Author’s response to reviews

Title: Title Prison health situation and health rights of young people incarcerated in sub-Saharan African prisons and detention centres: A scoping review of extant literature.

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Title Prison health situation and health rights of young people incarcerated in sub-Saharan African prisons and detention centres

Marie Claire Van Hout; Rosemary Mhlanga-Gunda, PhD

Dear Joanne Csete,

We thank you for the very helpful reviewer and editorial comments. Please find below a detailed response to how all revisions were addressed. I have also emailed you the marked versions to you can see the changes made.

Technical Comments:

Editor Comments:

Please note the comments of the reviewers. Other reviews were awaited, but we have decided to move forward with the 2 reviews here in addition to the following comments from the editor:

1. The important point that by international standards children should be incarcerated only as a last resort and for as short a period as possible is crucial and a bit lost in the discussion. It should appear in the conclusion section. AMENDED AND INCLUDED

2. The conclusions section of the abstract should say something about the violation of international human rights norms in the various abuses described in the article. AMENDED AND INCLUDED
3. The text continues to be filled with small errors of grammar and style and typos, of which some examples are noted here. We would appreciate it if the authors would arrange to have someone with an excellent command of English to read the text again. Paragraphs are very long and hard to get through and should be divided where logically possible. Some errors to note: ALL HAVE BEEN AMENDED

---throughout: There are many pages where the font changes. Please go through the paper and ensure that the font is uniform.

---throughout: Please ensure that "et al." is written with a period since it is an abbreviation; please also ensure that there is a space between the words in the text and the brackets that denote references (e.g. two such missing spaces on page 18)

---Abstract and throughout: please remove the single quotation marks around the themes you identified (see also page 8)

---page 3, line 11: remove comma after "offences"; the sentence would be more understandable if rewritten to say "disproportionate use of pretrial detention and imprisonment for minor..."

---page 3, line 27: delete "the" before "regressive moves"

---page 3, line 47: delete comma before "published"

---page 3, line 60: remove semi-colon after "namely"

---page 4: "exacerbates their existing mental health" should presumably be "exacerbates existing mental health problems" or something like that

---page 4, line 33: delete "in" before "deplorable"

---page 7, long sentence lines 16-22 needs to be repunctuated with the help of semi-colons

---page 9: Cabo Verde, not Carbo Verde. It is also not clear why the text uses "Cabo Verde" but the list of countries in Table 2 uses Cape Verde.

---page 14, line 49: Why in a long list of countries separated by commas is there a semi-colon after Lesotho?

---page 19, line 27: "pre trail" should be "pretrial"

---page 20: "co-infection" should be hyphenated.

Again, these are only a few of the problems; please ensure a more careful reading of the revised text. WE HAVE REVIEWED AND AN INDEPENDENT COLLEAGUE HAS REVIEWED AND PROOFED THE MANUSCRIPT
4. The abbreviations list would benefit from having the abbreviations in one column and the written-out terms in another column with a left-justified margin as in most abbreviation lists. Also, please do not capitalize terms that are not proper nouns (health education and promotion; information, communication and education [requires a comma after "information"], sexual and reproductive health; water, sanitation and hygiene [requires comma after "water"], etc.). The African Commission in the first item is the African Commission on Human and Peoples' [with apostrophe] Rights. Please hyphenate "sub-Saharan Africa". Please do not hyphenate "retroviral". ALL ABBREVIATIONS ARE NOW IN A TABLE AND AMENDED ACCORDINGLY

Reviewer reports:

Marisa Silbernagl (Reviewer 1): The authors conducted a scoping review on the health situation and health rights of young people detained in sub-Saharan African (SSA) prisons. Results are based on 53 records from 37 SSA countries and were thematically clustered. Three main themes were identified: "prison environment for young people", "availability and accessibility of basic needs" and "navigation the prison system for health care and outside continuum of care". The authors conclude that the situation of young people detained in SSA prisons is critical and human rights are neglected frequently.

