcher's functional approach and application of knowledge enables her to implement the research in a trustworthy and credible manner to display the true nature of healthcare in the SAPS.

1.7 RESEARCH DESIGN AND METHOD

Chapter 2 offers a more detailed explanation of the methodology implemented throughout the research process and of the approach to the research objectives. Below follows a short overview.

1.7.1 Research design

A research design is a draft set by the researcher for conducting research (Burns & Grove, 2009:696). It provides guidance to the researcher to implement the research process to achieve and maximise trustworthy research results by reaching the objectives as planned. In an effort to accomplish the objectives of this study the researcher utilised a qualitative interpretive descriptive approach to explore and describe the healthcare needs and management thereof with reference to detainees in police holding cells as perceived by the police officials working with them on a daily basis.

1.7.2 Research method

A brief description of the research method focuses on population, sampling, sample size and data collection followed by data analysis (see Chapter 2, Paragraph 2.3).

1.7.2.1 Population and sampling

- **Population**

The researcher identified the police officials working with detainees in South African police holding cells as a group that is of interest (Brink, van der Walt & van Rensburg, 2006:123) and that meets the criteria as a target population (Burns & Grove, 2009:714) to interview to answer to the research question and reach the objectives of the study. The research was context sensitive (Holloway, 2005:275) as the planned population works with detainees that are incarcerated in the Limpopo province, one of the nine provinces in South Africa and situated in the northern region of the country (refer to Figure 1 for clarity on the area under study).

- **Sampling and sample size**

Sampling in qualitative research is determined by the aim of the study with the focus on the quality of information obtained from the participants in a specific situation (Burns & Grove, 2009:361). Most qualitative studies involve a relatively small group of participants (Polit & Beck, 2006:17; Miles, Huberman & Saldana, 2014:31). The researcher, who works in the context of the criminal justice system, believed that the police officials working with the detainees on a daily basis were the sample she should hand-pick as they are the most knowledgeable and the experts within the context under study (Botma *et al.*, 2010:201). This method of sampling is referred to as

purposive sampling (Streubert Speziale & Carpenter, 2003:67), also mentioned in Botma *et al.* (2010:201) as a sampling method used to ensure that the researcher purposefully seeks typical and divergent data from the participants, who adhere to the clearly formulated inclusion criteria (refer to Paragraph 2.3.1.3 and Table 2.2).

The sample size refers to the number of participants selected from the population, and in this case it was determined by data saturation (Brink, van der Walt & van Rensburg (2006:135). Data saturation is the point during data collection (one-on-one interviews) and data analysis where no new information appear, regardless of the extension of the interviews or addition of participants, consequently resulting in repetitive data (Burns & Grove, 2009:361). Sampling and sample size with the inclusion and exclusion criteria will furthermore be discussed broadly in Chapter 2, Paragraph 2.3.1.

1.7.2.2 Data collection

Data collection refers to process through which the researcher gathers pieces of information in a study (Polit & Beck, 2006:36). This qualitative enquiry “looks for verbal accounts or descriptions in words” (Elliot & Timulak, 2005:147), obtained from the police officials through an interview guide by the researcher on the healthcare needs of the detainees and management thereof while in police custody. Hereafter a brief description of data collection follows, which includes the role of the researcher, the consent process, the physical environment and the method of data collection.

- **The role of the researcher**

The role of the researcher is embedded in the background knowledge of the police officials who work with the detainees awaiting trial on a daily basis. These officials form the study population in the Limpopo province, Vhembe district. The researcher’s responsibilities entailed the completion of the data collection process; selection of participants, dealing with police officials who work with incarcerated population as a vulnerable group, the physical environment and the consent process (refer to Chapter 2, Paragraph, 2.4.1). The one-on-one interviews were conducted in the language in which the participants felt comfortable, which was either Tshivenda or English.

- **Selection of participants**

The researcher is familiar with the context in which the research interviews were conducted. This enhanced flexibility and careful adaptation (Elliot & Timolak,

2005:150) to the process of enquiry. The researcher was actively involved in the recruitment of the participants and requested the station commissioner of each of the eight selected police stations to act as the mediators after formal permission had been granted from the SAPS head office (gatekeepers), for the researcher to request the station commissioner of each police station to assist as mediators during data collection process. The mediators assisted the researcher through purposive selection of police officials willing to participate, with good articulation abilities who met the inclusion criteria (refer to Paragraph 2.3.1.3 and Table 2.2) and showed interest in the study.

- **Dealing with possible vulnerable participants**

After intensive discussions and correspondence with the SAPS national strategic management head office, the researcher excluded the detainees as a vulnerable group and focussed on the police officials as participants according to the set rules of the SAPS. The researcher acknowledged the possible exposure of detainees as participants as the plan was initially to involve them as population for the data collection process of this research. This option was reconsidered and cancelled due to their vulnerability. The researcher also adhered to the national ethical standards and to the inclusion and exclusion criteria (refer to Table 2.2).

- **Physical environment**

The researcher was directly involved on planning the environment so that it would be suitable for data collection. She was assisted by the station commissioner at each of the eight police stations prior to the data collection process. The interview venue was the community service centre (CSC) block in each police station to ensure accessibility to police officials as participants (see Chapter 2, Paragraph 2.4.3).

- **Consent process**

The participants were made aware of voluntary participation and that they had no obligation to participate in the study. The researcher ensured that the possible participants selected were provided beforehand with information through the mediator regarding the purpose of the study. They were invited to participate in a well-planned data collection process. The interview only commenced after participants gave written voluntary informed consent. It was a free and informed choice that the police officials as participants made (refer to Chapter 2, Paragraph 2.4.4).

- **Method of data collection**

Data were collected by means of one-on-one interviews (refer to appendix H) and an interview guide (refer to Appendix I) was developed according to the guidelines and example given by Creswell (2013:164-165). Within the theoretical framework of this research the researcher was guided by some of the information on the dimensions model of community health nursing (refer to Chapter 2, Table 2.3 for an explanation on each dimension of health) as illustrated by Clark (2008:69). The interviews were voice-recorded and field notes like descriptive, reflective and personal notes (Polit & Beck, 2006:307) were taken during and after each interview as explained to the participants (refer to Chapter 2, Section 2.4.4 and Appendix G for an example of field notes and an interview transcript).

1.7.2.3 Data analysis

Although the researcher planned to implement Creswell's proposed steps of qualitative data analysis as stated in Botma *et al.* (2010:223), the "recipe" was not primarily to determine the emerging themes, but was rather informed by the researcher's own interpretation based on Thorne, Reimer Kirkham and O'Flynn-Magee (2004:11-12). The qualitative data were reduced, organised and interpreted and described for meaning (Burns & Grove, 2009:44) through the data analysis process. The digitally voice recordings of all the one-on-one interviews with participants were transcribed verbatim. Data collection and analysis were done simultaneously, with data captured from the voice recorders to recognise data saturation and set the sample size (also refer to Chapter 2 for detailed description on the data analysis process).

1.7.2.4 Literature integration

Literature integration was employed to verify the research results on the healthcare needs of detainees in police service custody by examining the existing literature. This also helped to highlight new insight that became evident from the results and that is not found in the available research (Burns & Grove, 2009:564). Literature was also reviewed on the themes that emerged from the one-on-one interviews to give rise to a scientific basis for the research. The literature integration warranted a wide literature search (refer to Paragraph 2.6 for sources utilised).

1.8 TRUSTWORTHINESS

Taylor, Kermode and Roberts (2006:400) have described rigour as the thoroughness in judgement and ways that must be used to ensure that the consecutive steps in a project have been set out clearly and had been undertaken with thorough attention to detail so that the findings can be trusted. This study used the method of Lincoln and Guba for trustworthiness as discussed by Botma *et al.* (2010:232-235). It contains four epistemological standards, namely truth value, applicability, consistency and neutrality (refer to Chapter 2).

- *Truth value* was assured through prolonged engagement as the researcher works in correctional services. This allows for insight into and understanding of the reality of incarceration environment. The one-on-one interviews with the police officials and writing of field notes by the researcher, also a psychiatric nurse experienced with interview techniques, furthermore added to the credibility of the research. She simulated interviews beforehand with colleagues and during study leading visits to ensure that the questions were appropriate.
- *Applicability* was ensured by recruiting a well thought through sample from the SAPS setting and by utilising eight different police stations.
- *Consistency* was ensured through an audit trail and thick and clear description of the data collected from the interviews. The use of a co-coder also enhanced consistency and all data are available.
- *Neutrality* was ensured by the researcher who attempted to exclude bias during the research process with the results taken into consideration as a function only from the police officials as the informants.

1.9 ETHICAL CONSIDERATIONS

Three fundamental ethical principles guided the researcher, namely (i) respect for persons (ii) the principle of beneficence, and (iii) the principles of justice (Brink, van der Walt & van Rensburg (2006:31-42). Permission to conduct the study was obtained by the researcher from the Research Ethics Committee (Humanities), Faculty of Health Sciences, North-West University (Potchefstroom Campus), ethics number NWU-00167-13-A1 (refer to Appendix A). Approval by the South African Police

National and Provincial Management was essential, specifically the Strategic Management section for permission to conduct a research project in the included police stations (refer to Appendix B). Specific ethical aspects driven by the abovementioned fundamental principles were considered during the course of the study. The researcher considered the fact that the participants work with a vulnerable group in a vulnerable setting (refer to Chapter 2 for detailed discussion and application thereof).

1.10 DISSERTATION CHAPTER LAYOUT

- Chapter 1: Research overview
- Chapter 2: Research methodology
- Chapter 3: Research findings
- Chapter 4: Conclusions, recommendations and limitations

1.11 CHAPTER SUMMARY

In Chapter 1, the researcher presented an overview of the research, including the background and problem statement leading to the main question, and the aim and objectives. The researcher discussed the research design and –method with the relevant data collection and data analysis process applied. The chapter concludes with a brief discussion of issues related to trustworthiness and ethical considerations applicable to this study. The proposed dissertation layout is provided in the last instance to give the reader clarity on what to expect. A dense description of the research methodology follows in Chapter 2.

CHAPTER 2: RESEARCH METHODOLOGY

2.1 INTRODUCTION

The purpose of this chapter is to provide a detailed description of the research methodology employed in this study, specifically the research design, research method, the measures to ensure trustworthiness of the research and the ethical issues pertaining to this research.

The overall aim of this research is to propose recommendations related to the management of the healthcare needs of detainees awaiting trial during their stay in local SAPS police cells. As identified by De Viggiani *et al.* (2010:8) in their study on police custody healthcare, a better understanding of the healthcare needs of detainees may enhance healthcare services across the criminal justice system. The objectives of the research are shortly revisited in Table 2.1.

Table 2.1: Objectives of the research

Objective 1	Objective 2
<ul style="list-style-type: none">To explore and describe the healthcare needs of detainees in SAPS custody in the Makhado municipality in the Limpopo province as perceived by the police officials working with the detainees on a daily basis in the holding cells.	<ul style="list-style-type: none">To explore and describe the perceptions of police officials working with detainees on a daily basis in the holding cells on managing their healthcare needs in SAPS custody in the Makhado municipality in the Limpopo province.

2.2 RESEARCH DESIGN

A research design is the plan that guides research, referring to the entire research process (Creswell, 2013:300; Burns & Grove, 2009:696) to achieve and maximize trustworthy research results. The research problem, research question and objectives (refer to Paragraph 1.4), the methodology, ethical aspects and the rigour not only directed the researcher in choosing the correct design, but also directed all procedures (Creswell, 2013:247) involved in this research.

Given the inquiry presented by the research questions, the study followed a qualitative, interpretive descriptive research approach (Thorne, Reimer Kirkham & O'Flynn-Magee, 2004:5) to explore and describe the perceptions voiced by the police officials on healthcare needs of detainees and their views on the management of healthcare

to meet the needs for detainees. The approach employed was flexible, context sensitive and concerned with understanding complex issues (Carcary, 2009:11). The researcher was concerned with gaining better understanding of the healthcare needs of detainees in SAPS police custody as perceived by police officials and of how they perceive meeting those needs for detainees while in their custody in local police cells. The abovementioned research design was employed to achieve greater control of the study (Burns & Grove, 2009:231). The following paragraphs detail the identified approach planned for this research.

Qualitative research is a naturalistic approach that seeks to understand the complexity of the phenomenon in context or in real life situation (Nieuwenhuis, 2007:78; Burns & Grove, 2009:717; Thorne, Reimer Kirkham & O'Flynn-Magee, 2004:2). The researcher used this approach to gain a better understanding of the perceptions of police officials on the healthcare needs of detainees and their views on the management of those needs. Various authors have expressed their views on the need for approaches to answer contextually embedded questions. Burns and Grove (2009:717) as well as Thorne, Reimer Kirkham and O'Flynn-Magee (2004:2) have referred to the qualitative approach that holds the potential for the researcher to explore life experiences and give meaning to them through direct mutual interaction with an individual or a group that is expected to have the knowledge that the researcher seeks by spending a great deal of time with them during data collection. In this study a qualitative approach was appropriate as the researcher works in the correctional services in daily contact with police officials working in the holding cells where the detainees are under police custody in the eight selected police stations in Vhembe district in Limpopo province.

Interpretive description allowed the researcher to do a qualitative enquiry of healthcare as a clinical phenomenon to identify and capture themes from participants' subjective perceptions to generate a better understanding of the complex context (Thorne, Reimer Kirkham & O'Flynn-Magee, 2004:5) of the detainee with healthcare needs in the police holding cells. Botma *et al.* (2010:42) have explained that interpretive description emphasises the importance of the insider's view point, which supports the choice of qualitative interpretive description for this research. Not only did it allow the researcher to understand the comprehensive healthcare needs within the context of the detainee in the police holding cells, but it will ultimately guide and inform (Thorne,

Reimer Kirkham & O'Flynn-Magee, 2004:6) the authorities and disciplines responsible for the healthcare management of the detainees in the police holding cells in the South African Police Services (SAPS).

Descriptive design involves the depiction of the practices and perceptions within its practical context as it is unfolded in real life (Burns & Grove, 2009:734). Neuman (1997:19) has further described it as a picture of specific details of a situation. In this study the researcher described the perceptions of police officials by sharing information when conducting the interviews. The researcher could form a picture of the real situation and reflect on the police officials' perceptions on the healthcare needs and the management thereof.

2.3 RESEARCH METHOD

A subsequent detailed description of the research method is provided with the emphasis on context, population and sampling, data collection and data analysis.

2.3.1 Context, population and sampling

The context, population and sampling utilised in this research plays an essential role and are subsequently discussed for clarity.

2.3.1.1 Context

Creswell (2013:45) explains that qualitative research is an approach used by researchers to "study research problems ascribed by individuals and/or groups in a natural setting sensitive to the people and places under study". The contextual framework of such research furthermore refers to the environment and the conditions (physical location) where the research takes place (Holloway & Wheeler, 2002:34; Burns & Grove, 2009:170). It also means that the research is context sensitive, implying that the researcher gains insight and recognises the cultural, temporal, social and geographical setting within which the research occurs (Holloway, 2005:275). The context of this study follows below.

The Limpopo province is one of nine provinces in South Africa and is situated in the north of the country (refer to Figure 2.1). It is classified as mostly rural and has an estimated population of 4.9 million people, which accounts for approximately 12 percent of the South African population (Statistics South Africa, 2001). The province is divided into five districts, namely the Capricorn district, the Mopani district, the

Sekhukhune district, the Vhembe district and the Waterberg district. There are 29 local municipalities in the five districts and the location of this study was the Makhado municipality in the Vhembe district (Limpopo Tourism and Parks Board, 2012). The Makhado municipality has 17 police stations and each police station can normally house approximately 20 to 60 detainees or up to 80 when it is overcrowded. In light of the geographical distribution of the 17 police stations, the researcher targeted eight of the 17 that are in close vicinity of each other. Each has an estimated two to four members allocated to work with detainees who are in the holding cells. These staff members fall under the CSC commander of the day in that particular police station.

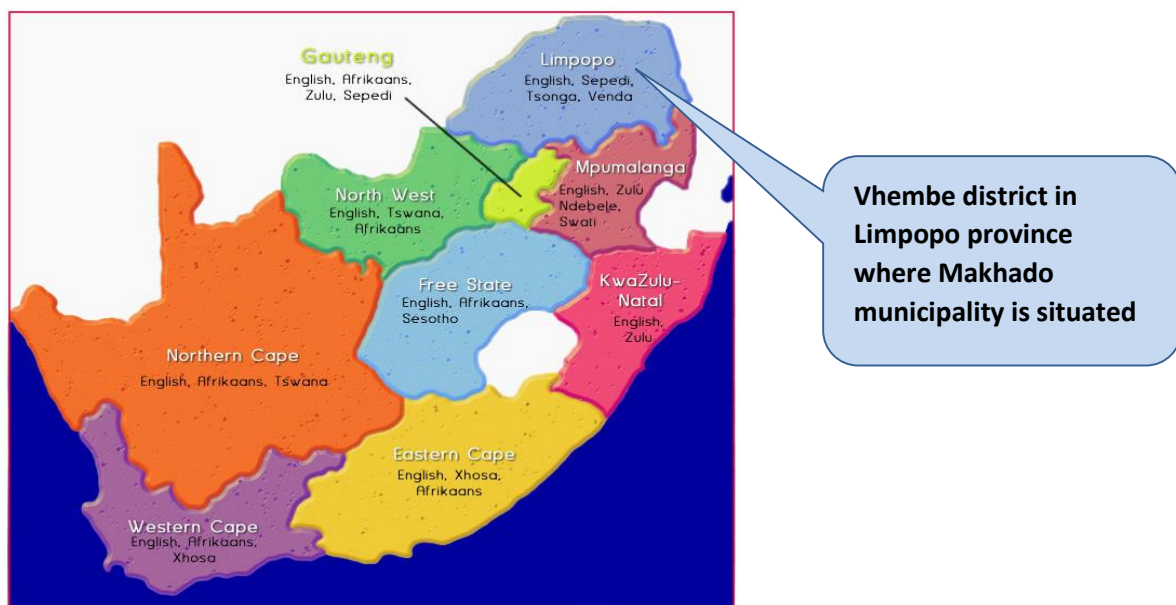


Figure 2.1: Map of the provinces of South Africa (Limpopo Tourism and Parks Board, 2012)

2.3.1.2 Population

According to Brink, van der Walt and van Rensburg (2006:123), a population is the entire group of persons that meets the criteria that the researcher is interested in studying. In this research the researcher identified the police officials working in South African police holding cells as a group that is of interest. The police officials are closest to the “action”, they are the people that “know” the best and “see” what is happening (George, 2010:1625) in the police holding cells.

In an effort to comprehend the healthcare needs of the detainees in SAPS custody and the management of these needs, the perceptions voiced by the police officials who meet the inclusion criteria were collected. The population for the study therefore

included all police officials employed and stationed in any of the eight police stations in the Makhado district municipality. When looking at the information provided under paragraph 1.7.2.1, a police official population of approximately 30 is estimated.

