



Prison Congestion and Inmate Rehabilitation in South-Eastern Nigeria: A Case Study of Onitsha Medium Security Custodial Centre

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Article history:

Received: 17/07/2026

Accepted: 29/08/2026

Published: 09/10/2026

Keywords: prison congestion, inmate rehabilitation, Nigerian Correctional Service, recidivism, custodial reform, Onitsha

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Abstract

Overcrowding remains one of the most persistent obstacles to the delivery of correctional rehabilitation in Nigeria, yet facility-level evidence on how it undermines specific rehabilitation functions is still limited. This study examined the impact of prison congestion on inmate rehabilitation at Onitsha Medium Security Custodial Centre, Anambra State, a facility designed for roughly 210 inmates but which now holds more than 600, an occupancy rate of about 290 per cent. A mixed-methods design combined a structured questionnaire administered to 196 custodial officers, inmates and community members with semi-structured interviews involving 18 key informants and observational visits to the facility. Quantitative data were analysed using descriptive statistics and chi-square tests at the 0.05 level of significance, while interview data were analysed thematically. Congestion was found to have compromised vocational training, educational provision, psychological support, and healthcare delivery, leaving these functions accessible to only a small proportion of inmates. All three hypotheses were supported: congestion was significantly related to rehabilitation programme quality ($\chi^2 = 81.34, p < .001$), to inmate psychological wellbeing ($\chi^2 = 76.22, p < .001$), and rehabilitation effectiveness was significantly related to recidivism risk ($\chi^2 = 78.90, p < .001$). The paper argued that decongestion, led principally by reform of pre-trial detention practice, is the precondition on which any meaningful rehabilitation reform in Nigerian custodial centres depends, and sets out policy and practice recommendations accordingly.

Original Research Article

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How to cite this article: Agbodike Mmesoma Chinecherem. (2026). Prison Congestion and Inmate Rehabilitation in South-Eastern Nigeria: A Case Study of Onitsha Medium Security Custodial Centre. EIRA Journal of Arts, Law and Educational Sciences, 2(5). 49-60.

Introduction

Custodial institutions in Nigeria are legally required to do more than simply hold offenders. The Nigerian Correctional Service Act of 2019 replaced the old Prisons Act and, with it, the entire philosophical basis of the system: the renamed Nigerian Correctional Service is charged not only with custody but with the reformation, rehabilitation and reintegration of the people it holds. Section 2 of the Act sets this out plainly, and Section 34 goes further by specifying that every custodial centre should provide vocational, educational and psychological support geared towards preparing inmates for a lawful life after release. On paper, Nigeria has therefore committed itself to a correctional system built around genuine rehabilitation rather than warehousing.

The everyday reality inside most Nigerian custodial centres tells a different story, and the gap between the two is not a matter of degree but of kind. The Nigerian Correctional Service's own figures (Nigerian Correctional Service, 2025)

indicate that custodial centres nationally hold, on average, between two and four times their designed capacity, with individual facilities in commercial cities occasionally exceeding 400 per cent. Awaiting-trial detainees, people who have not been convicted of any offence, make up somewhere between two-thirds and three-quarters of this population depending on the year and the source consulted (Aboh et al., 2026; Nigerian Correctional Service, 2025). This is not a temporary spike produced by a single administrative failure; it is a structural feature of how the Nigerian criminal justice system currently processes suspects, and it has been that way for a long time.

The costs of this arrangement fall unevenly, and largely on people who are, in the strict legal sense, still presumed innocent. A person held for months or years awaiting trial in an overcrowded facility loses employment, housing and family stability regardless of the eventual outcome of their

case, and often regardless of whether a trial ever takes place at all. Whatever rehabilitative resources a facility does manage to muster tend, understandably, to be directed towards convicted inmates serving definite sentences, leaving awaiting-trial detainees, despite forming the majority of the population, with the least access to programming of any kind. This is one of the less visible ways in which congestion compounds injustice rather than merely causing inconvenience: those least responsible, in a formal sense, for having earned their confinement are also those least likely to receive anything resembling rehabilitative support while confined.

Onitsha Medium Security Custodial Centre illustrates the problem with unusual clarity. Built to hold approximately 210 inmates, the facility now routinely accommodates in excess of 600, an occupancy rate of close to 290 per cent. Onitsha's position as the commercial nerve centre of Anambra State, with a dense population and a correspondingly heavy volume of criminal justice activity, has made its custodial centre one of the most pressured in the South-East. Informal enquiries carried out before this study began suggested that rehabilitation programming at the facility, whatever form it might once have taken, had been reduced to a token presence: a handful of vocational tools serving hundreds of inmates, a single classroom, and virtually no psychological support to speak of.