This well written review focus on an important topic, namely a vulnerable prison population which is at high risk for experiencing violation of their rights. A broad overview for experts and authorities in this field is provided. I have some minor comments, which should be addressed by the authors to increase readability and transparency. Please find them below:

1. Title: The title does not inform the reader that this study is a scoping review and not an original study, which might leave potential readers confused. I would suggest including the term "scoping review" in the title. TITLE HAS BEEN AMENDED TO REFLECT SAME

2. Abstract: In the results section, the authors state that the age of children and adolescents held in SSA prisons ranged from 12 to 20 years. Later in the manuscript the authors report different numbers: "We restricted the scoping exercise to all records reporting on the situation for young people detained when in conflict with the law and under the age of 18 years". Please clarify this aspect.THE ERROR WAS AN ERROR AND RECTIFED IN TEXT

3. Figure 1: The flow chart for inclusion and exclusion of literature leaves me with several unanswered questions: I'm unsure why the authors have decided to use black background and white font for this figure. THE COLOUR HAS BEEN CHANGED TO BLACK AND WHITE

In my view, the figure states that 1504 articles were identified initially and in the next step 32 articles were screened for inclusion criteria and 20 were excluded on abstract review. Does this mean that of 1504 identified articles, only 32 were screened for study inclusion? Again, I'm unsure why in the consecutive step, 105 full-text articles were retrieved. Please modify the figure
accordingly, as the reader can not follow the process the way it is presented. AUTHOR RESPONSE: THE FIGURE HAS BEEN AMENDED AND THIS IS THE CLARIFICATION: ‘From the 1504 records from the initial search, 10 duplicates were removed leaving 1494 records. Of the 1494, (1462) excluded for lack of relevance specifically to prison health situation and health rights of young people in SSA prisons. That left 32 records that were screened for inclusion. Of the 32 (12) records only abstracts were read leaving 20 records that were further screened for relevance. Of the 20 remaining articles 13 articles lacked relevance leaving 7 full articles that were chartered. Out of the 136 records that were identified, 30 articles could not be retrieved and 106 full articles were retrieved for further screening and inclusion. Of the 106 full articles that were retrieved, (55) records lacked relevance specifically to member states in the Sub Saharan African region and juvenile health leaving 51 records for inclusion. Of the 51 records 4 were further excluded and the final number of records chartered was 47’.

4. There are mistakes with the citations, e.g. on page 5, row 18, citation in brackets and name of the cited author is reported. The same mistake occurred in row 29. AMENDED

5. Key words: I suggest including "human rights" in the list of key words. INCLUDED

6. Two different font sizes are used on page 8.AMENDED

Stephanie Topp (Reviewer 2): Title: Prison health situation and health rights of young people incarcerated in sub-Saharan African prisons and detention centres.

Overall: This is an important contribution to the literature, first, summarizing and highlighting the extraordinarily poor conditions of young people in detention in SSA and second, drawing attention to what is still a clear lack of specific evidence and attention being paid to this issue. Notwithstanding the important issue a number of concerns need to be addressed to ensure the article’s accuracy and impact.

Comments:

* While appreciating that much of data on which the authors necessarily rely is dated - imperative to ensuring accurate representation of the state of the evidence is drawing attention to this fact. For example, in cases where rates of incarceration, age-related proportions of the incarcerated population, or estimated rates of disease prevalence, the authors should mention the date of data collection or publication. In a number of cases data are presented and read as if they are current, when the publications are up to 15 years old. AMENDED THROUGHOUT THE RESULTS

* On page 4 and page 5 I wonder if the long list of UN instruments and conventions could be captured in a table - which would be easier for the reader to eyeball and refer to, and also help decongest the text. AMENDED AND A TABLE PRESENTED
In the methods, pg 7, it would be helpful to have a more precise explanation of who exactly was involved in which stage of screening. AMENDED AND INCLUDED

Also in the methods, could the authors explain how articles were selected given that a number of included sources were about general (adult) prisons that hold incarcerated youth. Given the authors' earlier explanation that only articles which included data on incarcerated young people were included, how were these identified? I note several of the included references are not youth-specific in nature. CLARIFIED IN THE METHODS TO INCLUDE YOUTH DETENTION AND ADULT PRISONS IN SSA, OR ADULT PRISONS WITH REFERENCE TO YOUTH OFFENDERS.