2.3.1.3 Sampling

Burns and Grove (2009:35) have referred to sampling as “a process of selecting subjects, events, behaviours, or elements for participation in a study”. In this study the researcher refers to participants and not subjects involved in a qualitative research process. Most qualitative studies involve a relatively small group of participants (Polit & Beck, 2006:17). The participants were purposively selected for this study because it was a specific group of people in the community (the police officials) that was needed for their particular knowledge of a phenomenon (Streubert Speziale & Carpenter, 2003:67; Creswell, 2013:186). The police officials who work with the detainees in police custody every day are the most knowledgeable informants to express the healthcare needs of the population under study. Sampling was furthermore broad enough with a focus on interviewing deeply enough to capture all aspects and variations of the studied phenomenon. The criteria of saturation was used to determine the sample size, which is when no new information emerges (Elliot & Timulak, 2005:151).

The researcher used the following inclusion and exclusion criteria to ensure a degree of homogeneity in the sample:

Table 2.2: Inclusion and exclusion criteria

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> Both male and female police officials will be invited to participate in the study. Participants had to be employed by the SAPS for longer than 2 years. Participants from all races were invited to participate. The participating police officials had to be able to understand and speak English because the interviews were conducted in English. Police officials only participated voluntarily after they had the opportunity to make an informed choice. Participants had to be willing to provide written consent. 	<ul style="list-style-type: none"> Participants who did not understand either Tshivenda or English Participants who do not work directly with detainees. Participants who had been employed by the SAPS for fewer than 2 years

2.3.1.4 Sample size

According to Polit and Beck (2006:267) sample size refers to the number of participants in a sample selected by the researcher. The sample size in qualitative research, however, depends on the quality of the information gathered from the data, the depth and richness of the information and the number of participants. The sample size is adequate when data saturation has been reached, which is the repetition of data (Burns & Grove, 2009:361; Botma *et al.*, 2010:200). After each interview during which the researcher explored the healthcare needs of detainees in SAPS police custody as perceived by police officials, the information obtained influenced the sample size. The researcher adhered to Burns and Grove (2009:361) to ensure articulate, well-informed and communicative participants (the police officials) for quality, clear and rich data. The researcher enquired about the police official staff members available each day at the police holding cells. It was confirmed that six to eight police officials are allocated to work in each police station of which four are directly involved with detainees in police holding cells on a daily basis.

2.4 DATA COLLECTION

Data collection refers to pieces of information that the researcher gather in a study (Polit & Beck, 2006:36) to assist the researcher in answering research questions (Wagner, Kawulich & Garner, 2012:269). This qualitative enquiry “looks for verbal accounts or descriptions in words” (Elliot & Timulak, 2005:147) obtained from the police officials through semi-structured one-on-one interviews by the researcher on the healthcare needs of the detainees and management of these needs while in police custody.

According to Botma *et al.* (2010:208), semi-structured interviews are used to gain a detailed picture of a participant’s views, perceptions or account of a particular topic. An interview guide was developed according to the guidelines and example given by Creswell (2013:164-165) to collect information from the police officials. The information gathered focused on illness prevention, health promotion and healthcare within the context of Primary Health Care services and the dimensions model with reference to community health nursing as illustrated by Clark (2008:69).

Table 2.3 below explains the dimension model in community health nursing as adapted to explore and describe the healthcare needs of the detainees in police holding cells and management of these needs.

Table 2.3: Dimensions of community health nursing as adapted from Clark, 2008:69)

Dimensions	Description
Bio-physical dimension	Health problems such as obesity that can cause diabetes, heart disease and stroke; genetic inheritance such as ethnic character, immunity, the population and the prevalence of conditions. Aspects like age and gender are also included under physical dimension of the detainees.
Psychological dimension	This dimension comprises of the internal psychological environment, including factors such as the ability to cope with stress, depression and low self-esteem, which can lead to health problems, suicide, substance use/abuse and violence, and the external psychological environment, which includes factors such as emotional support or the lack thereof and stress.
Physical-environmental dimension	Relates to terrain, buildings, unsafe conditions, sufficient light, exposure to pathogens, allergens, radiation, extreme heat or cold and noise. In this study the physical environment refers to police holding cells, grounds and buildings, maintenance and safety and whether it is sufficient for the number of detainees.
Socio-cultural dimension	Social attitudes towards substance abuse, mental illness, family violence, and the fear of the stigma attached to HIV can contribute to the problem and affect needs related to seeking healthcare. This also relates to nutritional and behavioural aspects. Related behaviour that promotes or impairs health include recreation and exercise, which can both enhance physical and emotional health. Some behaviour of detainees in police holding can be harmful to themselves and to others, such as smoking. The nutritional aspects related to detainees in holding cells includes the provision of healthy diet and special diets for those with certain health conditions, e.g. diabetes, hypertension, etc.
Dimensions of health system	This dimension relates to the availability, accessibility, affordability and acceptability of healthcare to detainees in police holding cells. This also relates to the accessibility of prevention, health promotion and curative healthcare at a Primary Health Care level.

The researcher attempted to structure and phrase the questions of the interview so that they are understandable and so that the interview is rather like an everyday conversation to encourage active participation of the police officials as interviewees. The researcher was guided by the two main objectives (refer to Figure 3.1) and the current literature available on the phenomena with subsequent questions to obtain

possible answers to the questions asked in the research. The possible follow-up questions were guided by the initial responses of the police officials to the planned questions (Polit & Beck, 2006:291). The researcher tested the interview guide beforehand and after three police officials in one police station engaged in one-on-one interviewing, the researcher was satisfied that the questions asked focus on the research objectives. The final interview guide was adjusted for use. Table 2.4 provides the semi-structured interview guide that was used for each one-on-one interview.

Table 2.4: Semi-structured interview guide (format adapted from Creswell, 2013:165)

One-on-one interview guide for “Healthcare needs of detainees in SAPS custody” designed for interview of police officials working with detainees in police holding cells on a daily basis	
Time of interview	
Date	
Place	
Interviewer	
Interviewee(code)	
Interviewee’s position in SAPS	
Brief description of the research project	<p>This research project investigates the healthcare needs of detainees in South African police custody in Limpopo Province. The problem statement is “that detainees have healthcare needs similar to those of general population and that good prison health is essential and forms part of good public health, as good prison health prevents the spread of diseases and promotes health and wellness of the society of which the prisons and/or police holding cells form part as a whole”.</p> <p>With this in mind, the researcher compiled an interview guide to address the following objectives of the study:</p> <ul style="list-style-type: none"> • To explore and describe the healthcare needs of detainees in SAPS custody in the Makhado municipality in Limpopo province as perceived by the police officials working with the detainees on a daily basis in the holding cells. • To explore and describe the perceptions of police officials working with detainees on a daily basis in the holding cells on the challenges related to meeting the healthcare needs of detainees in SAPS custody in the Makhado municipality in the Limpopo province. • To gain insight and make recommendations to the responsible authorities on the health and wellness of detainees for effective management of those healthcare needs. <p>The researcher compiled the following open ended questions.</p>

Table 2.4 (continued): Semi-structured interview guide (format adapted from Creswell, 2013:165)

Questions	<ul style="list-style-type: none"> • What are the healthcare needs of the detainees in police custody as perceived by you (police official)? • What do you perceive as their bio-physical-, physical-, psychological-, spiritual- and social healthcare needs? • What do you think should be in place to identify the healthcare needs of the detainees in your (police official) police station? • What do you think should be the first line of approach in your police station to address the identified healthcare needs to assist the detainee? • What is your view on the current system for referral of the detainees when they experience ill health? • Are you aware of detainees in your police station that suffer from chronic illnesses? • What do you see as the challenges in meeting and/or managing the mentioned healthcare needs of the detainees in holding cells? • What type of healthcare services do you think is necessary to assist you in managing the healthcare needs of the detainees in your police station?
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2.4.1 The role of researcher in data-collection

The researcher was responsible for planning the whole research process and for obtaining permission for conducting this research from the different regulating bodies involved in this research. Permission was firstly obtained from the Research Ethics Committee (Humanities), Faculty of Health Sciences, North-West University (Potchefstroom Campus), ethics number NWU-00038-13-A1 (refer to Appendix A). The researcher adhered to the guidelines for research ethics as set forth in the Manual for Post-graduate Studies at the North-West University (Potchefstroom Campus). Permission was further granted by the South African Police Services Legal Management Head Office and the South African Police Service Provincial Management Office (refer to Appendix B). The researcher also negotiated access to participants at the selected police stations with the station commissioner of each police station (refer to Table 2.5). The eight police stations were purposively selected by the researcher living and working in the Correctional Services of the Limpopo Province, familiar with the geographical area and radial closeness to each other. The researcher also arranged a recruitment meeting with the anticipated participants with the assistance of the station commissioners as mediators (refer to Appendix E on invitation for participation).

2.4.2 Dealing with possible vulnerable participants

The initial plan to include detainees as participants was refused by the SAPS and the detainees were therefore excluded because they are viewed as a vulnerable group. The researcher instead focussed on the police officials as participants according to the set rules of the SAPS. The researcher also adhered to the national ethical standards and to the inclusion and exclusion criteria explained in Chapter 2, Table 2.2. The nature of the topic of investigation is such that the police officers were not expected to discuss any matters that they found personal.

2.4.3 Physical environment for interviews

The station commissioners indicated a room at each of the eight police stations that is quiet and private to ensure that the police officials can speak freely and can share information on the healthcare needs of the detainees in the holding cells and the management of these needs. The chosen venue was private, convenient and accessible to the participants. It was also conducive to the researcher for engagement in the one-on-one interviews with the police officials. Refreshments were provided to the participants during the one-on-one interviews and there was a rather relaxed atmosphere.

2.4.4 Consent process for conducting the research

Detailed printed invitations to participate in the research were distributed at the eight identified police stations and presented to mediators during pre-meetings held with each station commissioner at the police stations (refer to Table 2.5). The purpose and process of the research was explained and conveyed to the police officials by the station commissioners, who acted as mediators during morning parades at the police stations. The interested police officials availed themselves on the dates scheduled for each police station to discuss any uncertainties before signing the consent form for participation. The researcher explained all ethical information concerning participation in this research to each participant prior the start of interview, which was voice recorded. Each participant was verified for participation by confirming appended signature prior to the start of each interview.

Table 2.5: Introductory meeting schedule with the mediators

DATE	APPOINTMENT TIME	POLICE STATION CODE	CONTACT PERSON MEDIATOR
06/10/2014	12H00	PS01	Mediator A
08/10/2014	08H00	PS02	Mediator B
09/10/2014	12H00	PS03	Mediator C
10/10/2014	12H20	PS04	Mediator D
13/10/2014	09H00	PS05	Mediator E
14/10/2014	11H00	PS06	Mediator F
15/10/2014	08H50	PS07	Mediator G
16/10/2014	14H00	PS08	Mediator H
17/10/2014	14H45	PS09	Mediator I

Introductory meetings were conducted at each of the abovementioned police stations in the Makhado municipality with the use of a time schedule agreed upon with the station commissioners. The interview date schedule for the one-on-one interviews with the police officials who work at the police stations and who agreed to participate was given to the mediators two weeks prior to the start of data collection. The researcher is familiar with the context in which the one-on-one interviews were conducted as previously explained, which enhanced flexibility and careful adaptation (Elliot & Timulak, 2005:150) to the process of enquiry.

The researcher adhered to the following basic interviewing skills found in Holloway and Wheeler (2002:84):

- Clear, simple, easy questions on the police officials' level of understanding;
- Follow-up-, probing-, specifying-, direct-, indirect-, structuring-, silence- and interpreting questions;
- Communication techniques like eye contact, open at ease posture and a non-judgemental attitude and use of non-verbal communication to encourage the flow of speech.

2.4.5 Physical setting of the research

The research took place in a natural setting and the researcher did not manipulate the environment to conduct the one-on-one interviews. The interviews took place in an environment that is familiar, namely the police stations, and this was positive for both the researcher and participants. The venue was prepared in one of the offices at each police station as allocated by the mediators. This seemed to be the most convenient option for police officials who are on duty. On the days scheduled for the interviews, the researcher arrived at 07h30 at the particular police station according to the submitted time schedule. The room setting was arranged in a way that would provide privacy, avoid too much noise and with a comfortable temperature that suits the weather of the day. The researcher requested a "do not disturb" note to be placed on the door and asked the participants to switch off their phones or to keep it on silent if it was necessary to keep it on.

2.4.6 Interviews

The interviews were voice-recorded and field notes like descriptive, reflective and personal notes (Polit & Beck, 2006:307) were taken during and after each interview as explained to the participants before the interviews commenced. A decision was made that no findings will contain any personal information in the demographic profile of the police officials to prevent any sensitive information from becoming public knowledge. It will only be used for research report purposes applicable to this research.

The interview process was explained beforehand and only commenced after participants gave voluntary consent. Each interview was approximately 30 to 45 minutes and was conducted by the researcher with the assistance of a field worker.

The 30 interviews were recorded with a digital voice recorder and transcribed verbatim by an appointed transcriber who understood, spoke and wrote both English and Tshivenda. The researcher listened to the three pilot interviews to evaluate the interview guide and decided not to change any questions, but to add some emphases on follow-ups where applicable. The researcher listened to the voice recorded data before and after transcription to determine the quality of the transcribed data. The researcher explained to the transcriber the importance of transcribing all the reactions that are audible on the voice recorder during each interview and to transcribe according to a standardised transcription format (refer to Appendix H for an example of a transcription of an interview).

2.4.7 Field notes

According to Botma *et al.* (2010:216), field notes are a written account of the things the researcher hears, sees, feels, experiences and thinks about over the course of the interview and it is used as part of the data. In this research the field notes were mainly written immediately after each interview while still at the research setting, then typed individually and also attached as part of the transcript of each interview in a separate column (refer to Appendix G). The field notes were utilised as reflective notes (Polit & Beck, 2006:406-407) and categorised as follows:

- *Methodological notes* reflect on the strategies and methods used in the observation.
- *Personal notes* are comments about the researcher's own feelings and perceptions while in the field and their influence on what it is observed.
- *Demographic information* is about the time, place and date of the field setting, as well as demographic notes about the participants.
- *Theoretical notes* document the researcher's thoughts on how to make sense of what is going on and it is the researcher's efforts to attach meaning to observation while in the field.

2.5 DATA ANALYSIS

According to Burns and Grove (2009:44), data analysis reduces, organises and gives meaning to the data. The analysis of qualitative data has to be systematic and organised for the researcher to be able to locate information in the transcribed data set (Elliot & Timulak, 2005:152). Data collection and analysis were done simultaneously with data captured from the voice recorders. Transcripts and field notes were analysed, categorised and coded (Brink, van der Walt & van Rensburg (2006:184) by means of content analysis. A consensus discussion was held between the researcher and an independent co-coder, after which a decision was reached on the main themes and the sub-themes that emerged from the written text. In this research the data was analysed applying the method of data analysis and interpretation of Creswell (2013:194) and Botma *et al.* (2010:223). The following six steps applied:

- | | |
|---|---|
| 1: Organise and prepare | The researcher organised and prepared data for data analysis, which involved transcribing interviews, optical scanning of material, typing up field notes or sorting and arranging the data into different types depending on the source of information. |
| 2: Develop a general sense of the data | The researcher read through all the data and obtained a general sense of the information given by the police officials and reflected on the overall meaning of their perceptions on the healthcare needs of the detainees. After that notes were written in the margins and general thoughts were pinned down about the data. |
| 3: Code the data | The researcher utilised a coding process implementing Tesch's (1990) eight steps (Creswell, 2013:198). The researcher decided to do the coding by hand. |
| 4: Describe and identify themes | The researcher used the coding process to generate a description of the setting or people, as well as the themes and subsequent subthemes. It also involved generating numbers for the themes (major findings) and creating headings for reporting the findings. |
| 5: Represent findings | The researcher provided a detailed discussion of several themes with subthemes, illustrations, multiple perspectives from individuals and quotations. It includes the discussion of interconnected themes interpreted from the data gathered on the healthcare needs of the detainees as perceived by the police officials. |
| 6: Interpret the meaning of themes or descriptions | The researcher made a final analysis of data by interpreting the meaning of the data. The researcher used the available scientific basis of literature or unique interpretation of the findings to make relevant recommendations within the health research context and healthcare rights of detainees in the South Africa Police Services. |

In conclusion, the researcher validated the accuracy of the information (Creswell, 2013:197), the themes and descriptions with an independent co-coder. After consensus was reached, the researcher continued with final conclusions.

2.6 LITERATURE INTEGRATION

According to Burns and Grove (2009:91), literature conveys “what is currently known regarding the topic of interest”. In this qualitative research on the healthcare needs of detainees in police holding cells, the researcher found that there was not much information in the South African literature on the topic. To truly understand the healthcare needs of the detainees in the South African context, the researcher focussed on exploring the lived experiences, insights, knowledge and wisdom of the police officials who work with the detainees in the police holding cells on a daily basis. The findings of the study is compared and contrasted to the existing literature at the end of the study (Creswell, 2013:29). When no literature was available on a theme or a subtheme, this was taken as an indication of a unique finding. The literature also served as basis for making relevant recommendations on managing healthcare needs of detainees in SAPS police custody.

The sources and literature utilised in the search for supporting information on healthcare needs of detainees in police holding cells were drawn from the following electronic databases available at the North-West University (NWU) library: SAe Publications; A-Z article list of the NWU; GoogleScholar; EbscoHost; Emerald; Medline; Thesis and dissertations (NWU) and Science Direct.

2.7 TRUSTWORTHINESS

The researcher applied measures of trustworthiness by describing this qualitative research in rich, thick detail to enable the reader to determine whether the methods used were appropriate and the findings are feasible interpretations of the data (Wagner, Kawulich & Garner, 2012:243). The researcher followed the suggestions from Lincoln and Guba (1985) as explained in Wagner, Kawulich and Garner (2012:243) and Botma *et al.* (2010:292) to use the following criteria to ensure trustworthiness:

Credibility refers to the truthfulness or believability (Creswell, 2013:206) of what the researcher reports on the perceptions of the participants. In this research credibility was ensured by:

- The researcher attempted to be as clear as possible when matching the existing realities as perceived by the participants (police officials working with the detainees on a daily basis in the police holding cells) and the themes interpreted from the analysed data.
- The researcher developed an in-depth understanding of the phenomenon under study (Creswell, 2013:202), which contributed to the credibility of the research findings. The researcher had prolonged engagement with the research situation as a professional nurse working at the correctional services. In this context the opportunity arises on a daily basis to observe the convicted detainees with their different needs during their admission from the holding cells into the correctional facilities.
- The participants were accurately identified and described (Brink, van der Walt and & Rensburg, 2006:118). In this study the researcher consulted with the police station commissioners to identify the police officials who are the most knowledgeable participants on the topic as they work with the detainees in the holding cells on a daily basis.
- The researcher used peer debriefing by discussing the process and findings with colleagues who work in the same setting to enhance the accuracy of the account (Creswell, 2013:202). This endeavour was further enhanced by the transcription and translation of the 30 one-on-one interviews by an experienced transcriber, proficient in both English and Tshivenda.

