

Improving the quality of sexual and reproductive health and rights (SRHR) through pre-service training, research, and evidence-based clinical care delivery in Sub-Saharan Africa



Contribution ID: 118

Type: Oral Presentation Only

Exploring the State of Sexual Reproductive Health & Rights for Female Inmates: A Case of Lusaka Central Prison, Zambia.

Friday, September 19, 2025 11:10 AM (10 minutes)

Background: Sexual reproductive health and rights (SRHR) encompass a multifaceted array of aspects related to human sexuality, reproduction, and overall well-being. These rights entail access to essential information, services, and resources that empower individuals to achieve sexual and reproductive well-being. Healthcare access for incarcerated individuals remains inadequate due to rising incarceration rates and overcrowding. Zambia has one of the highest global prison occupancy rates, ranking in Africa's top ten. International, regional, and national policies hail the health rights of incarcerated women, inclusive of their right to care access. Regarding SRH services for women, emphasis is on juvenile populations. For non-juveniles, focus is on HIV services and maternal and child health. The narrow conceptualization of SRH services and limited health literacy result in incarcerated women experiencing unnecessary and unjust poor health outcomes. Empirical evidence suggests that women in prison show interest in SRHR services; however, stigma, discrimination, lack of awareness, and limited access prevent equitable SRHR delivery. This research explored the demand and supply side dimensions of SRH service accessibility for incarcerated women at Lusaka Central Prison in Zambia.

Methods: A qualitative case study was used. It included five focus group discussions with different categories of incarcerated women (purposively sampled; maximal variation) and six in-depth interviews with prison and health facility staff. Ethical clearance and verbal informed consent were obtained for all activities. Analysis incorporated both deductive and inductive coding.

Results: The study found health providers had a limited understanding of the full scope of SRH services. Even among those aware of the broader range of SRH services, cultural and religious beliefs often prevented them from openly discussing or promoting these services. The prison health system's reliance on untrained peers to provide SRH information led to low levels of inmate health literacy, making it difficult for them to recognize care needs. When SRH services were provided, perceived lack of confidentiality, a paternalistic approach, and the fact that most healthcare workers are correctional officers—thought to primarily see inmates as criminals, not patients—made services unacceptable. The absence of a 24/7 sick bay and an appointment mechanism involving several players but insensitive to acute non-emergent complaints made SRH services unaccommodating. If treatment was not free, its cost was unaffordable. Lack of in-house equipment and specialists, poor mentorship, and coordination created service delivery delays that rendered SRH services inappropriate. Incarcerated women advocated for increased availability of abortion services, mental health services, conjugal rights, and consideration of treatments for peri-menopausal symptoms. Healthcare workers privately supported improved health literacy and conjugal rights for incarcerated women.

Conclusion: Empowerment of incarcerated women and increased health literacy propel women's autonomy to advocate for SRH services. Healthcare workers' positionality affects their ability to engage with and raise awareness of SRH services.

Author: ZIMBA, LUKONDE (University of Zambia School of Public Health)

Co-authors: Prof. VWALIKA, Bellington (University of Zambia School of Public Health); Mr MVULA, Manasseh (University of Zambia School of Nursing); Ms MASUMO, Maureen (University of Zambia School of Nursing); Mr MATENGA, Tulani (University of Zambia School of Public Health); Dr MUNGABO, chongo (University of Zambia School of Public Health); Ms CHILALA, sandra (University of Zambia School of Public Health)

Presenter: ZIMBA, LUKONDE (University of Zambia School of Public Health)

Session Classification: Oral SRHR

Track Classification: Sexual and Reproductive Health and Rights