None of this is inherently surprising once the theoretical literature on imprisonment is taken into account. Sykes's (1958) account of the deprivations built into confinement, the loss of liberty, of goods and services, of relationships, of autonomy, and of personal security, was developed with reference to prisons operating at their intended capacity. Extreme overcrowding does not introduce a new deprivation so much as it intensifies every one of the deprivations Sykes identified: less space means less autonomy and less security, strained welfare services mean fewer goods and services, and a facility struggling simply to keep order has correspondingly less capacity to sustain family visitation. Goffman's (1961) description of the total institution adds a further layer, drawing attention to what happens to a person's sense of self when they are absorbed into a system that treats them as one indistinguishable unit among many, a process that becomes harder to resist, not easier, as population pressure grows. Read together, these perspectives suggest that congestion is not simply an inconvenience for prison management; it is a condition that actively works against the possibility of rehabilitation.

The consequences, if this reasoning holds, would not stay confined within the walls of the facility. A custodial centre that releases people with no new skills, unresolved psychological distress and a criminal record that limits their employment prospects is, in effect, manufacturing the conditions for reoffending. Labelling theorists such as Becker (1963) and Lemert (1967) would predict exactly this outcome: incarceration experienced as purely punitive,

offering no credible route to a different identity, tends to entrench rather than interrupt criminal careers. Nigerian evidence on recidivism, though still relatively sparse, is consistent with this expectation. Adeyemi (2022) found a recidivism rate of roughly 38 per cent among ex-inmates from South-Eastern facilities within two years of release, concentrated disproportionately among those who had received no rehabilitation input while incarcerated.

A brief note on terms is useful before proceeding. "Congestion" is used throughout this paper to mean occupancy substantially in excess of a facility's designed holding capacity, expressed as a percentage of that capacity; it is a measure of population density relative to infrastructure, not a judgement about the facility's management. "Rehabilitation" refers to the structured programmes, vocational, educational, psychological and health-related, that a custodial institution provides with the explicit aim of preparing an inmate for a lawful and self-sufficient life after release, in line with the definition implicit in Section 2 of the Nigerian Correctional Service Act 2019. These are treated here as related but analytically separable concepts: a facility could, in principle, be congested without its rehabilitation programmes collapsing entirely, if resources were scaled proportionately, and the empirical relationship between the two, rather than being assumed, is precisely what this study set out to test.

The practical stakes of answering these questions well are not small. The Nigerian Correctional Service cannot design an effective response to a problem it has not measured at facility level; budget requests, staffing decisions and programme redesign all depend on evidence more specific than national averages can supply. The Anambra State Government, too, has an interest in the outcome, since a facility that fails to rehabilitate the people passing through it is, in effect, exporting a public safety problem back into the communities of Onitsha once those individuals are released. Civil society organisations and religious bodies active in the area, several of which already provide informal support to custodial centres, would also benefit from a clearer picture of where their limited resources might do the most good. This study was designed with all three audiences in mind, on the premise that good policy in this area has to start from an accurate account of what is actually happening inside the facility, rather than from assumptions carried over from the national picture.

Despite the seriousness of these concerns, there has been little systematic empirical investigation of how congestion translates into rehabilitation failure at the level of an individual Nigerian facility. National and regional statistics are informative, but they cannot show how overcrowding plays out in the daily operation of a particular custodial centre, or how the people living and working inside that facility experience and interpret its effects. This study was designed to close that gap by examining Onitsha Medium Security Custodial Centre directly, asking four questions:

what is the extent and nature of congestion at the facility; how does that congestion affect the quality and reach of rehabilitation programmes; what relationship exists between congestion and the psychological wellbeing of inmates; and what relationship exists between the effectiveness of rehabilitation and the risk that former inmates will reoffend. In pursuing these questions, the study aims to provide the Nigerian Correctional Service, the Anambra State Government and civil society actors with a concrete, facility-specific evidence base on which to found decongestion and rehabilitation reform.

Literature review

Congestion and Rehabilitation: The International Evidence

The relationship between prison population density and rehabilitation outcomes has been studied across a range of national settings, and the direction of the findings is remarkably consistent. Coyle, Fair, Jacobson and Walmsley (2016), drawing on data from custodial systems across several continents, found that facilities operating above 150 per cent of their designed capacity showed markedly lower rates of programme completion, higher levels of inmate-on-inmate violence, and weaker relationships between staff and those in their custody than less crowded institutions. Walmsley's (2023) World Prison Population List situates Nigeria among the countries with the highest occupancy rates in Sub-Saharan Africa, a ranking that has changed little across successive editions of the report. Liebling and Arnold's (2012) study of prison quality in England and Wales, though conducted in a very different institutional context, reached a related conclusion: the moral and relational quality of a prison, not merely its physical conditions, shapes whether rehabilitation is possible, and severe crowding degrades that quality by leaving staff with too little time or energy for constructive engagement.