Transferability also refers to the applicability of the research findings in another context. The researcher took care that all versions of the data is preserved in their original form to evaluate whether research is applicable to detainees in police holding cells of other provinces. In light of these criteria the researcher not only provided a thick description of data, but also described the sampling and design methods clearly (Botma *et al.*, 2010:292; Wagner, Kawulich & Garner, 2012:243).

Dependability, in other words the consistency of the research (Botma *et al.*, 2010:292), entails a process of determining the quality of the data. In this research the stability of data was ensured by using an interview guide and by not deviating from the main questions while collecting data. An external auditor would be allowed to audit the researcher's field notes, the electronic voice recordings of the interviews and transcripts to determine acceptability. All the research documents are kept for referential purposes to give the auditor access to all data, findings, interpretations and recommendations to assure that they are supported by collected data should the need arise.

Confirmability guarantees that the findings, conclusions and recommendations are supported by the data and that there is internal agreement between the investigator's interpretation and the actual evidence (Brink, van der Walt & van Rensburg, 2006:118). In this research objectivity was enhanced by the fact that the findings were co-coded by a professional nurse who had working in correctional services for the past 20 years to evaluate if the data were accurate, relevant and meaningful to the research. The research process from the beginning to the end was audited by the study leader to compare the raw data and the findings and recommendations suggested by the researcher before final conclusion.

2.8 ETHICAL CONSIDERATIONS

According to Botma *et al.* (2010:277), the ethics research is a universal requirement and should be considered even before starting with the research and it should form an integral part of the planning phase. The nature of this qualitative research involved direct contact with humans and therefore the researcher was acutely aware of possible ethical problems that may occur within the context of the study. To ensure that ethical aspects were honoured, the researcher carried out the research honestly and competently with earnest consideration of honouring the basic principles of respect for people, beneficence and justice. The researcher accepted the supervision authorities and was committed to share the research report as accurately as possible with the North-West University (Potchefstroom Campus) and the South African Police Services.

The researcher followed the process indicated below to ensure that the principles of ethics in research where human beings are involved as participants were being followed.

- Permission to continue with research was obtained from the Research Ethics Committee (Humanities), Faculty of Health Sciences, North-West University (Potchefstroom Campus), ethics number NWU-00167-13-A1 (refer to Appendix A).
- Permission from the South African Police Services (SAPS) national strategic management head office was essential to continue with the research in the context pertaining to the detainees in the police holding cells (refer to Appendix B).
- Permission to access the police stations in the Vhembe district of the Limpopo province was requested from the South African Police Services' provincial management office.
- Permission was requested from Station Commissioners as mediators to obtain access to participants and to invite them to voluntarily participate in the research at the Levubu police station (for testing the interview guide); Hlanganani police station; Watervaal police station; Mphephu police station; Waterpoort police station; Siloam police station; Mara police station; Tshilwavhusiku police station and Makhado police station. The researcher also arranged the introductory and recruitment meeting with the anticipated participants with the assistance of Station Commissioners as mediators.
- Informed written voluntary consent were obtained from the participants who volunteered to participate after a well-presented invitation for voluntary participation, with a detailed explanation on the purpose of the study, the methods and the procedure to be used to obtain information, analyse data and sharing of findings with the participants and significant others (refer to Appendix E and F).

The Nuremberg code established in 1949 (Burns & Grove, 2009:185) served as a guideline to adhere for ethics of a non-therapeutic research study. This code refers to voluntary consent from participants, the right of participants to withdraw from the study,

the protection of participants from physical and mental suffering, injury, disability, and death during study and to adhere to the balance of benefits and risks in a study.

The principles of research ethics were applied hereafter as explained by Brink, van der Walt and van Rensburg (2006:32):

- There was respect of human dignity as the participants were provided with information on a printed document as an invitation to participate. They had the choice to take part or not to participate in this study and the researcher availed herself for any queries prior and after the research by providing contacts details. The researcher provided enough time for the prospective participants to read the written invitation for voluntary participation. The researcher was involved in the planning and preparations of the interview setting at each police station to make it comfortable and conducive for the one-on-one interviews. The researcher explained the estimation of time to be spent for each interview and avoided exceeding it.
- The researcher adhered to the principles of justice by purposefully selecting participants directly related to the study. Police officials who work with detainees in police holding cells were fairly selected from the larger population of all police staff members working at each police station. The researcher made sure not to divulge any information given by participants during data collection and the participants were encouraged to feel free to share the information concerning the problem under study without fear. They were ensured that it would not affect their work in any way as their information will not be linked to their identity on publication and not shared with anyone who is not involved with this research. The researcher agreed to keep information confidential and to maintain anonymity (Brink, van der Walt & van Rensburg, 2006:33).
- Informed consent was applied in that there was no coercion of any of the police officials at the eight different police stations to participate in this study. The researcher provided detailed information on the purpose of the study prior to presenting the participants with the choice to participate, with the right to decline at any time before the data is analysed (Brink, van der Walt & van Rensburg,

2006:35). All the consent forms were verified for signature prior to the one-on-one interviews with the police officials.

The right to protection from discomfort was considered by the researcher. There was no anticipated harm during data collection and afterwards. However, the researcher made provision that the setting utilised for interviewing of police officials is conducive to and comfortable for one-on-one interviews. Limpopo is a hot area in summer (the time when data collection took place) and this could create an uncomfortable room environment. To compensate for that reality during interviewing of the police officials, the researcher ensured that cold refreshments was available.

2.9 RESULTS

The findings of the research will be communicated to the Department of Safety and Security, South African Police Services and recommendations will be made on the possible management of the healthcare needs of the detainees in police holding cells as perceived by the police officials working with the detainees on a daily basis. The results will also be published in a scientific journal.

2.10 CHAPTER SUMMARY

This chapter offered a detailed explanation and implementation of each step of the research process. The discussion focused on the data collection method, population, sampling, as well as data analysis. Trustworthiness and ethical issues were also discussed. The following chapter presents the research results and literature integration on the themes and subthemes that emerged.

CHAPTER 3: DISCUSSION OF RESEARCH FINDINGS AND LITERATURE INTEGRATION

3.1 INTRODUCTION

This chapter presents the results of data collection and analysis with a sequential discussion of the research findings on the healthcare needs of the detainees in SAPS custody as perceived by the police officials working with the detainees on a daily basis in the police holding cells. For clarity on how the sample of police officials was selected, a simple demographic profile is illustrated (refer to Table 3.1). The findings as interpreted and described by the researcher are presented with reference to different themes as integrated with existing literature. This adds value to the richness of the data shared by the participants of their daily experiences with the healthcare needs of the detainees in the holding cells. Concluding statements and recommendations follow in Chapter 4.

3.2 REALISATION OF DATA COLLECTION AND DATA ANALYSIS

The data collection and analysis process is subsequently explained.

3.2.1 Realisation of data collection

To reach the two objectives (refer to figure 3.1), the sample of participants were purposively selected from the population as described in Chapter 2, paragraph 2.3.1.2. The inclusion and exclusion criteria qualified the sample as illustrated in the demographic profile of the participants (refer to Table 3.1), excluding the participants used during testing of the interview guide. The sample was drawn from police officials in different positions who work with detainees in the holding cells on a daily basis in Makhado municipality, Vhembe district in Limpopo province.

Eight police stations from the mentioned municipality were included in the study and each of them had its own venue for interviews. In each setting the room allocated for interviews was in the police station in the CSC. The room was allocated by the mediators (police station commissioner) as requested by the researcher, who asked for a room where noise can be avoided or limited, as police stations form part of public service providers and there is a possibility of increased noise. The rooms used were neat, well ventilated and were conducive for one-on-one interviews. The rooms prepared

for the interviews had a “do not disturb” note on the door, which was sometimes ignored with caution due to unavoidable duty calls, which was taken into considerations by the researcher.

In this qualitative study, the purpose was to explore the perceptions of the police officials based on their daily experiences. Although the intention was to explore the unknown healthcare needs from the detainees as the primary source, it was not possible as explained in chapter 2. The researcher engaged in the one-on-one interviews and listened to what the police officials had to say and what they were willing to share regarding their perceptions on the healthcare needs of the detainees and the management of these needs. The researcher, after receiving an authorisation letter from the SAPS provincial office, arranged introductory meetings with the mediators through personal and telephonic communications. The mediators agreed to sign the confidentiality agreement forms (refer to Appendix C), which were hand-delivered and explained to them by the researcher. They accepted their responsibilities as mediators in that they also assisted to ensure the availability of police officials as participants on less busy days. The working schedule of each police station prior to the finalisation of the schedule of introductory meetings with police official members and the schedule for the actual interviews in different police stations, were compiled together with the station commissioners (refer to Table 2.5 and Appendix D). The researcher established communication and a working relationship with the mediators and follow-ups were done to secure appointments as per schedule and to confirm the willingness to participate.

A total of 30 police officials participated (excluding the three participants used for interview guide testing) in the one-on-one interviews at the eight police stations included in the research. Introduction on the purpose of the research and invitation to participate (refer to Appendix E) was done by the researcher either in groups or individually, depending on the number of willing police officials available in each police station on the introductory meeting days and on the interview days. Ethical issues and concerns were clarified with the participants, like the importance of use of a digital voice recorder. The purpose of the participant’s demographic profile (without their names revealed), were explained and documented on the file allocated for each participant. Informed consent (refer to appendix F) was obtained from each individual participant prior to the start of each interview. Although the one-on-one interviews with the police officials did not cause the researcher to be concerned about any emotional, psychological or physical discomfort, they were ensured throughout the duration of the interview that if they experience discomfort, support is available. It was also clearly stated to the participants that they can at any stage discontinue the interview, that is, their participation, if they so wish.

Field notes were written immediately after each interview on the back of the allocated individual files for each participant, rechecked for any missing information after all scheduled

interviews for each police station for the day while still in the police station. All the voice recordings and field notes of the one-on-one interviews were labelled, electronically uploaded and safely stored by the researcher who was the only one with access to the password protected electronic data. The field notes (for examples, refer to Appendix G) played an important complimentary role during data analysis.

The interview guide was tested during pilot one-on-one interviews with three police officials at one police stations not included in the final findings. After consultation and suggestions by the study leader on the quality of the interviews, the researcher made small adaptations to her interviewing skills, like follow-up questions and clarification (refer to Appendix I). The researcher continued and completed thirty interviews (refer to Appendix H for an example on a transcribed interview). The interviews ranged between 30 minutes to 60 minutes each. Figure 3.1 provides a summary of the questions as they relate to the objectives of the research.

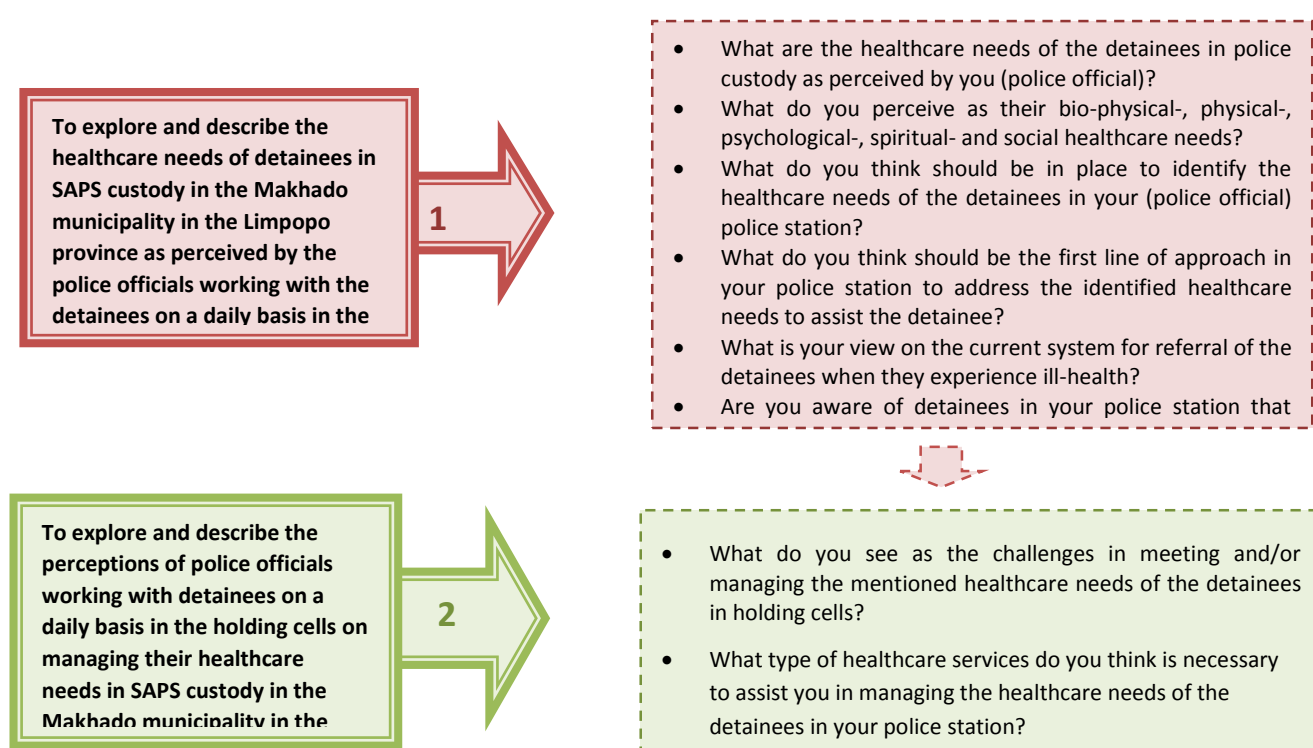


Figure 3.1: Summary of objectives and guiding questions on healthcare needs and management thereof of detainees in police holding cells.

Digitally voice-recorded interviews were transcribed by the researcher with the assistance of a co-transcriber proficient in both English and Tshivenda. All the data documents including the transcripts were labelled and safely stored with a password by the researcher and the supervisor according to the ethical standards as prescribed by the Research Ethics Committee (Humanities), Faculty of Health Sciences, North-West University (Potchefstroom Campus).

3.2.2 Realisation of data analysis

The data was analysed by the researcher manually by using paper and pen techniques for data analysis as described by Brink, van der Walt and van Rensburg (2006:125). The first step was data immersion by means of repeated reading of verbatim transcription and listening to audio recordings. Related words and/or phrases were written on the right margin of each transcript. The data was then minimised, checked and rechecked for any similar information and then grouped together in words with a final inclusive summarisation. The redundant information that did not relate to any themes was eliminated. The identified themes and sub-themes were then written in the margin of the transcripts pages. The data was analysed by the researcher and an independent co-coder, a professional nurse working as a contract research team member at the University of Venda. The researcher and the co-coder worked independently, analysing the data and code the transcripts. After several scheduled meetings, they agreed on the main themes and sub-themes as interpreted by each of them separately towards reaching a common consensus.

The findings that emerged from the analysed data were summarised in two tables (refer to Table 3.2 on the healthcare needs and Table 3.3 on the management thereof) each with themes and different sub-themes. The two tables emerged from the two objectives set to answer to the two research questions (refer to Paragraph 1.3 and Figure 3.1). A summarised and integrated discussion on the themes with relevant verbatim quotations from the participants to enrich the data followed. Literature integration (refer to Paragraph 2.6) not only serves to confirm the findings, but also to support the participants' perceptions. The following section provides information on the demographic data of participants.

3.2.3 Demographic profile of the participants

Demographic information was obtained verbally from each participant, with a unique identification code allocated. The demographic profile of the police officials who participated in the one-on-one interviews is given in table format (refer to Table 3.1) according to their gender, rank/position and years of experience to demonstrate adherence to the inclusion criteria set beforehand.

Table 3.1: Demographic profile of the participants

Category	Total sample (n=30)	Total
Gender	Males	24
	Females	06
	n=30	
Age	18-30 years	03
	31-40 years	04
	41 and above	23
	n=30	
Position/Rank	Brigadier	00
	Colonel	00
	Lt-Colonel	00
	Major	1
	Captain	9
	Lieutenant	6
	Warrant officer	6
	Sergeant	0
	Constable	8
	n=30	
Years of experience in working with detainees	3-10 years	5
	11-18 years	6
	19-25 years	4
	26-32 years	9
	33 and above years	6
	n=30	

It is noteworthy to recognise that 50% of the participants have been employed as police officials for longer than 26 years, supporting that they have the experience to share their perceptions on the healthcare needs of the detainees and its management in the police holding cells. The overall experience of the researcher was that the participants with longer work experience with detainees in holding cells provided information flavoured with wisdom gained through the years of their working experience. Most participants were males, with only six females interviewed in the eight police holding cells included in the study. The ages of the police officials participating in the research ranged from 29 to 57 years, demonstrating a level of accepted maturity and wisdom within the context under study. Although all races were welcome to participate in the research, the participants available during the interviews were black African police officials, understanding English and Tshivenda. The demographic data shows that the participants with captain as rank, that is 9, were the highest participatory group in the study; however the police officials participating in the research represented the different ranks and/or positions as illustrated in Table 3.1. For clarity, although not indicated in Table 3.1, the reader should note that two of the police officials on decision making level acted as gatekeepers; one from the SAPS national head office and one from the SAPS Limpopo provincial office to oversee that the research adheres to the ethical standards of the SAPS. Nine police commissioners acted as mediators within each police station, presenting different ranks and positions.

3.3 RESEARCH FINDINGS

For clear understanding the researcher managed the large amount of qualitative data in two sets (refer to Table 3.2 and Table 3.3). The discussion of the research findings is subsequently discussed in reference to the illustration of the objectives and related questions (refer to Figure 3.1) as the two categories emerging from the objectives related to themes and sub-themes. The questions related to *perceptions of the police officials on the healthcare needs of the detainees in police holding cells* resulted in six (6) themes and eleven (11) sub-themes. Five sub-themes relate to bio-physical healthcare needs and 2 sub-themes to psychological healthcare needs. Spiritual, nutritional, environmental and social healthcare needs were discussed separately (refer to Table 3.2). The second objective addressing the *perceptions of the police officials on the management of the healthcare needs of detainees in police holding*

cells gave rise to four (4) themes that are discussed separately (refer to Table 3.3). The discussion of the identified themes and sub-themes follows after each table has presented the findings. The literature is integrated with the research findings for confirmation of the themes from existing research.

3.3.1 Perceptions of police officials on healthcare needs of the detainees in police holding cells

The participants expressed their views on the healthcare needs of the detainees as they relate to their daily working experience in the police holding cells. Clark (2008:69) indicates that the dimensions model involves the bio-physical, psychological, environmental, social, cultural, and behavioural needs of individuals and in this research the healthcare needs of the detainees in SAPS custody is discussed with reference to the dimensions of health. The findings in this research relate mainly to detainees' need for healthcare while they are in police holding cells as indicated in the following discussions on the themes and the sub-themes (refer to Table 3.2).