Results: a summary and characterization of the peer reviewed literature identified on this topic would be helpful addition to the early section of the literature. The authors note they located 3 qualitative studies - a) what were the other types of studies - and b) where were the various peer reviewed pieces of work located. KINDLY REFER TO THE LARGE SUPPLEMENTAL TABLE WHICH WAS UPLOADED WITH THE SUBMISSION WHERE THIS SUMMARY AND CHARACTERISATION IS DETAILED

Results: pg 13 more cautious reporting of the data about rate of HIV infection and risk of HIV infection among prisoners in Zambia is required. Data presented is based on one study, with epidemiologic limitations, and quite dated. AMENDED TO CLARIFY

Similarly - in the quote on pg 13 - the authors of both the original study and the current study have chosen to include the boys' estimation that 'one quarter is consensual'. While I would not question that the boy's description of the manipulation of young people for sexual activity, I think it is inappropriate to include this part of the quote as it suggests a valid estimate; I would posit that no informant in prison is accurately able to provide such an estimate of the proportion of sexual activity that is genuinely consensual AGREED AND REMOVED

Results: in addition to the information on page 13, note that many of the themes reported in relation to manipulation of youth are confirmed in a more recent paper on health in Zambian prisons (Topp et al, 2016, "Exploring the drivers of health and health care access..." Health Policy and Planning). The authors may wish to consider inclusion of this paper, which among a general discussion of male prisoners, also speaks to themes of youth vulnerability due to lack of family support and manipulation by older more powerful inmates to access food and other essentials. THANK YOU THIS STUDY IS NOW INCLUDED IN THE WORK

Throughout the results, it would be helpful for the authors to more clearly distinguish when they are reporting findings from youth-specific facilities, versus youth incarcerated in adult facilities. This is important since a key finding is that so many are in the latter situation. AMENDED WHERE POSSIBLE TO REFER TO YOUTH DETENTION AS OPPOSED TO ADULT, ALSO INCLUDED THE 11 COUNTRIES WHERE STUDIES AND REPORTS REFERRED TO YOUTH DETENTION FACILITIES
Results: I understand the need to report according to broad categories - but in the above mentioned Topp et al article, the authors map the interaction between the three themes of this review - namely the vulnerability of youth in prisons due to lack of personal or family support, which means they have lack of food and other basic necessitives, leaving them vulnerable to manipulation by wealthier and more powerful adult inmates who may prey on them sexually. The linkages between these themes is touched on in the Discussion - but should be flagged in the results too. AGREED AND INCLUDED

Discussion: Pg 19 the authors note 'review highlights that incarcerated or detained young people are a hidden population who continue to be ignored compared to the adult population' and 'whilst they endure the same inhuman overcrowded and unhygienic conditions…exposure to adult environments compounds their vulnerabilities'. These are important points - but I think the authors need to more clearly draw them out by structuring the Discussion to highlight the following (perhaps in stand alone paragraphs): AGREED AND RESTRUCTURED INTO THEMED PARAGRAPHS AS PER THE BELOW

- SSA prison systems are almost universally under resourced leading to deplorable environmental conditions, sanitation and supplies for youth inmates and all inmates.

- Youth are particularly affected by under resourcing when it means that are co-housed with adults, because of the vulnerability to manipulation and so forth. This is referenced in several places in the Discussion and appropriately so.

- Currently - dearth of attention to, and evidence about young peoples' conditions means that these vulnerabilities are hidden and that calls for improved conditions for young people are liable to be integrated into more general calls for improved prison resourcing rather than as stand alone needs.

Discussion pg 20: The authors should remove the statement HIV in SSA prisons is generally driven by unprotected sex because of lack of condoms and by drug injection, tattooing etc. These behaviours in prison doubtless contribute to some incident infection but there is little, and very poor quality evidence to show that these practices in prison *drive* HIV; more likely the rate of HIV among those incoming is already high, and these practices/behaviours contribute to further spread.

Yours Sincerely,

Prof Marie Claire Van Hout, corresponding author.