The Nigerian Evidence Base

Within Nigeria, a body of research has documented the scale of the congestion problem and its practical consequences with increasing detail over the past decade. Agboola (2021) examined rehabilitation deficits across several Nigerian custodial institutions and identified congestion as the single strongest predictor of programme inadequacy, ahead of funding shortfalls or staffing levels considered separately. Joseph and colleagues (2021), working with national capacity and population data, showed that overcrowding in Nigeria is not evenly distributed: southern facilities were found to operate at far higher occupancy ratios than their northern counterparts, a pattern the authors attributed to policy default in capacity planning rather than to population pressure alone. More recent facility-level work reinforces this picture. Chidobi and Eze (2023) documented what they describe as the near-collapse of vocational training in South-Eastern Nigerian custodial centres under the weight of extreme overcrowding, while Olabamiji (2025), studying the Ado-

Ekiti Correctional Centre, found that fewer than one per cent of the eligible custodial population nationally was serving a non-custodial sentence, despite the existence of community service, probation and restorative justice provisions in Nigerian law, a finding that points squarely to under-implementation rather than an absence of legal alternatives.

The specific problem of awaiting-trial detention, which drives much of Nigeria's custodial congestion, has attracted growing legal and policy attention. In 2026, the ECOWAS Community Court of Justice ruled against the Federal Republic of Nigeria in a case brought by the Centre for Community Law, finding that the prolonged detention of unconvicted persons in Nigerian custodial facilities breached their rights under the African Charter on Human and Peoples' Rights, and ordering the government to adopt a full decongestion policy, including expanded use of non-custodial measures for minor and bailable offences, within a defined timeframe. That such a ruling was necessary at all is itself telling: it confirms that the scale of pre-trial detention in Nigeria had, by the middle of this decade, become a matter of established international legal concern rather than merely a domestic administrative inconvenience.

Research specifically addressing the psychological and health consequences of Nigerian prison overcrowding is smaller in volume but no less troubling in its findings. Nwankwo (2023) documented clinical evidence of anxiety, depressive symptoms and sleep disturbance among inmates held in severely overcrowded facilities, effects that intensified with length of confinement. A recent meta-analysis by Aboh, Aniah, Okom and Amoke (2026), pooling data from eight Nigerian studies, found a statistically significant association between overcrowding and infectious disease prevalence in custodial settings, with a pooled odds ratio of 2.72, and identified judicial delay and excessive pre-trial detention as the principal drivers inflating custodial populations in the first place. This body of work points to a compounding relationship between overcrowding, inadequate sanitation, and the rapid spread of communicable disease within custodial settings, a pattern with obvious implications for the Nigerian Correctional Service's ability to meet even minimum standards of humane treatment, let alone deliver rehabilitation.

The Economic Dimension

The economic dimension of the problem has received comparatively less attention in the Nigerian literature than its human costs, but what evidence exists points in a consistent direction. Housing and feeding a population three or four times larger than a facility's designed capacity is inherently more expensive per capita than managing that same population at intended density, since fixed infrastructure and staffing costs are spread across far greater numbers without any corresponding economies of scale, while the health and security incidents that overcrowding generates carry their own additional costs. Set against this is the near-total absence, documented above, of rehabilitation spending capable of

reducing the downstream costs associated with recidivism, costs that fall on victims, on the criminal justice system itself through repeat processing, and on communities more broadly. Viewed in these terms, the case for decongestion and rehabilitation investment is not solely a humanitarian or legal one; it is also, on the balance of the evidence, a more economically rational way of running a correctional system than continuing to absorb the recurring costs of high reoffending among people who passed through custody without receiving anything that might have changed that outcome.

Implementing the Nigerian Correctional Service Act: A Persistent Gap

A further strand of Nigerian scholarship has examined why the rehabilitative ambitions of the 2019 Act have proved so difficult to realise in practice. Ekeh and Nwofor (2022), reviewing implementation across South-Eastern facilities, concluded that the legislation had changed the vocabulary of Nigerian corrections considerably faster than it had changed the resources available to deliver on that vocabulary; facilities were, in their phrase, being asked to rehabilitate on a custodial budget. Oche (2022) reached a similar conclusion in a broader appraisal of rehabilitation programming gaps nationally, arguing that the absence of dedicated, ring-fenced rehabilitation funding meant that whatever provision existed was the first casualty whenever a facility came under operational pressure, which, given the scale of overcrowding described above, was effectively all the time. Ugwu (2022), writing on reintegration policy specifically, noted that the gap between legislative intent and institutional capacity was widest precisely at the point of release, when former inmates most needed structured support and were, in most facilities, least likely to receive it. These findings collectively suggest that the problem this study investigates at Onitsha is not an isolated institutional failing but an instance of a wider pattern in how the 2019 Act has, so far, been put into practice.