Table3.2: Perceptions of police officials on healthcare needs of the detainees in police holding cells

Themes	Sub-themes
Bio-physical healthcare needs	Minor illnesses occur on a daily basis
	The prevalence of chronic conditions
	Communicable diseases related to the environmental and hygienic standards of holding cells
	Cognisance of sexually transmitted infections that can be a health impediment for the detainee
	Injuries and other emergencies occur on a regular basis
Psychological healthcare needs	Behavioural symptoms as a result of psychological health problems
	Psychosis related to mental health conditions
Spiritual healthcare needs	Detainees demonstrate spiritual attachment as important part of their healthcare
Nutritional healthcare needs	Nutrition should be considered an intervention for healthy detainees
Environmental healthcare needs	Aspects like environmental hygiene and overcrowding influence the health of the detainees
Social healthcare needs	Social support is deemed important in caring for detainees

3.3.1.1 Bio-physical healthcare needs

Bio-physical healthcare needs are those needs that are influenced by human biological factors such as age, specific genetic inheritance like gender, racial and ethnic characteristics, as well as the gene patterns and physiological functions like one's basic state of health, which can prevent and/or increase risks of developing health problems (Clark, 2008: 728). The research findings considered all the mentioned aspects of bio-physical healthcare needs describing the detainee population in the holding cell as perceived by police officials. The population in the holding cells vary greatly in their age composition and they are equally exposed to health risks. The bio-physical dimension refers to the detainees in incarceration with various healthcare needs like pregnancy, communicable diseases with reference to tuberculosis, Human Immune Deficiency Virus (HIV), hepatitis and Sexually Transmitted Infections (STI's) (Clark, 2008:728-731). Clark (2008:732-733) mentions chronic diseases such as diabetes, hypertension, asthma, and seizures as a reality among the incarcerated population. A study done by Opie and Seedat (2005:3563) confirms the reality that hypertension is one of the most common problems in Africa, not excluding the detainees' population. Subsequently, the findings of this research, as drawn from the views of police officials on healthcare needs, add minor illnesses as viewed by Marshall, Simpson and Stevens (2000:201) as a sub-category of health problems presenting in prisons, like headache, colds and skin problems. Injuries is another area that should be considered as healthcare needs of detainees, resulting from accidents and/or assault during incarceration (Clark, 2008:732). The bio-physical healthcare needs as seen by the police officials resulted in five sub-themes illustrated in Table 3.3.

Table 3.3: Bio-physical healthcare needs

Themes	Sub-themes
Bio-physical healthcare needs	Minor illnesses occur on a daily basis
	The prevalence of chronic conditions
	Communicable diseases related to the environmental and hygienic standards of holding cells
	Cognisance of sexually transmitted infections that can be a health impediment for the detainee
	Injuries and other emergencies occur on a regular basis

❖ Minor illnesses occur on daily basis

Although minor illnesses is a lay term, it refers to any physical disorder or complaint, generally of a chronic, acute or mild nature, it can be self-limiting and does not prevent the patient (in this study the detainees in holding cells) from carrying out their normal functions for more than a short period of time (The free medical dictionary by Farlex, 2015). The police officials mentioned minor illnesses like flu, headaches, diarrhoea, skin rashes, abdominal pains, toothaches and other body aches as the most prevalent complaints from detainees that require healthcare on a daily basis. From these research findings it is clear that detainees seek healthcare for self-resolving illnesses. The participants indicated that these complaints require frequent clinic visits outside the detention facilities with sick detainees and they often call the mobile for this type of illness. This might indicate a lack of knowledge among police officials and detainees on how to cope with some of the minor illnesses such as colds and flu that can resolve by itself with care like rest and correct nutrition. It is subsequently evident that detainees and the police officials lack information on some serious health conditions like meningitis, presenting as flu and headaches. To be on the safe side, the police officials call for help from health services or take the detainees to health facilities, a practice that can be very demanding on resources and that poses security risks. The following responses from the participants highlight the mentioned reality:

“Usually we have sick detainees on daily basis, for example: they will be complaining of stomach aches; back aches; abdominal pains usually in women”

“...we find that they have got flu, then we take them to the clinic or call mobile clinic then we ask them to help. They sometimes come and treat them here because you see these detainees inside they are very tricky they can say they are sick and only want us to take them to the hospital with this minor things so that they may escape as anything might happen while waiting for hours on the queues and sometimes it is really a wait of states money like for the clinic is 40km...just for backache...”

“Yah, most are minor but I once experience a problem...I once seen a detainee who was complaining of headache but ended up acting like he is confused and talking senseless when taking him to the nearest clinic...they sent him to hospital and the doctors said it is meningitis...but it was only that once... most of them just want to go out of the holding cells for a while”

Literature confirms that minor illnesses are those types of conditions that can resolve on their own. However, it cannot be ignored that some minor illnesses like colds can result in secondary complications such as pneumonia, otitis media and sinusitis. In a notice by the Mayo Clinic's staff (2013), they advise that people complaining of symptoms associated with minor illnesses go on treatment as they sometimes don't have control over their physical environment, which might reduce their ability to access remedies for minor illnesses and results in prolonged resolving of the illness that causes discomfort. Adding on that the researcher agrees with Fabrellas, Sánchez, Juvé, Aurin, Monserrat, Casanovas and Urrea (2013:2) when they acknowledge that the management of patients (in this study the detainees) with acute minor illnesses need to be considered and given the required healthcare on "the same day basis" consultations to prevent complications.

❖ **The prevalence of chronic conditions**

Apart from minor illnesses the police officials mentioned the prevalence of chronic conditions amongst detainees within the holding cells that cannot be ignored. Chronic diseases refer to a regular bio-physical health problem that occurs amongst the detainees in police holding cells. Conditions like HIV, epilepsy, hypertension and diabetics were repeatedly mentioned by the police officials as the most common chronic illnesses that detainees suffer from and that require treatment while in the holding cells. Although participants indicated that they are managing some of the detainees with chronic conditions well with regard to giving them their daily treatment as prescribed, some participants revealed their concern about cases where a detainee's chronic condition is unstable due to non-compliance. It was also indicated that the detainees sometimes present with conditions that require immediate medical intervention by a trained health professional, for example when a detainee presents with conditions such as hypo-glycaemia.

The participants emphasised their frustration and concern with some of the detainees who have been admitted to the police holding cells who do not disclose their chronic conditions, causing treatment default and complications. The participants stated their views as follows:

"There are those detainees who are arrested already taking some medications such as tablets of HIV, TB, Asthma or mentally illness...most of them tell us that I am taking treatment for this and this illness but some

don't and is their rights...and it is difficult for us as we come across those who lie that I have to take my treatment from a particular clinic and the nurses there don't know him"

"It is big challenge to us for those who taking HIV treatment especially for those who are not from around our area...you find that he said he doesn't have a referral letter when nurses ask for it we sometimes go as far as Messina to get his treatment...and with this shortage of staff sometimes it is difficult..."

"...and sometimes we have chronic ill prisoners like sugar diabetic, because I came across a lady who didn't take her injection for 2 days and she told me that she is sugar diabetic...she couldn't even walk, when she walking, she was shaking you could see that this lady is sick, but she didn't tell anyone when she come in that she was diabetic....she said no one ask if she is sick when admitted and was hoping that her relative will come with her treatment when visiting her"

Chronic conditions are long-term manageable diseases that may develop into either emotional or physical complications and which cannot be cured, although they can be controlled with a healthy lifestyle and continuous self-care and compliance with medication. This includes illnesses like diabetes mellitus, hypertension, tuberculosis, HIV, asthma, etc. (Nolte & McKee, 2008:1-2). Najjar, Amro, Kitaneh, Abu-Sharar, Sawalha, Jamous, Qiq, Makharzeh, Laban, Amro, and Amro (2015:2) show that compliance to medication slows disease prognosis, subsequently decreasing the frequent visits to health facilities and unsuspected emergencies. They furthermore state that compliance can be influenced by many factors such as medical errors, communication between the patient (detainee) and the health professional (in this study it is only the police officials responsible), the patient's knowledge, social beliefs, psychological and social support.

It is undeniable that people (detainees) often have to take several prescribed drugs to treat chronic diseases which require special care (Najjar *et al.*, 2015:2). Effective management of chronic diseases leads to more effective health-related outcomes for patients (detainees). This includes the reduction of death rates (Perry, Bennet and Lapworth, 2010:36). A study done on standards to meet the human rights of detainees in police holding cells states that effective screening procedures are crucial for the early identification of medical and mental health issues and the prevention of injury, illness, and death among detainees (Hounmenou, 2010:6).

❖ Communicable diseases related to environmental and hygienic standards of holding cells

There are communicable diseases that are common in South Africa e.g. chicken pox, malaria, pulmonary tuberculosis, and the police holding cell as a prison environment is not an exception according to the research findings. Several participants mentioned chickenpox and tuberculosis as some of the communicable conditions that appear to be common in the holding cells. During the interviews the researcher noted that the police officials took extra cognisance of all skin rashes, which can be indicative of other conditions and infestations like scabies that spread easily and normally affects more than one person (National Department of Health, 2014:516). Moreover, the participants revealed their awareness of the relationship between communicable disease prevalence and the environmental circumstances. The researcher has identified that the police officials are aware of the way that some of the communicable diseases mentioned spread, although it was clear that there is a lack of resources to assist in the prevention of the spread of diseases. One of the constraints is a lack of space to separate those affected. Overcrowding was also pointed out as another barrier to controlling outbreaks of communicable diseases like tuberculosis in the holding cells. The police officials commented on this by saying the following:

“Yes sometimes we have those who develop skin rashes that we don’t even know but you can just see sometimes that it is spreading to some of them in the holding cell but lack of space is a problem...we put them together even though they are sick if as I have already said that our cells must carry 20 but we now have 32 because they waiting go to court but they are overcrowded in there”

“...and we mostly have those with malaria especially those who are from across the border when it is summer as some of them sleeps under trees and have mosquito bites on their way to South Africa...”

“Those who are ill can spread the illness to other prisoner’s e.g. like TB and chicken pox, we don’t have separate room for those prisoners to go separate to prevent them we assist them by referring them to hospital or ask the nurses to come and assist us with the way they are working at the hospital”

“It is also a concern to us as we work with this people in the cell daily...so if he has TB, I can also get it as some tell us later that I was coughing since last week...some even last months...we are in danger...”

Communicable diseases are infectious diseases that can be transmitted from one person to another by infective pathogens such as bacteria and viruses that invade the

body and release toxins to cause damage to normal body cells (Kortenboud, 2009:2). The environment refers to the area in which the host (the person that becomes infected) and agent (organism that may cause the infectious disease) are brought together and conditions like overcrowding are often related to communicable diseases (Kortenboud, 2009:3). Overcrowding becomes a concern in the sense that communicable diseases are the most common causes of morbidity and mortality (Coetzee, 2009:181-189). UNAIDS, for example, ascribes the high rates of morbidity and mortality relating to HIV and TB in prisons to overcrowding, poor hygiene, poor nutrition and violence (Nienaber, 2013:164).

The control and prevention of the transmission of pathogens seems difficult to maintain in prison settings, considering the internal and external environment. Incarceration in itself is a non-therapeutic environment as is evident from problems such as overcrowding, which tends to increase detainees' exposure to pathogens that causes communicable diseases (Clark, 2008:818).

Tuberculosis incidence in prisons worldwide has been estimated at more than 20 times higher than in the general population, with the most common causes of natural deaths among inmates being tuberculosis, pneumonia and AIDS, also in South Africa (Nienaber, 2013:164). This reality adds to reasonable concern as the prevalence of tuberculosis and other communicable diseases in holding cells give rise to the prison staff possibly contracting communicable diseases from the detainees while interacting with them during the performance of their daily duties (Sridhar & Ross-Plummer, 2000:615). In light of this reality the study of Hounmenou (2010:6) applies when it states the importance of early identification of individuals with infectious diseases to provide adequate healthcare to prevent the spread of disease. Adding to this, the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) Rule 24 states that healthcare services in the criminal justice system should ensure continuity of treatment and care, including for HIV, tuberculosis and other infectious diseases (United Nations, economic and social council, 2015:13).

The physical environment, including poor ventilation, lack of temperature control and unsanitary conditions (Clark, 2008:734) can be a result of overcrowding. A lack of space can subsequently influence the health of the incarcerated negatively, especially with reference to communicable diseases. This being said, one should take notice of Rule 13 and rule 35 in the 'Mandela Rules' referred to in the previous paragraph, which

instruct that “all accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation” (United Nations, economic and social council, 2015:11).

❖ **Cognisance of sexually transmitted infections that can be a health impediment for the detainee**

In the opinion of the police officials, sexually transmitted infections can be a result of intimate or forceful sexual behaviour that occurred prior or during detention in police holding cells. Human immunodeficiency virus (HIV) is one of the types of sexually transmitted infections (STI) that the detainees present with while in police custody. Police officials revealed that even though detainees are housed and separated according to gender, there is a chance that they sometimes find themselves involved in sexual behaviours. This includes the issue of possibility of being raped/sodomised while in custody. Sexual intercourse without protection may lead to the spread of STI's. This is a possibility in police holding cells as the respondents mentioned during the interviews that the complaints that the detainees raise daily indicates the prevalence of STIs with an increasing number of detainees who are being taken for collection of antiretroviral treatment (ART) daily. Moreover, cases have been opened by detainees exposed to sexual activities in the form of rape, making them vulnerable to STI transmissions while in police holding cells.

During the data collection process the researcher observed that none of the eight police stations included in the study had a condom dispenser. Although the police officials acknowledged this reality, they seemed more concerned with the lack of information regarding the prevention of STIs among the detainees in the holding cells. The participants emphasised importance of having the healthcare providers visit the detainees in the holding cells for the purpose of health education/information on STIs. The police officials gave their view on sexual transmitted infections by saying the following:

“...others do suffer from STI's... when this people came here during detention they come being infected”

“...and on the issue of STI, I find it as an interesting condition because I normally come across it being mentioned as a complaint.”

“Thank you, mam; since I was working here, I have come across many people who are HIV positive...we usually take them to clinics for their monthly treatment mm...they need someone to teach them about these diseases as some don't say it you will see him getting sick and worse day by day”

“...then some they try to rape others...we sometimes open cases of rape that occur within the cell amongst detainees on one another”

Sexually transmitted infections are commonly spread by unprotected sexual activities, especially vaginal intercourse, anal sex and oral sex amongst either males or females (Clark, 2008:732). HIV infections and confirmed cases of Acquired Immune Deficiency Syndrome (AIDS) are growing concerns in prison facilities, therefore the need for health personnel to assess all inmates for their history of HIV and STIs (Clark, 2008:731-732). According to Nienaber (2013:164), the exact prevalence of communicable diseases in South African prisons such as the HIV infection is unknown. However, there are aspects like “overcrowding, poor hygiene and poor nutrition, violence, lack of access to basic healthcare services and the higher prevalence of various other communicable diseases which weaken prisoners’ immune systems, making them vulnerable to infection”. Healthcare services should be organised in close cooperation with the general public health services to ensure continuity of treatment and care regarding HIV. There should be well-functioning healthcare facilities with sufficient qualified interdisciplinary teams on the premises of the police stations to evaluate, promote, protect and improve the health of each detainee, especially those with special healthcare needs, like HIV (United Nations, economic and social council, 2015:13).

Moreover, the spread of these diseases is a behavioural issue Zachariah, Harries, Chantulo, Yadidi, Nkhoma and Maganga (2002:617) and this causes stigma regarding these types of diseases. The research findings confirm that some of the detainees don't seek help when they are infected until they become critically ill. In addition, Condon, Hek and Harris (2008:156) indicate that prisoners are most likely to adopt risky health behaviours as most of them were exposed to those behaviours prior to

entering the prison environment, like having more than one sexual partner. Clark (2008:735) confirms that behavioural factors like sexual activities can influence the health of the incarcerated, but emphasises that the lack of access to condoms in the context of the incarcerated population can promote the rapid spread of sexual transmitted infections.

Bandura (*in* Cole, Holtgrave & Rios, 1992:5) says that “what people need is sound information.., guidance on how to regulate their behaviour, and firm belief in their personal efficacy to turn concerns into effective preventive actions.” Health education is the process of facilitating learning that leads to positive health behaviour. It is more often the professional nurse that can provide the detainees with the correct information to assist them in making the correct health-related decisions (Clark, 2008:15).

❖ **Injuries and other emergencies occur on a regular basis**

Injuries amongst the detainees was another sub-theme emerging from the data collected from the police officials. They indicated that injuries are likely to occur and as a result the detainees seek emergency treatment. Conditions that were repeatedly mentioned included seizures, diabetic coma, attempted suicide, traumatic injuries due to violent behaviour and collapsing due to unknown origin. Police officials also pointed out that mental health issues are seen as a contributing factors that contribute to detainees’ aggressive behaviour towards themselves and towards others so that they end up with victims of assault due to these situations.

The police officials expressed their dilemma regarding the detainees admitted with injuries and wounds that require a daily change of bandages and wound care. Physical impairment of the detainees can also put additional strain on the police officials. Detainees in holding cells with for instance walking assistant devices such as crutches expect assistance and different levels of care and attention. The fact that not all detainees are allowed to have assistance devices with them for safety purposes also creates problems for the participants, because the expectation to meet the detainees’ everyday needs is a reality. This creates the possibility that detainees are exposed to unintentional neglect of their basic healthcare needs. Subsequently the police officials mentioned that the emergencies referred to give rise to another challenge, namely the transportation of the detainees in need of emergency care as discussed in section 3.3.2. The respondents explain the situation with the following statements:

“As far as sometimes we have situation where people has got injuries and they need us to provide them with bandages.”

“When we detain them we do take crutches as they are not needed in the cell, just because if we can allow them to go with those crutches in the cell they can harm other that tend to frustrate us as we know he need them ... we don't stay with them in the cell so when he want move like to the toilet it really affect him.”

“Other.... (referred to as the “border jumpers”) come with injuries that they use to get it on the way to this side, they said there are criminals on the way across the boarder there, if they don't pay, they are beaten, being stabbed by knives, and they run and at the end of the day the find themselves being injured and also in police cell as they don't have legal travelling documents...”

“There is also a need for emergency ambulance, for detainees who had a fight in the cell, sustaining severe injuries and need emergency care, more especially when we have those with mental illness (musi tsho vuwa) when psychotic and before we realize....”

“...if it is serious in such a way that we cannot use our transport, the seriousness of the injuries will determine the transport that we have to use, You can find that this person we cannot transport, he need an ambulance.”

An emergency is a serious threatening situation or event that falls outside the coping abilities of the individuals involved (both the police officials and the detainees). Injuries place a considerable burden on both the individuals involved in the conflict and those who care for them in the justice system (Ludwig, Cohen, Parsons & Venters, 2012:1108). Injuries in the police holding cells can be either “unintentional (e.g., slips, falls, seizures, occupational accidents) or intentional (inmate-on-inmate violence, use of force by a correctional officer, or a self-inflicted injury)” as explained by Ludwig *et al.* (2012:1108). Duncan, Hutchings, Ferguson, Geiger & Petersen, 2009:236) confirm that functional problems experienced by individuals, for example not being able to walk, may be worsened by barriers in the physical and social environment, for instance the fact that assistive walking devices like crutches are not allowed in the holding cells.

3.3.1.2 Psychological health needs

Psychological healthcare needs consist of both the internal and external environment of the detainee. Internal factors such as low self-esteem, depression and stress can direct the behaviour of a person. External factors refer to aspects like the social support system, healthcare system (provider of health resources), the physical design

and structure of the place where one lives and/or stays (police holding cells). The views of police officials on the theme of psychological healthcare needs resulted in two sub-themes (refer to Table 3.4).

Table 3.4: Psychological healthcare needs

Themes	Sub-themes
Psychological healthcare needs	Behavioural symptoms as a result of psychological health problems
	Psychosis related to mental health conditions

Behavioural symptoms as a result of psychological health problems and psychosis related to chronic mental health conditions were perceived by the police officials as psychological healthcare needs of the detainees in police holding cells as discussed below.

❖ **Behavioural symptoms as a result of psychological health problems**

Participants revealed that they have observed that detainees require health interventions related to mental health problems. They strengthen their opinion by pointing out that sometimes the detainees present with symptoms of mental instability, showing a lack of coping skills with aggression, suicidal attempts, nightmares, moodiness and emotional outburst as a frequent phenomenon. Some of the detainees are referred to the psychologist or mental health institutions by their own or visiting doctors, social workers or victim empowerment personnel for mental status examinations and evaluations if depression and stress are suspected. Participants strongly relate detainees' mental problems to the effects of the crime they have committed, also to the family and social support. More than one police official are of the opinion that detainees without family support during incarceration tend to present with signs and symptoms of psychological problems more often than those with family support.

Social and family support makes a positive contribution to the social wellbeing of the detainees. The police officials are of the opinion that although the detainees have a choice regarding how to cope with stressful situations, like exercising, it is noticeable that those without social support and high levels of tension worsened by poor coping skills tend to get involved in violent behaviour. The violence sometimes manifests in

the form of self-harm and often open the door of harm to fellow detainees, resulting in injuries and emergencies. The police officials share their perceptions as follows:

“Sometimes those prisoners are aggressive and misbehave to get the attention of their families, they want the family to visit them we call the social worker to come and assist them or even their relatives to come and solve their problems or to visit.”

“The other one just talk that they see things related to their crime while trying to sleep..., you see? Because they have murdered somebody now they just talk everything, but we try to take them to the doctor and most of them they are being referred to mental institutions like Hayani hospital for mental examinations.”

“ ...you find that sometimes exercises help them to reduce stress because you sometimes mostly those who don’t exercises when you go to the cell you find them sitting lonely next to the wall when you try to speak to him or her he don’t speak ,when we force him to try to tell you what is the problem he will tell you his case is not true, someone want to get him into trouble, we reassure him and tell him not to think too much ,when we fail is then that we summon the psychologist”

“Since now is only one case were in a person was having a problem from home suffering from stress and it is still outstanding as they are still preparing to take him to a psychologist, as he has referred to attend those sessions by the doctor he

Police holding cells, like other prison settings, promote social isolation, limits exercise, fosters boredom, stress, hostility and depression, as indicated by Clark (2008:726). However, aggression, emotional and moody behaviour results from the feelings and thoughts of a person who has mental and emotional issues which are handled as psychosocial problems that affect a person’s psychological wellbeing (Duncan *et al.*, 2009:254). Literature confirms that an individual’s ability to cope with the effects of stressful situations influences both their physical and mental health. Psychological symptoms are often linked to lifestyle behaviours to cope with the symptoms of stress or depression (Clark, 2008:910). Carpenito-Moyet (2008:296) also confirms that individuals who lack coping skills present with stress and depression symptoms. Clark (2008:726) is of the opinion that incarceration in itself can have adverse health consequences, either physically and/or psychologically. The lack of supportive social networks and low self-esteem add to the reality that an incarcerated person tends to suffer more from identifiable psychological problems (Marshall, Simpson & Steven, 2000:48; Clark 2008:70).

The findings in this research draw the attention to the prevalence of chronic mental illnesses among the prison population as one of the key factors when considering detainees' healthcare needs and the appropriate care and management. It calls for the intervention of the criminal justice system to bring members of the multidisciplinary team such as healthcare professionals, social workers and other necessary specialists together for the provision of health within the police holding cells. This acknowledges that detainees come from a range of diverse backgrounds and are often vulnerable and experience social exclusion (Perry, Bennet & Lapworth, 2010:35). It is therefore important that detainees should be treated with respect and that the ones that meet the criteria for emergency psychiatric evaluation are transported immediately to the appropriate medical facility (Hounmenou, 2010:6). With this in mind, one can add that access to mental healthcare services and treatment within the police holding cells is imperative and should form an integral part of an overall mental healthcare strategy included in the total public health service (Fraser, Gatherer & Hayton, 2009:411).

❖ **Psychosis related to mental health conditions**

Psychosis related to chronic mental health conditions are also found to be common among the detainee population in the police holding cells as mentioned by participants. Police officials stated that some detainees are admitted while they are already on treatment as mental healthcare users and require daily treatment to remain stable. They realise that non-compliance and treatment default is a challenge that they are facing during the management of detainees who are mental healthcare users. Some refuse to take their treatment and relapse as a result. Although the police officials manage the detainees with psychological healthcare needs as best they can, they don't keep them in the holding cells when they are psychotic. They refer them to a hospital for admission as they don't have any knowledge on proper management of conditions like psychosis. This reality poses another challenge related to the mentioned shortage of staff, as police officials are required guard the detainee in the psychiatric ward of the hospital. The following comments from participants apply:

"It is really a problem when those who are mentally ill is starting to be sick seeing things and talking senseless while in the cell you find that he start to beat others and sometimes they beat and injure him seriously...they don't care that is sick mentally they beat him back..."
"Here... because the detainees who are mentally affected, they come together with their tablets...but some refuses to take the

medication and they get unstable again that were we take them to mental hospital for admission, but a police must remain there until he is discharged and with this shortage of staff

The Treatment Advocacy Centre (TAC) report (Torrey, Zdanowicz, Kennard, Lamb, Eslinger, Biasotti, & Fuller, 2014:11) state that psychosis is often the result of patients with mental health conditions that do not receive their follow-up psychiatric treatment and defaults as a result. In cohesion with the findings of this study Clark (2008:726) reaffirms that prison settings promote social isolation, limit exercise, foster boredom, stress, hostility and depression. It is often more difficult for people with psychological healthcare needs to adjust to prison life because of their diminished mental capabilities (Clark 2008:738). A study done on the healthcare in police custody by the Revolving Doors Agency (2013:5-9) in England adds that being taken into custody can be stressful and disconcerting to the detainee, exacerbating mental health problems, for instance causing the already frightened and scared detainee to have a panic attack and/or get aggressive. It is therefore imperative that just as inmates (detainees) should be treated for tuberculosis, diabetes and hypertension, so should they be treated for schizophrenia, bipolar disorder and major depression (Torrey *et al.*, 2014:105) to minimise and/or exclude psychosis.

3.3.1.3 Spiritual healthcare needs

What became clear from the police officials' perceptions is that detainees demonstrate spiritual attachment in different ways and view spirituality as an important aspect of their healthcare and wellbeing (refer to Table 3.5).

Table 3.5: Spiritual healthcare needs

Theme	Sub-theme
Spiritual healthcare needs	Detainees demonstrate spiritual attachment as an important part of their healthcare

An individual can decide to which religion he wants to prescribe, but people are mostly influenced by their family beliefs and culture. People often seek help in either traditionally African or in Western ways based on religion and spirituality. Spiritual health needs refer to how detainees reflect their beliefs and values and how they view their purpose in life. In the police holding cells pastors are often involved as guides

and providers of spiritual interventions from a western religion background. However, there are detainees with strong beliefs rooted in African traditional religions.

❖ **Detainees demonstrate spiritual attachment as an important part of their healthcare**

Participants mention prayer gatherings and regular attendance of sermons as some of the ways in which detainees attend to their spirituality during detention. Police officials shared the view that detainees tend to strive for a state of balance between their inner spiritual needs and the rest of the world while in an incarceration setting. It seems that detainees perform personal acts that reveal their willingness to attain completeness as a person as they sometimes have gospel singing and praying sessions on their own. Sometimes individual detainees need a priest or spiritual leader for physical healing, consultation and salvation. Although this issue is not treated as an essential healthcare need, it can be significant as some of the participants have the perception that pastors' sermons help to reduce stress and can change the behaviours of the detainees in a positive manner.

Participants shared the view that detainees who prescribe to traditional African religion are not given the necessary attention as only the formally appointed spiritual leaders from religions such as Islam and Christianity are allowed to preach or attend to the detainees with spiritual healthcare needs. Worship sermons, prayer gatherings and routine gospel praise and worship within the holding cells do not exclude detainees of other religions, it has been seen as a practice that shows a sense of spiritual belonging. Presently there is no evidence of the possibility to practice traditional African beliefs and/or practices for the detainees in SAPS holding cells as revealed by participants. Police officials indicated that detainees who request spiritual healthcare in the way of traditional practices guidance are often unattended to. The participants commented as follows on the complexity of spiritual healthcare provision to detainees:

"Yes, because you find them praying and singing gospel, then you can see that this one need spiritual attention."

"Now there are the pastors who are preaching the word of God, i remember others came being violent, aggressive but when they go out here others are pastors because of the pastor's sermons."

"You see here some detainees can tell you that he cannot be alright if he didn't take his traditional herbs he will tell you that he needs a

SANGOMA to come and do spiritual rituals for him but we don't allow SANGOMAS in here we don't give permission to do that..."

"You see this Muslims they look after their peoples they come and give them this Kuran books , sometimes one come to ask if they can help them to do Ramadan but I refereed them to the station commander"

According to Mbiti (1990:1 & 101) religion penetrates into all the areas of life with such reality that it is not easy or possible to isolate it. Spiritual coping and behaviours may reduce stress and increase social support networks of like-minded persons, also contributing to the enhancement of psychological resources (Allen, Harris, Crowther, Oliver, Cavanaugh & Phillips, 2013:711). One should also understand that the traditional religions are not primarily for the individual, but for the community, involving participation in the beliefs, ceremonies and rituals. Some of the African people (detainees) are used to communal practices and as Mbiti (1990:2) said, people may express their longing to involve, for example, the sangoma and/or traditional healer. There is growing evidence that positive religious/spiritual coping practices or mindfulness-based religious practice helps inmates cope with the prison experience (Allen *et al.*, 2013:711).

3.3.1.4 Nutritional healthcare needs

In the context of this study nutritional healthcare needs refer to food that promotes and maintains a healthy lifestyle and prevent diseases. It should be considered an intervention for healthy detainees. Refer to Table 3.6.

Table 3.6: Nutritional healthcare needs

Theme	Sub-theme
Nutritional healthcare needs	Nutrition should be considered an intervention for healthy detainees

Nutritional healthcare needs can refer to therapeutic diets or meals that have to be provided as part of the treatment of a medical condition. In such a case it is normally prescribed by a physician or planned by a dietician. A specific diet may be necessary due to the presence of a chronic illness such as diabetic mellitus, hypertension, HIV/AIDS, chronic ulcerative diseases and other diet-related issues such as food allergies. However, it also refers to normal diets prepared for detainees in police holding cells.

❖ **Nutrition should be considered an intervention for healthy detainees**

Police officials noticed that even though police holding cells are a short stay imprisonment, they often have detainees with health-related nutritional needs that do not receive the necessary attention. They identified the importance of regularly monitoring the diet of the detainees and the provision of therapeutic diets to those with health-related dietary regimes as a necessity. However, the participants felt that they do not have the means of ensuring that reality. The researcher found it exciting that the police officials understand the importance of a healthy diet for detainees, although they seem to not get the necessary support to ensure that detainees are provided with nutritional food that is also appropriate for their medical conditions. They are also aware that detainees with specific religious and/or cultural beliefs are not catered for. Below are some of the police officials' responses during the discussion of nutritional issues:

"...as I have already said, we cook food here in the police station so we don't know if whether this food is healthy or not but if we can get an access to dietician who can come and inspect those food regularly it will be suitable."

"So those food need to be checked or inspected by the dietician as what her the food is healthy."

"Like if we have got those detainees with special diet, like if they have referred from general practitioners, if they are allergic to something, we have to prepare his food"

"The challenge is those who are on cultural diet like Halaal (Indian meal), on that one we are experiencing problems as we cannot provide them..."

Poor nutrition is one of the greatest threats to public health worldwide as stated by the World Health Organization (WHO:2007) and it can worsen in a situation where a person cannot control his own environment like in a prison environment where you don't choose what to eat. According to the principles of human rights, detainees should be provided with quality food that takes into account individual religious or dietary needs, that is of good nutritional value and well prepared and presented (Hounmenou, 2010:7). Moreover, nutrition plays a critical role in the therapeutic strategy to prevent chronic disease complications (Aitaoto, Campo, Snetselaar, Janz, Farris, Parker, Belyeu-Camacho & Jimenez, 2015:947).

Some authors also highlight the importance of preventing of malnutrition as a way to prevent disease, aid disease recovery and wound healing, boost immune function, decrease visits to health services for treatment, and reduce needs for frequency hospital admission (Leach & Goodwin, 2014:50). Subsequently, as the need for knowledgeable trained persons like a dietician and/or other health personnel has been identified, Clark (2008:745) confirms that within the incarceration setting a knowledgeable person is needed to influence the administrative decisions regarding the nutritional value of meals served. To prevent the threat of poor nutrition as stated previously by the WHO, each detainee should be provided with at least three meals a day that meet the national recommended allowance for basic nutrition. The food should not only be of good nutritional value and supplied in sufficient quantities, but should also be palatable (Hounmenou, 2010:7). Last but not the least, Hattingh, Dreyer and Roos (2014:29) confirms that a good nutritionally balanced diet improves the immune system, especially in reference to people infected with HIV/AIDS and/or tuberculosis. The Department of Correctional Services (2005:39) endorses the mentioned statement by Hattingh, Dreyer and Roos (2014:7) in reference to the adherence to the right of each detainee to be provided with a well-balanced diet to promote good health.

3.3.1.5 Environmental health needs

Overcrowding and poor hygiene seems to be common in most of police holding cells as revealed by police officials working in the cells as indicated in Table 3.7.

Table 3.7: Environmental healthcare needs

Themes	Sub-themes
Environmental healthcare needs	Aspects like environmental hygiene and overcrowding influence the health of the detainees

In the context of this research, the findings on environmental health includes services that assess and evaluate potential environmental risks for the detainee population in police holding cells to prevent the spread of diseases. This includes the hygiene standards and overcrowding as revealed by participants during interviews. Environmental hygiene and overcrowding influence the health of the detainees. This fact is discussed as a sub-theme below:

❖ **Aspects like environmental hygiene and overcrowding influence the health of the detainees**

When large numbers of people are kept in relatively small spaces there are health risks, such as being exposed to transmittable and communicable diseases. The police holding cells are not exempt in this regard due to the overcrowding. The police officials acknowledge that environmental hygiene is often not maintained due to the layout of the police holding cells. The facilities may need alterations to meet the standard of good environmental practices that will contribute to the health and wellbeing of the detainees. The police officials share their understanding of the negative impacts of an unhygienic environment and overcrowding on the health of the detainees in the following quotations:

“When we come to where they are sleeping there is toilet inside the room there is no separation there is an open space there, it is not healthy.”

“So if they are 3 in the cell which means that those 2 will be looking at that that is helping himself in the toilet.”

“The first is the place where they sleep, actually most of the time is not clean like you can feel like you are ...”

“The other thing is overcrowding, we try to avoid overcrowding in the cell, although...”

South Africa is among the top ten countries when it comes to the size of the prison population (Department of Correctional Services, 2005:53) and as a result overcrowding is not a new phenomenon in South African detention facilities (Department of Correctional Services, 2014:20). Literature also mentions overcrowding and poor sanitary condition as factors that contribute to the spread of communicable diseases. It gives rise to the possibility of a high prevalence of transmittable and communicable diseases amongst detainees in holding cells. The high rates of morbidity and mortality relating to HIV and TB in prisons to overcrowding, poor hygiene and poor nutrition and violence (Coetzee, 2009:187; Clark, 2008:816). Such conditions not only puts the detainees at risk, but also poses a risk to the health of the police officials working with detainees in the holding cells. It is therefore important to take cognisance of environmental aspects to support the health promotion and improvement of the entire community (Whitehead, 2006:123). The overall requirements are noted by a study done on good standards of accommodation

provided for the use of prisoners or detainees. All sleeping accommodation shall meet the requirements of health, attention being paid to the weather conditions, cubic content of air, minimum floor space, lighting, heating and ventilation (Hounmenou, 2010:5). A recommendation made in the ‘Mandela Rules’ highlights the importance of a well-organised environment as it requires Member States to continue to endeavour to reduce prison overcrowding (United Nations, 2015:6). Insufficient remand detention facilities to accommodate detainees in the Department of Correctional Services (2014:10) exacerbate overcrowding with the associated increase in security risks. One focus area of the Department of Correctional Services (2014:34) is to address not only the challenge of overcrowding in detention facilities, but also to adhere to the rights of the detainees to be provided with bedding that meets the requirements of hygiene and climatic conditions (Department of Correctional Services, 2014:39).

3.3.1.6 Social healthcare needs

Social support is deemed important in caring for detainees and is discussed below as a sub-theme supported by direct quotes from participants (refer to Table 3.8).

Table 3.8: Social healthcare needs

Theme	Sub-theme
Social healthcare needs	Social support is deemed important in caring for detainees

In this study social healthcare needs refer to broader issues facing the detainees while incarcerated. The system aims to move from a curative to a rehabilitative way of providing care. The police officials seems to view social behaviours as a sign of vulnerability and a call for attention, especially from those detainees who long for love and forgiveness from the family members that they have wronged.

❖ Social support is deemed important in caring for detainees

According to police officials detainees sometimes find themselves caught up in their own crime and their unpleasant behaviour towards the people around them. This results in a breakdown of relationships, lack of peace of mind with the development of some emotional and sometimes psychological impairment that requires professional help while in the police holding cells. Participants made it significantly clear that the reintegration of detainees with the community and their families is important for the detainee’s psychological health, mostly because the community doesn’t understand

the criminal procedures of the justice system. The views of police officials regarding the social health of detainees reveal that some of the detainees' remorseful behaviour indicates that they long for the love and support of their family members as well as forgiveness from the community for their negative behaviours prior to detention. Some detainees tend to harbour anger and resentment once they realise that the community is angry with them due to the crime they have committed. Police officials pointed out that the social health of the detainees can be improved through rehabilitative healthcare to reduce recidivism. Here are police officials explaining their perceptions regarding social healthcare:

“Ok you can find that maybe a detainee was having a conflict with the whole family, when she has done something that whenever she think of she can't see any conclusion, we try to talk to her and see that the solution is to call her family and or social worker, where you find that we call the chaplain and social worker to come and intervene...”

“Even sometimes the prisoner has done something to the community where the community doesn't need him or her again to be amongst them , then he will start to say I don't know where to go, where to go , I have done this and this and now the community want to kill me...”

Literature indicates that the social health needs of a detainee is determined by pre-existing health issues and social circumstances prior and during detention that influence their health. This confirms that the provision of a supportive environment can be a way to address the social health needs of the detainees (Woodall, Viggiani, Dixey & South, 2014:122). However, it is an unchanged reality that providing social healthcare requires the contribution of a multidisciplinary team regardless of the setting to fight and prevent the issue of social exclusion. Social healthcare also relies on the efforts of a person who needs this type of care as they are the one who knows the issues pertaining to their interaction with the social environment (Griffiths, Dandurand & Murdoch, 2007:3).

3.3.2 Perceptions of police officials regarding the management of the detainees' healthcare needs.

The management of the healthcare needs of the detainees as perceived by the police officials resulted in four main themes illustrated in Table 3.9 below and discussed thereafter. The respondents viewed various aspects as influencing the detainees' access to healthcare in police holding cells namely distance, shortage of vehicles, shortage of staff members, and the basic skills and knowledge of police officials working with detainees in police holding cells. However, participants were of the opinion that they lack skill and knowledge on health-related issues; that a collaborative healthcare approach is needed to address different healthcare needs of detainees and that the referral of detainees with ill health is the most challenging issue that requires a collaborative healthcare approach. In addition, health education is imperative for meeting the preventative healthcare needs of the detainees and basic health education programmes for detainees is an important initiative for preventive healthcare.

Table 3.9: Perceptions of police officials on the management of healthcare needs of the detainees in police holding cells

Perceptions of police officials regarding the management of the detainees' healthcare needs	
Accessibility of healthcare for the detainees in police holding cells	Certain realities like long distances, shortage of vehicles and shortage of staff members are viewed as influencing factors in meeting the healthcare needs of detainees.
Basic skill and knowledge of police officials working with detainees in police holding cells	Police officials lack basic skills and knowledge on health related issues
A collaborative healthcare approach is needed to address the different healthcare needs of detainees	Referrals of detainees with ill health is the most challenging issue that requires a collaborative healthcare approach
Health education is imperative in meeting preventative healthcare needs of the detainees	Cognisance of basic health education as a preventive health tool to promote the health of the detainees

3.3.2.1 Accessibility of healthcare for the detainees in police holding cells

Various aspects were viewed by the police officials as influencing the accessibility of healthcare for the detainees in police holding cells namely distance; shortage of vehicles and shortage of staff members. The police officials were explicit in their views on the reality that the management of the healthcare needs of the detainees are influenced by various factors and not always met. Health services is sometimes geographically or functionally inaccessible, the reason being the lack of resources, which is human capacity and a shortage of vehicles for transportation of the detainees in need for healthcare.

❖ **Certain realities like long distances, shortage of vehicles and shortage of staff members are viewed as influencing factors in meeting the healthcare needs of detainees.**

Two of the police stations included in the study are very remote. Although sometimes mobile clinics do visit the police stations, *long distances* remain an aspect to consider with regard to meeting the healthcare needs of the detainee in police holding cells. Distances to ambulance stations, hospitals and/or other health services can be anything from 3km to 70km and the waiting time for an ambulance is usually long. The reason is that notwithstanding the distances between the police holding cells and the health services/ambulance stations, the ambulances are also limited, serving not only the police stations, but the broader community within their allocated parameters. The participants revealed the following information during the one-on-one interviews:

“Just because, if he is sick, as I have stated that it take \pm 50km, it will take time to go that side (hospital), if it is serious they will die on our vehicle and the case will turn back to us to say we neglected him, I suggest that it will be better we have somebody who is trained or work with the health of the detainee.”

“Our nearest clinic here I can say is 40km away and the hospital is \pm 70km away, and the ambulance are stationed at the hospital.”

The *shortage of vehicles* is deemed a prominent barrier to the management of healthcare needs of the detainees. Although the police officials are aware of the implications of waiting with sick detainees, the shortage of vehicles at the stations means that the situation is mostly beyond their control and leaves them frustrated. The police officials emphasised that there should be vehicles available for the

transportation of ill and/or injured detainees with a person who is trained to handle emergency cases in police stations as stated below:

“It is a problem, because we have to take him (detainee) to hospital, the only problem is that he is injured and all the vehicles are outside then we have to struggle to call the vehicle that is outside because we don’t have the vehicle that is standing for prisoners, on the other hands we have to take our service to the clients outside and care for those who are inside with few vehicles that we have,”...yah, it really frustrates sometimes although we are trying to cope.

“...the vehicle can go to attend to a complaint where it is far away from the station and the detainee can report illness which seriously needed to be attend to, but we can waste time waiting for vehicle coming from far away, if we can have enough vehicle then we can have standby vehicle every time... and a person who is trained for emergencies.”

“Yes it sometimes happen that the detainee died while waiting ambulance as we do not have vehicles to transport emergencies , ...

The *shortage of staff* can have a direct influence on the management of the healthcare needs of the detainees and the police officials stated that they experience real challenges when one of the detainees is sick and/or injured in the police holding cell where certain procedures should be followed when opening the holding cell. The police officials explained that a certain number of police officials must accompany the detainees outside of the holding cells. If the detainees due for collection of their chronic medication at the clinic and/or hospital are too many in relation to the total number of police officials according to the recommended ratio, they end up not accommodating all the detainees to avoid security risks. The shortage of staff also has an effect on healthcare management in terms of managing unforeseen emergencies like community strike actions that have to be attended to by the police officials on duty who are allocated to taking detainees for treatment at clinics or hospitals, as the participants explained:

“I am so afraid when we had a sick detainee in the cell because we have challenges is either we have shortage of manpower we are sometimes being 2 or 3, and you find that others are outside attending something, and if the detainee fall when I am alone I am not allowed to open the cell alone and it means the prisoner can die in front of me if I am alone, waiting for manpower to open the cell to help the detainee.”

“The challenges that we do have here in our police station, I can say is manpower, for us, we are running short of manpower, you can find that the relief is having 4 people of which 2 went outside, 2 to hospital which means the community now is untended when we went to hospital.”

“We usually check what must be done first, if we see that we lack staff members, but safety come first I cannot open the cell alone if others are attending to strikes out there.”

Prison conditions in South Africa are not conducive to health, and Nienaber (2013:163) states further that inadequate access to healthcare is a common phenomenon in most prisons. According to the World Health Organization (2008:3), healthcare services should be accessible to all people in the country and there should be strategies available for the successful management of the accessibility of healthcare services to meet healthcare needs of that particular community (detainees in police custody). Resource allocations to Primary Healthcare should be reviewed and greater efforts should be made in South Africa to increase efficiency in the utilisation of the resources (human resources and vehicles) available for usage for detainees with healthcare needs in police custody. The World Health Organization further states in the same document that countries (South Africa) should be supported to address their particular human resource needs through clear articulation of human resources policy and plans. Literature refers to challenges like the lack of role clarification regarding transportation and emergency management of detainees (Department of Correctional Services, 2014:19).

Blom and Maodi (2013:60) warn that more court cases on healthcare in detention facilities will follow in future. A detainee contracted tuberculosis in one of the detention facilities in South Africa and is awaiting his compensation. Blom and Maodi (2013:60-61) state that the high court concluded that factors such as shortages of staff at the prison contributed adversely throughout the time of the mentioned detainee's incarceration. This links up with the findings of this study.

3.3.2.2 Basic skill and knowledge of police officials working with detainees in police holding cells

When interviewed the police officials pointed out that managing detainees' healthcare needs without the basic skills and knowledge on health-related issues can be challenging.

❖ Police officials lack basic skills and knowledge on health related issues

The non-availability of trained health personnel for screening for the healthcare needs of detainees on admission to the holding cells was emphasised. There are sometimes detainees with health conditions that warrant assistance while seeking and awaiting professional health assistance. Furthermore, participants stressed their concerns about the lack of first aid and/or emergency skills in situations where detainees may present with life threatening conditions while waiting for the ambulance.

The police officials regard training in first aid and screening of detainees on admission as important. Presently this skill set is not available to officials who work with police custody. There is no way for them to reduce the risk of complications and/or death amongst detainees. The respondents saw the availability of a trained professional nurse in police stations to manage detainees' healthcare needs as important, as situations like emergency childbirth, although rare, call for medical and/or nursing knowledge and skill. The lack of knowledge on health aspects result in uncertainties like the correct medicine administration to the detainees. Police officials can often only rely on the verbal report given to them by the detainees regarding their medication. The following perceptions given by police officials during interviews apply:

"And some training that can be directed to the health of the prisoners, then it can help, you can find that before the prisoner is taken to hospital he needs first aid urgently to be recovered, and presently there are no members who are trained for that some of us we did it when starting in the department and is a long time ago... I have 18 years in the service."

"I think it will be better if when the detainees enter the cell...there is trained nurse who is going to assess them about their health before they enter the cell and I think also there must be trained police officers who assess the detainee's problem and notes them down..."

“Some detainees are coming in being already on medication for certain illnesses, we are expected to safe keep the medication for security purposes and give them to the detainees as prescribed but some don’t even have names on them but he will tell that it is mine...it is a risk.”

“...if we can have someone trained for screening procedure or even we can have the nurses who are employed to do that every time when the detainee, enters the CSC”

“Through working experience in the service I also come across women who are pregnant as I have indicated that sometimes we assist people who need our assistance while in the organization. You can find we assist also those women who are pregnant, sometime you find yourself in such situation and the hospital is too far...in such a way that she is pregnant she want to give birth or when she is just sick, this is where we assist by delivering the baby sometimes.”

Literature refers to the reality that local police holding cells, unlike correctional centres, are not primarily concerned with the health of the prison population (Watson, Stimpson & Hostick, 2004:120). However, it is suggested that police custody marks a crucial stage in the criminal justice pathway for identifying healthcare and social needs and providing access to appropriate treatment, care, diversion and referral of detainees (De Viggiani *et al.*, 2010:1-47). Furthermore, Payne-James *et al.* (2010) state that the severity of the healthcare needs of detainees require appropriately trained and qualified healthcare professionals to identify and determine appropriate management using the available healthcare services. Given that many minor illnesses resolve without treatment, perhaps the most important role that clinical assessment plays in minor illnesses is to attempt to exclude the presence of a more serious illness that is masked as a minor illness (Silverston, 2014:243).

In a study done by Revolving Doors Agency (2013), detainees in police custody expressed the same desire as the police officials in this research for healthcare professionals that have sufficient expertise and skills to do assessment/screening and to act in a triage capacity at the police station or if this is not possible, to be readily and quickly available to the police station. The health professional should be knowledgeable on the indicators of mental and/or physical health problems and be able to make informed recommendations to the station commissioner on who needs to be referred to a specialist healthcare professional and what specialisation would best meet the person’s needs while they are in custody (Revolving Doors Agency, 2013:5-7).

Police officials often perform duties that need direct involvement of trained healthcare personnel. Muntingh (2007:80) adds his opinion that the total and certain duty to care for prisoners should occur in a manner that does not violate or compromise their constitutional rights. The Department of Correctional Services should review its current model of training for new recruits and develop an integrated approach that will cater for the needs of detainees, including special categories such as children, the mentally challenged, high-risk detainees, pregnant women and girls and terminally ill detainees (Department of Correctional Services, 2014:38). The minimum training of the prison and/or detention staff should include first aid, the psychosocial needs of prisoners and the corresponding dynamics in prison settings as well as social care and assistance, including early detection of mental health issues (United Nations, 2015:26).

3.3.2.3 A collaborative healthcare approach is needed to address the different healthcare needs of detainees

Participants aired the view that having multi-disciplinary professionals allocated to work in police stations on issues concerning the healthcare needs of detainees will assist in reducing the fear and frustrations faced by police officials and the distress experienced by detainees who require healthcare. It will also restore the focus on the main aim of custody, which is about safety and security. A collaborative healthcare approach emphasises the importance of having trained healthcare professionals as providers of healthcare services to detainees as an element that can shape the accessibility and availability of healthcare services to detainees in police holding cells. The members of the multidisciplinary team are involved for various aspects of healthcare.

❖ Referrals of detainees with ill health is the most challenging issue that requires a collaborative healthcare approach

The police officials, when interviewed, reported that they are facing undeniable challenges concerning the movements of detainees in and out of the police holding cells. They explained the contributing factors that exacerbate those challenges. Amongst the factors are the shortage of staff, lengthy waiting periods and long queues at the hospitals and clinics serving the surrounding communities. Participants mentioned a fear of losing their jobs due possible detainee escape from lawful custody during transportation and consultation at healthcare facilities. The mentioned

challenges is out of the police officials' control and that creates a sense of frustration for police officials who receive the responsibility to care for detainees. This poses a security risk for both the community, officials and detainees. Subsequently, this finding draws the researcher's attention to a collaborative working relationship between not only the justice system and Department of Health, but also other significant organisations in the particular community on the management of detainees' healthcare needs, considering the core functions of SAPS officials. The following are comments made by police officials during the interviews:

"And you can find that we have got a lot of things to do behind, maybe that challenge can be addressed that maybe when the police bring the person here they consider that we have a load of things to do behind, you find that we can stay for 5 hours."

"You find that the other one want to go to the clinic the other one want to go to hospital. There is a shortage one vehicle cannot go to the hospital or clinic at the same time."

"If you have many detainees who must be attended by different health professionals in different institution it means you can spend some certain hours going around with detainees and is very risky to the security and not nice to detainee who is sick"

"...and you find that those detainee has been taken there by an official who are on patrol because we don't have official specific to take detainees to hospital and when they are there is not people who are patrolling again, even the vehicle they are using are the patrol van, because we don't have standby vehicle or that, even the duties behind means there will be a problem, if something happen it will be a court case."

"That the one I said is risk, yah is risk moving around with sick detainees, you don't know what this people is capable of, it really gives us stress...they can escape from custody."

The research findings include an awareness among police officials that many professional disciplines are involved to provide detainees with comprehensive healthcare. The unavailability of multidisciplinary health team collaboration to improve detainees' healthcare either within the justice system or at referral institutions can have a negative impact on the performance of the daily duties by police officials at police stations. Literature supports the finding that when workers are not supported by the system in which they work, it depresses and frustrates them, which results in of unhappy employees, affecting service delivery in a negative manner.

With above taken into consideration, Bradley's report (*in* Revolving Door Agency, 2013:4) adds the following: "Working in partnership, the police service can provide the gateway to health engagement...As the initial point of contact with the criminal justice system for most people, we will work with the police to implement a framework encouraging their role as a first gateway to health and social care." The same report recommends that more effective liaison and diversion services should be developed to achieve a well-organised consortium of partners to provide a service to police custody centres, to identify the health and social care needs of offenders as they enter the system and to divert into treatment where appropriate. Dennill, Rendall-Mkosi and King (2012:13) refer to intersectoral collaboration as an important strategy of Primary Healthcare. Sectors with different resources, skills and technology should be involved in assuring health of individuals, families and the community. There is strong advocacy for the use of a referral system right from the community level or local care level (health clinics and centres), through the district, regional or provincial level to the central level (World Health Organization, 2008:23).

3.3.2.4 Health education is imperative in meeting the preventative healthcare needs of the detainees

Health education increases the public's knowledge and individuals' ability to make healthy choices and to create an environment that assists individuals in making healthy choices. Preventive health also includes strategies to prevent chronic and other diseases occurrence as an aspect of health promotion. Moreover, health promotion is the process of enabling people to increase control over and improve their health focusing of social and environmental intervention (Dennill, Rendall-Mkosi & King, 2012:152).

❖ Cognisance of basic health education as a preventive health tool to promote the health of the detainees

Police officials identified a need for health talks and pamphlets about how to handle detainees affected by certain illness including infectious diseases. According to the comments that the police officials made clearly revealed that they view the relevance of preventive health as the prevention of the spread of diseases. Detainees lack information on how some of their behaviours can affect those close to them, although the respondents said little in this regard. For example, police officials pointed out that

some detainees smoke cigarettes in places where smoking is prohibited with no concern for others.

“While we are still there you can find that there are some other disease that we are unable to handle them, so it needs healthcare personal to advise us on how to handle those diseases for example if they can be able to visit our station and give pamphlets and health advise to detainees about certain diseases like how to avoid getting diseases like TB, Asthma and so on and so on, that is the challenge that we have...to handle those diseases.”

“We request them(nurses) to come and give education, health education to those who are ill, ”

“ ..In the cell we do have those with STI, they have medication from the clinic but no one visits to give them information about STI and also with HIV we have many taking treatment.”

“Someone from health must teach them as you can find them changing shavers,...just see a friend (o khwatha) not even knowing he can be HIV positive”

Literature confirms that health promotion assist in establishing and maintaining a healthy lifestyle by encouraging lifestyle modification and avoiding health risk behaviours (De Haan, Dennill & Vasuthevan, 2005:55). Preventive health is an essential aspect of health provision in that it prevents disease development and as a result saves resources for needy persons and reduces the mortality rate within our communities and the country as at large. Clark (2008:2) indicates that the main objectives of preventive health is relevant to promotion of healthy lifestyle, prevention of preventable conditions and the treatment of existing conditions. This does not exclude the health of detainees in police holding cells.

3.4 CHAPTER SUMMARY

This chapter discussed the realisation of data collection on police officials' perceptions on the healthcare needs of the detainees in police holding cells and its management. The data analysis was also discussed in this chapter. This was followed by the demographic profiling of the police officials who took part in the research interviews at eight police stations. The discussion of the research findings on the perceptions of the police officials working with the detainees on a daily basis in the police holding cells followed and was confirmed by existing literature. The findings of this research included different themes and sub-themes that had been integrated with relevant

existing literature for confirmation. The concluding statements are provided Chapter 4 together with a discussion of the shortcomings and the recommendations.

CHAPTER 4: CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

4.1 INTRODUCTION

Chapter 4 offers final conclusions on the findings with a subsequent evaluation of whether the findings of the study are a true reflection of the background, aim and objectives, central theoretical statement, as well as the research methodology and research findings with a discussion on the limitations of the study. Thereafter the formulated recommendations for nursing education, nursing research and healthcare services of detainees in police holding cells are provided for managing the healthcare needs of detainees in SAPS custody in Limpopo province.

4.2 CONCLUDING STATEMENTS

The summarised conclusions on the findings aims to enhance the provision of comprehensive collaborative healthcare in the police holding cells of the SAPS to address the healthcare needs of detainees. It became clear from the findings that the healthcare needs of detainees apart from their own experience and knowledge, are also understood by the police officials working with them in the police holding cells. For this reason, these officials' views can assist in addressing the challenges faced by the department of safety and security in ensuring the applicable provision of healthcare to detainees in the holding cells. The following conclusions were drawn from the findings of this study.

Detainees in SAPS custody experience healthcare needs like any other member of society. This also applies to any other prisoner incarcerated in different prison settings, whatever their length of stay in the police holding cells and/or prison/correctional facilities. Minor illnesses like colds and flu, chronic diseases like diabetes and hypertension, communicable diseases like tuberculosis and sexually transmitted infections is a reality that needs healthcare and management to prevent further complications and to maintain health in the circumstances in which the detainees found themselves. There is a very real relationship between diseases like tuberculosis and environmental hygiene like overcrowding. This is also the case in the police holding cells in this study and it should be manage accordingly. Mental health also forms part of the healthcare needs of this population group, especially since behavioural aspects can lead to injuries of self and others.

In an endeavour to explore on the healthcare needs of the detainees it became evident that the police officials responsible for the detainees in the police holding cells experience a pressing burden regarding the healthcare of detainees and they expressed the need to involve different role players (nurses, doctors, social workers, psychologists, police officials, family members, etc.) with the appropriate knowledge and skills. It is therefore imperative that in addressing the healthcare needs of detainees, comprehensive healthcare provision on the level of Primary Health Care in collaboration with other members of the multidisciplinary team should be considered. This implies inter-sectoral collaboration to serve as a support structure for the department of safety and security in South Africa by giving advice and providing different forms of support like social- and/or spiritual support.

The accessibility of PHC services for the detainee population is inadequate, taking into consideration the challenges centring on the distances to and from available healthcare services (hospitals and PHC clinics), the shortage of vehicles to transport the detainees in need for healthcare, which is often an emergency, as well as the shortage of manpower in the different police stations and/or community service centres (CSC).

Collaborative planning involving the Department of Safety and Security, SAPS and the Department of Health is needed for the effective management of issues that affect the healthcare of detainees, whether bio-physical, psychological, social, nutritional, spiritual and/or environmental in nature. To ensure effective and sustainable PHC services for detainees in police holding cells, the Department of Safety and Security, SAPS should accommodate a healthcare section within the department to deal with the healthcare needs of detainees.

To strengthen the provision of PHC services within the police stations and/or outside the facilities (in case of referrals), there are certain considerations that should be put in place, including the introduction of a healthcare approach that empowers police officials by equipping them with the necessary knowledge and skills for early detection and/or identification, basic management and referral of detainees with healthcare needs. To make this happen, for detainees in police custody, the required resources such as human resources and functional resources should be available.

4.3 EVALUATION OF THE STUDY

The evaluation of this study addresses the significance of the study topic, the process of reaching the research aim and objectives, and gives critical feedback on the central theoretical statement and appropriateness of the research methodology.

In summary, the research topic was to get a better understanding of the healthcare needs of detainees in the police holding cells where they are incarcerated while awaiting their trial and subsequent sentencing as viewed by police officials working with detainees on a daily basis. The significance of the research topic was confirmed by the background and problem statement in this research study, as formulated in Chapter 1. The feedback of the police officials working with detainees in police holding cells during the data collection process provided confirmation of the relevance of the research.

The *research aim and objectives* were achieved on completion of this research, namely to explore and describe the healthcare needs of detainees and the management thereof in SAPS custody in the Makhado municipality of the Limpopo province as perceived by the police officials. As mentioned, the researcher gained a better understanding of the healthcare needs of detainees and the challenges involved in managing these needs. The perceptions of police officials as participants were divided into two categories. The first entails a discussion of the perceptions of the police officials on the healthcare needs of the detainees in police holding cells, whereas the other category entails discussions on the perceptions of the police officials on the management of the healthcare needs of detainees in police holding cells with emergent themes and sub-themes. The findings made it possible to make recommendations for nursing education, nursing research and healthcare services of detainees in police holding cells.

The central theoretical statement has realised in that the research adds new knowledge that has been confirmed through literature integration for a better understanding of the healthcare needs of detainees and the management thereof. The findings of the research underpin the formulation of recommendations for nursing education, nursing research and healthcare services in the SAPS to improve management of healthcare for detainees in holding cells.

The utilisation of a qualitative research design using one-on-one interviews was appropriate as it became evident from the demographic data that the participants were knowledgeable and had experience of working with the detainees on a daily basis, adding value to the findings. Data saturation was reached after conducting 30 one-on-one interviews with the police officials. The results were sufficient for discussion and literature integration.

4.4 LIMITATIONS OF THE RESEARCH

The research was limited by the following factors:

- The participants in this research are police officials and although most of them struggled to express their views in English, only a few of them agreed to use their own language (Tshivenda) to express themselves better.
- The research was conducted in eight police stations in the Makhado district municipality, Limpopo province, and does not represent other detained communities in police holding cells in South Africa. The findings cannot be generalised.
- The shortage of staff in the police stations and the distances between caused time delays and could have had an influence on the quality of the data.
- Studies focussing on incarcerated groups in the department of safety and security is regarded as sensitive. The researcher was therefore not allowed to include the detainees as participants. The researcher is of the belief that interviews with the detainees would have added to a better understanding of their healthcare needs.

4.5 RECOMMENDATIONS

The following recommendations on the healthcare needs of the detainees in SAPS custody in the Makhado municipality of the Limpopo province and the management of their healthcare needs can be made based on the findings on the perceptions of police officials as participants in this study:

4.5.1 Recommendations for nursing education

Recommendations for nursing educations are aimed at assisting professional nurses who work in different situations pertaining to prison and/or incarcerated communities to implement effective healthcare services. Recommendations include important aspects identified in the study that should be included in nursing curricula.

- Nursing institutions should include healthcare of vulnerable populations like detainees in their curriculum. This would mean that the nurses who find themselves in situations where they have to provide healthcare to detainees either outside or within the prison environment would be knowledgeable.
- Nursing students should develop an awareness of the prison population through health and wellbeing community outreach projects in the prison and/or police holding cells near their training institution.
- Future professional nurses should be informed of the rights of detainees in general and of the services and programmes that should be provided to them.

4.5.2 Recommendations for nursing research

- A similar study should be done with detainees as participants in the eight police stations included in this study to explore and describe the healthcare needs of detainees in SAPS custody from their perspective to support the results of this study.
- A similar study should be conducted in other provinces to see if the findings of this study on the perceptions of police officials regarding the healthcare needs of detainees in police custody apply to other situations.
- The scientific development of a healthcare needs screening tool for detainees entering the police holding cells will enhance the quality of healthcare services in this community.
- Further research on the best ways of introducing primary health care in police stations as a type of prison setting will assist authorities.
- A multi-disciplinary research project will not only enhance the understanding of the healthcare needs of all the dimensions of healthcare, but will enhance inter- and trans-disciplinary collaboration.

4.5.3 Recommendations for healthcare services in police holding cells

- The department of safety and security, SAPS should formally cover the issues of healthcare provision of detainees by health care professionals in police holding cells as part of a comprehensive PHC approach.
- PHC policy makers at district, provisional and national levels have to include detainees and incarcerated communities in their policies and guidelines on comprehensive healthcare for South Africa. It should form part of the national core standards based on which PHC services are evaluated.
- Professional nurses registered with the South African Nursing Council (SANC) should be employed by the department of justice and security as a PHC nurse to assess the health, diagnose and treat or refer the detainees in police holding cells as deemed necessary.
- The department of safety and security, SAPS should work in collaboration with the department of health to develop guidelines and/or a tool that can be used to assess the healthcare needs of detainees by police officials on admission for detention in police holding cells.
- The professional nurse should collaborate with the police officials trained in screening of the healthcare needs of the detainees to provide a proper assessment of detainees where there is a need.
- The department of health should consider and include detainees in police custody when providing health promotion campaigns and/or when distributing informative pamphlets and posters on health issues.
- The department safety and security, SAPS should collaborate with the department of health for the distribution of condoms in police holding cells as we cannot ignore the existing reality of promiscuous behaviour and relationships between the detainees.

- There should be a schedule for periodic short courses for police officials on:
 - ✓ basic health screening of detainees during admission in the holding cells,
 - ✓ basic healthcare provision like first aid level one and level two, and
 - ✓ health promotion and information for police officials and detainees on health topics like diabetes, tuberculosis, hypertension, medication adherence, sexually transmitted infections, environmental hygiene, etc.
- Formal training for those appointed as healthcare professionals in any prison environment on occupational health and safety when providing care to detainees.
- Formal arrangement between the department of safety and security, SAPS and the department of health should be in place for the detainees to be given special preference during referrals to enhance security for both the detainees and the community.

4.6 CHAPTER SUMMARY

As a conclusion, this chapter offered final conclusions and an evaluation of the study. The overall aim of the research, namely to make recommendations applicable to nursing education, nursing research and healthcare services regarding the healthcare needs of the detained community, was reached on exploration of the views of the police officials on the healthcare needs of the detainees and the management of these needs.

Although the study findings cannot be generalised as this qualitative study focused on the detainees in SAPS custody in the Makhado municipality, Vhembe district in the Limpopo province only, the study did provide valuable insights. The main contribution is that police officials working with detainees in police holding cells often have to divert their attention away from their duties as a result of unavoidable healthcare needs of the detainees.

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APPENDIX A: Ethics certificate – NWU



NORTH-WEST UNIVERSITY
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Ethics Committee

Tel +27 18 299 4852
Email Ethics@nwu.ac.za

28 November 2013

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Healthcare needs of detainees in South African Police Services (SAPS) custody in the Limpopo Province																												
Project Leader: Dr M Watson																												
Ethics number:	<table border="1"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>1</td><td>6</td><td>7</td><td>-</td><td>1</td><td>3</td><td>-</td><td>A</td><td>1</td></tr><tr><td colspan="3">Institution</td><td colspan="3">Project Number</td><td colspan="3">Year</td><td colspan="3">Status</td></tr></table>	N	W	U	-	0	0	1	6	7	-	1	3	-	A	1	Institution			Project Number			Year			Status		
N	W	U	-	0	0	1	6	7	-	1	3	-	A	1														
Institution			Project Number			Year			Status																			
<small>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>																												
Approval date: 2013/11/27							Expiry date: 2018/11/26																					

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principal investigator) must report in the prescribed format to the NWU-EC:
 - annually (or as otherwise requested) on the progress of the project,
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof Amanda Lourens
(chair NWU Ethics Committee)

APPENDIX B: Approval letter – SAPS

SUID-AFRIKAANSE POLISIEDIENS



SOUTH AFRICAN POLICE SERVICE

Private Bag X9428

Verwysing Reference	: 2/1/2/1(02/2014)
Navrae Enquiries	: Colonel Mashile/ Maj Montjane
Telefoon Telephone	: (015) 290 6099/6090
Faks nommer Fax number	: (015) 230 1023

THE PROVINCIAL COMMISSIONER
SOUTH AFRICAN POLICE SERVICE
LIMPOPO PROVINCE
POLOKWANE
0700

Ms R.P Makgatu
82 Rietbok Street
Makhado
0920

RE: RESEARCH APPLICATION: HEALTHCARE NEEDS OF DETAINEES IN POLICE CUSTODY IN THE LIMPOPO PROVINCE: RESEARCHER RP MAKGATU.

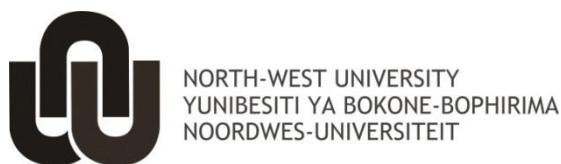
1. Your application to conduct the above mentioned research within SAPS is approved in its revised proposal.
2. Your proposal is indicating that you intend to interview police officials at various police stations in Limpopo Province regarding the health care needs of detainees.
3. Please take note of the following:
 - 3.1 You will conduct the research without any disruption of the duties by members of Service.
 - 3.2 Participation in the interviews must be on a voluntary basis.
 - 3.3 You may donate an annotated copy of the research work to the service.
4. For enquiries please contact Strategic Management: Colonel Mashile/ Major Montjane at 015 290 6090/6202.
5. Hoping that you will find everything in order.


F/ **LIEUTENANT GENERAL**
PROVINCIAL COMMISSIONER
LIMPOPO PROVINCE
S.F MASEMOLA

MAJ GEN
DEPUTY PROVINCIAL COMMISSIONER
PHYSICAL RESOURCES MANAGEMENT
LIMPOPO PROVINCE
N.M. DLADLA

DATE 2014-09-01

APPENDIX C: Mediator confidentiality



Healthcare needs of detainees in South African Police Service custody in the Limpopo province

Confidentiality Agreement

In order to maintain the anonymity and confidentiality of the people who participate in this research, and to meet the ethical requirements of the research, I understand that anyone working with raw data collected in this program is required to sign a confidentiality agreement. This includes research team members, mediators, fieldworkers, research staff and graduate and post-doctoral students, research interns, and audio-tape transcribers.

I, _____ agree to keep the information contained within the questionnaires, electronic voice recorders/tapes and transcripts for the above multi-disciplinary-focused research strictly confidential. I will not relate any segment of this information to another person, nor will I discuss the contents with anyone other than the research team for purposes of clarification and analysis.

Signature: _____ Date: _____

MEDIATOR

Signature: _____ Date: _____

RESEARCHER (Mrs RP Makgatu)

APPENDIX D: Interview schedule

DATE	POLICE STATION CODE	NUMBER OF POLICE OFFICIALS INTERVIEWED	MEDIATOR
06/10/2014	PS1	03	Mediator A
08/10/2014	PS2	04	Mediator B
09/10/2014	PS3	06	Mediator C
10/10/2014	PS4	03	Mediator D
13/10/2014	PS5	02	Mediator E
14/10/2014	PS6	03	Mediator F
15/10/2014	PS7	03	Mediator G
16/10/2014	PS8	03	Mediator H
17/10/2014	PS9	03	Mediator I

APPENDIX E: Invitation for participation



School of Nursing Science

Tel: 018-299 1838

Fax: 018-299 1827

Email: Mada.Watson@nwu.ac.za

Dear Participant,

INVITATION TO BE A RESEARCH PARTICIPANT ON HEALTHCARE NEEDS OF DETAINEES IN SOUTH AFRICAN POLICE SERVICES (SAPS) CUSTODY IN THE LIMPOPO PROVINCE

I am Mrs Refiloe P Makgatu from the North-West University working on the healthcare needs of detainees in police custody and would like to invite you to give consent and participate because I am of the opinion that you as the police officials working each day with the detainees in police custody will be the most knowledgeable informants to express your perceptions on the healthcare needs of the detainees in custody and share your view on the management thereof. To follow is information about the research so that you can make an informed decision to voluntarily give written informed consent.

Approved by both the health Research Ethics Committees of the Faculty of Health Sciences, North-West University, the SAPS Legal Strategic Management Head office and the SAPS Provincial Strategic Management office.

1. PURPOSE OF THE STUDY

The purpose of this study is to explore and describe the healthcare needs of detainees in South African Police Service custody in eight (8) police stations in the Makhado Municipality Vhembe district in order to make recommendations for management of the

detainees' healthcare needs. . In order to reach the purpose the following objectives apply:

- To explore and describe the healthcare needs of detainees in SAPS custody in the Makhado municipality in Limpopo province as perceived by the police officials working with the detainees on a daily basis in the holding cells.
- To explore and describe the perceptions of police officials working with detainees on a daily basis in the holding cells on the challenges in meeting the healthcare needs of detainees in SAPS custody in the Makhado municipality in Limpopo province.

Inclusion criteria:

- Both male and female police officials will be invited to participate in the study.
- Participants should be employed by the SAPS for longer than 2 years to ensure purposefully information from experienced police officials.
- Participants from all races will be invited to participate.
- The participating police officials should be able to understand and speak English and/or Venda because the interviews will be conducted in English and/or Venda for clarity purposes.
- Police officials will only participate voluntary after they had the opportunity to make an informed choice.
- Participants should be willing to provide written informed consent.

Exclusion criteria

- Police officials not working directly with detainees in a holding cell on a daily basis will be excluded from the sample

2. PROCEDURE

If you agree to voluntary participate in this study you will be expected to take part in a semi-structured one-on-one research interview in which you will be able to share your views on the healthcare needs of the detainees and the management thereof in your police station's holding cells. The interview will take approximately 30 to 45 minutes consisting of eight (8) open ended questions.

3. RISKS

Although the researcher does not foresee any obvious risks in the research, the necessary precautions will be taken by adhering to aspects like protecting you from harm and discomfort, either physically or emotionally. You will have the opportunity to discuss any possible threats and can ask questions. You will be granted the opportunity to freely

express your concern to the person appointed as a mediator and the researcher prior giving your written informed consent. A private and quite room away from the police holding cells and other police staff rooms will prevent deception and lack of privacy. Confidentiality forms will be signed by the researcher, the mediator and the fieldworker to ensure anonymity. ***All information given by you will be held in strict confidence and will be used for the purpose of this study only. There will be no risks or consequences involved if you should decide to withdraw at any stage before data analysis.***

4. BENEFITS

Although there will be no personal benefits for you as participants, the researcher is of the opinion that your contribution will be beneficiary to you in future, e.g. it held the possibility of reducing the workload of police officials that will not have to take a detainee to the healthcare clinics and wait in long queues. It will also reduce risky security movement of detainees. The researcher also believes that your valuable input will directly benefit the larger community of detainees e.g. improvement on provision of healthcare services at each police station with holding cells.

5. RENUMERATION

You will receive no payment for participation. The researcher will execute all the interviews at the police station where you work and refreshments will be available.

6. QUESTIONS

You are welcome to ask any questions before you decide to give consent. You are also welcome to contact the following persons:

- Ms RP Makgatu, the researcher, contact number 082 400 9006.
- Dr MJ Watson, my study leader at the School of Nursing Science from the North-West University, Potchefstroom Campus (refer to letter head).

7. FEEDBACK OF FINDINGS

The findings of the research will be shared as requested by the South African Police Service Legal Strategic Management Head office. The researcher will furthermore share the findings with the larger community on different platforms; national symposiums and scientific journals.

Signature:_____

Date: _____

RESEARCHER (Mrs RP Makgatu)

Signature:_____

Date: _____

STUDYLEADER (Dr MJ Watson)

APPENDIX F: Written consent form

**HEALTHCARE NEEDS OF DETAINEES IN SOUTH AFRICAN POLICE SERVICES
(SAPS) CUSTODY IN THE LIMPOPO PROVINCE**

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

You are free to decline to be in this study, or to withdraw at any point before data analysis, even after you have signed the form to give written informed consent without any consequences.

Should you be willing to participate you are requested to sign below:

I _____ hereby voluntarily consent to participate in the above mentioned study. I am not coerced in any way to participate and I understand that I can withdraw at any time should I feel uncomfortable during the study. I also understand that my name will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to my name at any stage. I also understand what I might benefit from participation as well as what might be the possible risks and should I need further discussions someone will be available.

Date

Signature of the participant

Date

Signature of the person obtaining consent

Yours sincerely

Signature: _____ Date: _____

RESEARCHER (Mrs RP Makgatu)

APPENDIX G: Field notes

Fieldnotes: Police Station6 Participant 22(PS6P22) 14/10/2014

Methodological notes

The room allocated for interview was arranged well for one- on-one interview. There was no disturbances of noise from outside .There was no landline phone in the room. Both participant and interviewer agreed to switch off their phones .Interview lasted for 49min59 sec.

Theoretical notes

The researcher thinks that the participant was responding relevantly to the questions asked and seeking clarity when necessary. He was logical on his explanations. Participant was relaxed and having positive attitude although he was anxious in the beginning. The interview was brief, with participants responding to the questions quickly without hesitation, it gives the researcher an idea that he is willing to give information about the issue.

Personal notes

Participant has positive attitude about the research and shows willingness to participate.

Demographic notes

Interview was held at SILOAM Hospital on the 14/10/2014l. The room allocated for interview was at the back of CSC block where there is limited movement outside, which limits noise although the door was broken and unable to close. There was no telephone line inside the room.

Participant is a 55years male with 30years working as a police official and now on the position of lieutenant.

APPENDIX H: Interview transcripts

One-on-one interview: Police Station6 Participant 22(PS6P22) 14/10/2014

(I) Interviewer: Good morning sir

(P) Participant: Morning to you

I: How are you

P: I am well and you

I: I am fine my brother

My name is REFILOE MAKGATU i am a researcher from North West University coming here to do interview on the health care needs of detainees in South African police custody as perceived by you as police officials as will be obtaining information from you as police officials. Today's date is 14 October 2014 and the time now is 11h59. So I would like to thank you for volunteering to participate in this research. Before we go on I would like to confirm your signature on the consent form, here I can see you have already signed, before we go on I would like to notify you that... err just know that we going to use 30 to 45 minutes of your time for this interview and also know that you are welcomed to withdraw at any stage of the interview as long you no longer feeling comfortable and there will be no penalties for that and is going to be confidential , is going to treated confidentially that why we are not going to use any name on this document and where ever is to be assessed in going to be treated confidentially and is going to be accessed by people who going to involved in analyzing of data. There will be no link of your identity and the information that you are going to give to me. Feel free to tell me what you know about the health care needs of detainees in the police holding cells. And feel free to express yourself in your own language whenever you feel you want to express yourself in your own language. Also you must relax whenever you feel you want me to repeat the question feel free to ask me to repeat the question until you understand it. So you explain what you know about what I will be asking you.

I: Now we can go through our questions .Now my first question to you is that, **What are the health care needs of detainees in police custody as perceived by you as a police official?** Of detainees in the cell.

P: Err... first of all we can start with the environment of the prisoner, where the prisoner stays (interruption by police looking for car keys in the office)...

I: You can go on

P: those who are ill can spread the illness to other prisoner's e.g. like TB and chicken pox, we don't have separate room for those prisoners to go separate to prevent them we assist them by referring them to hospital or ask the nurses to come and assist us with the way they are working at the hospital

I: You said you ask the nurses to come and assist the way they are working in the hospital and I heard you saying it as a challenge not having a space to put those who have TB or chicken pox, so what is the assistance you required from the nurses on that issue

P: For those who are reporting sick we assist ...

I: Before you can go on I will want you to answer first ,I want you to respond to me , What on that issue of a separate room for those with chicken pox say what assistance from nurses

P: Yes from nurses

I: Yes to assist you on how they with these people, what exactly is the assistance that you request from nurses

P: We request them to come and give education, health education to those who are ill, Yes

I: Do they come to give your health education

P: Yes

I: Do they give health education to you as police official or also to detainees

P: As to both of us to the detainees and the police

I: Ok then you can go further explaining more about the health care of detainees as you have seen on your detainees in the holding cell

P: Err... those who came from outside with injury we can assist them by taking them to clinic for change of bandage on a daily basis for cleaning those wounds of them

I: Ok, so you do have those who come with wounds from outside

P: We have those come with wounds and we assist them by taking them to clinic for daily dressing

I: Ok they come with wounds and you see that the health care need that they need is to take them to hospital

P: Yes

I: Ok, I get you there, tell me more about the health care needs of detainees except those who come with wounds, those who have TB, tell me more about them.

P: We have detainees who report sick in the cell and those who come with treatment from home, like Asthma and Epilepsy we can assist them by taking their medication at home. If the medication where not available we can assist them by transporting them to hospital

I: Ok ,which means you do have those who came being on treatment already

P: Yes

I: And those who report sick while in the cell

P: Yes

I: So if I heard you well those who take treatment you say you take their treatment from home

P: Yes ,they come without their medication we go to their homes to take them, if their medication is no longer available we assist them by taking them to clinics or hospital to fetch another medication

I: When you say not available you mean finished

P: Yes I mean if the medication is finished

I: Ok

P: Yes

I: You mentioned... come with those illness again they report

P: Illness such as Asthma, epilepsy, high blood pressure, sugar diabetic, HIV ,Flu and headache

I: So, are some of the illnesses that they report to you or those you find out when they report to you?

Ok, is that all about the health care needs that you see on your detainee

P: Yes

I: Ok, now let's move forward, on my next question to you I will like you to specify the category of health care needs which I will like to start with the physical health care needs, which are those problem that when they register to you as those needs that require physical health care

P: We have those who develop skin rash small pox to avoid from spreading to others and then we don't have enough space to put them. Some of them we encourage them to do exercise and we have enough space for that

I: Ok before you go on with exercises and space for exercises I will like you to elaborate on those with chicken pox and...

P: And rash

I: Do you maybe sometimes have them those who develop skin rashes in the cell

P: Yes sometimes we have those who develop skin rashes and smallpox

I: So what do you do to prevent it from spreading because if rash like that it can spread to other prisoners

P: We take them separate with other prisoners never mind we don't have enough space for them but we can separate them with other prisoners who are not yet affected we can put them aside with those who are affected

I: Ok

P: We try by all means to separate them although we don't have enough space

I: Is there anything more on physical health care needs that you will like to tell me.

P: Yes we have got challenges for those who are using walking sticks

I: Mm...

P: Or crutches

I: Mm

P: We take them inside the cell and take those crutches to a safety place so that those crutches cannot injure others or assaulting other prisoner with those crutches or walking sticks

I: Oh, which mean don't allow them to go in with their crutches

P: Yes crutches is not allowed

I: So if he uses those crutches to walk ,so how do you help him while you take those crutches to at least manage to leave on daily bases without those crutches

P: Good question, he knocks the door in order to alert us to come with those crutches. If ever he wants to make some few exercises we can allow him to do that exercise while we are looking for him like trying to check him.

I: Like guarding him

P: Yes like guarding him

I: Ok, I heard you before I stop you because I wanted you to elaborate something, you wanted to say something about exercise, what is it that you wanted to say about the exercises?

P: We encourage those even all of them to do exercise even though we don't have enough space.

I: But you encourage them

P: We encourage them to do exercises to prevent stress

I: Ok , so you see it as a need to encourage them to do exercises to prevent stress

P: Yes and other illness

I: Ok which means you do have those with stress in the cell

P: Yes

I: Ok, in those needs that you mentioning you mention something about the issue of stress which I was about to ask you question related to stress but nevertheless I will ask it, **What do you see as the psychological health care needs amongst the health problems that your detainees present to you ?**

P: According to me there are those who are having problems and then that problems sometimes can affect their mind e.g stress, they sometimes threatens to kill themselves

I: Mm, so you sometimes have those who attempt to commit suicide while in the cell?

P: Yes

I: So how do you help those detainees that you see that this one have stress attempting to kill himself, you realize that this one need psychological health care needs, how do you assist them

P: We assist them by calling social workers or psychologist to come and assist them inside the cell.

I: Ok, do they come?

P: Yes they come

I: They come when you call them, so **What then do you see as the need for your detainees related to spiritual health care?** Those needs that when your detainees present their problem to you realize that it requires spiritual health care.

P: Sometimes we have a challenge to those who want to be treated by traditional healer , some will want us to call a pastor and pray for them inside the cell

I: And you said...

P: And the traditional healers are not allowed to come here

I: Oh, is that why you said you have challenge for those who need the traditional healer

P: Yes

I: For those who need the pastor/

P: Those who need the pastor we can call the pastor to come

I: You call the pastor to come

P: Yes

I: Ok then amongst those needs that you identify on your detainees I want to know those that you identify as **social health care needs**

P: Sometimes those prisoner that are aggressive and misbehave to get the attention of their families, they want the family to visit them we call the social worker to come and assist them or even their relatives to come and solve their problems or to visit them

I: You mean the relatives to visit the detainees

P: Yes

I: I heard you saying sometimes you call the social worker here who come to assist detainees with such problems

P: Yes, we have the social workers next to us we can call them to come and assist them to solve their problems.

I: Ok, you call the social worker to assist them with their problems you mean individually to detainees or when it involves the family

P: Sometimes is individually to the detainees ,they can come for counseling

I: Ok, **What do you think should be there for the people who are working the detainees to be able to know that detainees so and so is having a health problem or is having health care need**

P: Those detainees sometimes can become aggressive, when they are aggressive sometimes is a symbol to us to show that he needs counseling or he needs his relatives. Sometimes he can threatens us to ... in facts they want their families to come and visit them

I: Ok , I can hear you are still continuing to explain social health care needs, now I have moved on I am on the following question,

P: Ok

I: It is ok you elaborated more on social health care needs, now what I want to know is that what do you think should be in place to identify health care needs of detainees in the police station.

P: (silent)...

I: Ok, I can see you seem not to understand the question or maybe I will have to rephrase it again for you to understand it.

P: Ok

I: What I want to know from you is that what do you think should be there for people who are working in the holding cell or for the people who are working in the police station to be able to identify the health care needs of the detainees while in the cell.

P: Presently in our police station we have temporary person who can go in the cell hourly to interview the detainees or to check them their ill-health or their problems. Those problems usually if the detainee is having a problem we come at the CSC and note it down then if the problem is more or less... if the problem is severe it then that we can call the nurses or the doctors or any or social workers to come and assist us.

I: Ok, I heard you saying you have a temporary person, what do you mean when say you have a temporary person who assess the detainees

P: By temporary person we the person who can take the problems from the detainees to the CSC.

I: And then where is that person coming from is he a police or coming from somewhere.

P: Yes, he is a police member.

I: Is he trained to do that?

P: No, he is not trained to do that.

I: Ok then now, **What do you think should be the first line of approach to address those health care needs that you have identified on your detainees?**

P: Err... can you repeat your question.

I: What do you think should be the first step to take after identifying that detainee so and so is having a problem requiring health care service.

P: We can check if the problem is severe or ... what, we can take the prisoner to hospital using ambulances for further treatment.

I: Ok, if is not severe, is minor.

P: If is minor , we can call a nurse to come at our station to come and check thoroughly to the detainee problem after that the nurse can give a go ahead on whether to transfer the prisoner to hospital or to give treatment.

I: Is what you think should be the first line of approach. Mm... you said a nurse can give you a go ahead on whether you have to refer a prisoner or what. Which means when taking the prisoners to hospital you use referral system?

P: Yes, sometime can write a letter for referral to indicate that detainee so and so is suffering from what, what, then we can use that letter as a referral.

I: Ok, now I am talking about the system , we are coming with a letter taking the detainee to hospital with that letter, **What is your view on the system of taking the detainee from the cell to hospital.**

P: Normally we handcuff the detainee, we use the leg iron and the handcuffs and we transport him to hospital.

I: You transport him using which vehicle?

P: Using the ambulance sometimes using the police van

I: Is there any specific vehicle for transporting sick detainee or you use general police van

P: No not the general police vans but the closed police vans.

I: For a person who is not working in police station I say a van I mean a closed one.

P: Yes

I: Those that you use for criminals?

P: Yes, to cell. In the cell there **are you aware of those detainees who are suffering from chronic illness?**

P: Yes

I: What mostly is chronic illness that you identify there if you know of them?

P: TB , Asthma , Sugar diabetes , HIV, Ulcer ...

I: Ok, you mentioned TB maybe let me clarify you on that TB is not regarded as chronic illness as it is curable. Chronic illness are those illness that sufferer depend on medication for the rest of her life so TB is curable.

P: So you mean Asthma, sugar diabetic, high blood pressure

I: Yah, those conditions are called chronic illness, so how do you know of them. How do find out that you have the detainees with those conditions in the cell

P: Sometimes we have challenges...

I: How do you find out if I may repeat my question, I want to know how do you find out about them before coming to challenges, about their conditions and their treatment in the cell there.

P: We try to interview them and try to register their problems in our books. While we interview them if those detainees we write everything into our books, then we ... can you repeat your question?

I: No you are on the right trek, I wanted to know how you find out about the detainees who are on treatment, How do you know that there is detainee so and so who take asthma treatment. So I think you were on the right trek you can just explain further

P: We register those problems on our books for those chronic detainees.

I: Ok, how do you make sure that they get their treatment daily as I have already said that they depend on their treatment?

P: We take the treatment as prescribed by the doctors or nurses, the prisoner can be given tablets 3 times a day after meal we can ... it is written in our register prisoner so and so can be given tablets after meal, after launch then after super

I: So who give those prescription education to give to prisoners treatment

P: We follow the prescription from the prisoner or from the other group handing over , when we knock off we can tell those who are coming in that prisoner so and so I receiving treatment hourly if it is hourly then we write into our registers.

I: I heard saying that those who are coming from other shift you explain to them if prisoner is from hospital which means you get the information from the hospital on how you are supposed to give treatment to the detainees. For those who came with treatment from home, how do you make sure that how they explain to you they should take treatment is the true version of what they are saying?

P: On each container of the tablets prescription is written there.

I: You mean on the outside of packet, then how do you make sure that what is written there is really written by doctor or prisoner himself. Because you not talking about a written paper by a doctor you are talking about some plastic from home written some circles maybe 3 circles on the outside, you just follow it as it is?

P: Yes

I: So there is no way where you find out that what is written outside the plastic is really how is supposed to taken.

P: Yes, that is risky; we try to trust the prisoners on what is written on the plastic.

I: You said is risky, when you said is risky you know that is really risky.

P: Yes

I: Ok, it is fine let's move on, **Are you having challenges on managing the health care needs of detainees? If you have challenges what are those challenges.**

P: Yes, we have some challenges err... (silent)

I: I think you have understand the question you can go on , like if say you have challenges and become silent maybe you are still thinking of those challenges , but if you don't understand the question I can rephrase it.

P: We have problem of those prisoners who hide their sickness, like those who have HIV they are shy to tell us,

I: So those with HIV they are shy to tell you so how do you find out that they have HIV because they are shy to tell you.

P: So if sometimes those illnesses became deteriorated it then that we can take him to hospital just because we saw a prisoner's ill-health become severe and severe.

I: Which means is one of the challenges, what more on the challenges.

P: Sometimes they refused to be handcuffed to receive the social worker or psychologist assistance

I: They refused to be hand cuffed and what do mean to receive the social worker services

P: We mean if we see him shy we sometimes call social worker or psychologist to come and assist him, and then if a prisoner is supposed to come out from the cell is supposed to be handcuffed.

I: Ok, some the challenges are that if you want to help you have to follow the procedure but they refuse you to do you work.

P: Yes

I: Ok now is that all about the challenges?

P: Yes is all.

I: Then, **What type of health care services do you think is necessary to assist you on managing the health care needs of detainees?**

P: The health care sometimes we can call the mobile clinic, the doctor to come or the nurses to come and visit detainees into the prisoner's cell.

I: Do you think the health services that you need is to call the mobile clinic, to call the nurse or to call the doctor

P: Yes

I: In which how often if you have that access to call a nurse, on how often you will need a nurse to come.

P: It depend

I: On currently on what you are seeing in the cell. On prisoners cell on how they report their health care needs. How often do you think you can call a nurse if she is available for calling?

P: We can call them 3 times a week, Monday, Wednesday and Friday

I: Mobile clinic are they currently not assisting you

P: Yes, they are assisting

I: They come according to the schedule or they come when you call them

P: They come according to the schedule

I: Which means you have assistance with the nurse because mobile clinic are nurses

P: Yes you right

I: How long does mobile stay here when they come here to assist

P: It depend on the number of sick detainees ,sometimes they stay for few minutes

I: Is that all about the health care services

P: Yes

I: Ok , if is all thank you for volunteering to participate on this interview and I will like to apologize for using the time more than we have agreed on which means we were enjoying talking ,is now more than 45 minutes

P: No problem

I: Thank you, and just know that you really appreciated, your information is appreciated and important to me as a researcher. Have a nice day

END

APPENDIX I: Interview guide


Interview guide as adapted from Creswell (2013:165)

One-on-one interview guide for “Healthcare needs of detainees in SAPS custody designed for interview of police officials working with detainees in police holding cells on a daily basis	
Time of interview	
Date	
Place	
Interviewer	
Interviewee(code)	
Position in SAPS of the interviewee	
Brief description of the research project	<p>In this research project the researcher is studying the healthcare needs of detainees in South African police custody in Limpopo Province, arising from the enquiry on this problem statement “that detainees has healthcare needs similar to those of general population and that good prison health is essential and forms part of good public health, as good prison health prevent the spread of diseases and promotes health and wellness of the society of which the prisons and/or police holding cells form part as a whole”.</p> <p>With this in mind the researcher compiled the interview guide to address the following objectives of the study</p> <ul style="list-style-type: none">• To explore and describe the healthcare needs of detainees in SAPS custody in the Makhado municipality in Limpopo province as as perceived by the police officials working with the detainees on a daily basis in the holding cells.• To explore and describe the perceptions of police officials working with detainees on a daily basis in the holding cells

	<p>on the challenges in meeting the healthcare needs of detainees in SAPS custody in the Makhado municipality in Limpopo province.</p> <p>To gain insight and make recommendations to the responsible authorities on health and wellness of detainees for effective management of those healthcare needs the researcher compiled the following open ended questions.</p>
Questions	<ul style="list-style-type: none"> • What are the healthcare needs of the detainees in police custody as perceived by you (police official) • What do you perceive as their physical-, psychological-, spiritual- and social healthcare needs? • What do you think should be in place to identify the healthcare needs of the detainees in your (police official) police station? • What do you think should be the first line of approach in your police station to address the identified healthcare needs to assist the detainee • What is your view on the current system for referral of the detainees when they experience ill-health? • Are you aware of detainees in your police station that suffer from chronic illnesses? • What do you see as the challenges in meeting and/or managing the mentioned healthcare needs of the detainees in holding cells? • What type of healthcare services do you think is necessary to assist you in managing the healthcare needs of the detainees in your police station?

APPENDIX J:

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APPENDIX K: Language editor certificate



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DECLARATION OF LANGUAGE EDITING

I, Christina Maria Etrechia Terblanche, hereby declare that I edited the
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custody in the Limpopo Province**

for Refiloe P. Makgatu for the purpose of submission as a postgraduate
dissertation. Changes were suggested and implementation was left to the
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Regards,

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