Rehabilitation, Recidivism and the Gap This Study Addresses

A separate strand of literature, concerned less with congestion itself than with what makes rehabilitation effective once it is delivered, offers a useful benchmark against which to judge the Nigerian evidence. Andrews and Bonta's (2010) synthesis of correctional psychology research found that cognitive-behavioural programming, vocational training and structured reintegration support reduce reoffending reliably when delivered with adequate intensity and fidelity, a conclusion echoed in Cullen and Jonson's (2017) review of correctional theory. Adeyemi's (2022) Nigerian evidence, and Chukwu's (2022) study of community attitudes towards ex-offenders in Imo State, both point in the same direction: where rehabilitation is absent or token, recidivism risk and community mistrust both rise. Long-term studies of desistance support the same reading: Laub and Sampson (2003) found that stable work and social bonds after release,

more than the sentence itself, marked the point at which offending stopped for most men in their sample.

What is missing from this literature, and what the present study set out to provide, is facility-specific evidence connecting congestion, rehabilitation delivery and inmate wellbeing within a single analytical frame, using both the perceptions of those inside the system and direct observation of conditions on the ground. Onitsha Medium Security Custodial Centre had not, prior to this study, been the subject of systematic empirical research of this kind, despite its position as one of the most heavily congested facilities in the South-East.

Theoretical framework

Three theoretical perspectives inform the analysis presented here.

The Deprivation Model, developed by Sykes (1958) from his study of a maximum-security American prison, holds that incarceration involves a specific set of losses inherent to confinement itself: the loss of liberty, of goods and services, of intimate relationships, of personal autonomy, and of physical security. Sykes argued that these deprivations, taken together, constitute the psychological core of what imprisonment does to a person, independent of how humanely or otherwise a given institution is run. Applied to a congested facility, the model predicts that overcrowding will not create a new category of harm so much as sharpen every deprivation Sykes described: less physical space intensifies the loss of autonomy and security, an overstretched welfare system intensifies the loss of goods and services, and a facility struggling to manage sheer numbers has less capacity to sustain the family contact that partially offsets the loss of relationships. This study takes the Deprivation Model as its primary lens for understanding why congestion damages both institutional rehabilitation capacity and individual psychological wellbeing.

Goffman's (1961) account of the total institution supplies a second, complementary perspective. Goffman described prisons, alongside psychiatric hospitals and military establishments, as settings in which a large number of people, cut off from the outside world, live under a single administering authority that controls nearly every aspect of daily existence. Central to this account is the idea of mortification: the systematic stripping away of the identity, possessions and routines a person held before entry, replaced by a standardised institutional existence. Total Institution Theory is useful here because it highlights a dimension of harm that purely material accounts of deprivation can miss, namely the erosion of selfhood that comes from being treated as interchangeable with hundreds of others. It also suggests why the quality of staff-inmate relationships matters so much for rehabilitation: where officers have neither the time nor the institutional support to relate to individuals as individuals, as this study's findings on custodial officer overstretch suggest

is the case at Onitsha, the mortifying tendencies of the institution go unchecked.

The third perspective, Labelling Theory, associated principally with Becker (1963) and Lemert (1967), addresses the study's concern with recidivism specifically. Labelling theorists argue that how a person is treated by the criminal justice system shapes the identity they subsequently adopt: punitive, dehumanising treatment that offers no credible alternative narrative tends to confirm and entrench a criminal self-concept, making desistance from crime harder rather than easier. Genuine rehabilitation, by contrast, offers inmates concrete resources, a qualification, a skill, a demonstrated capacity for change, around which an alternative, law-abiding identity can be built, a process Maruna (2001) describes as the making of a redemption script. Where rehabilitation collapses under the weight of congestion, as this study finds it has at Onitsha, Labelling Theory predicts precisely the elevated recidivism risk that the study's third hypothesis was designed to test. Braithwaite's (1989) work on reintegrative shaming points in the same direction, since it holds that punishment which excludes a person without offering a path back into the community tends to increase, not reduce, further offending.

Taken together, these three frameworks provide a coherent account of how congestion is expected to operate: intensifying the material and psychological deprivations of confinement (Sykes), degrading the institutional relationships and sense of self on which rehabilitation depends (Goffman), and, through the resulting collapse of rehabilitation provision, reinforcing rather than interrupting the identities that sustain reoffending (Becker and Lemert). These frameworks were developed with reference to prisons in different national and historical settings, chiefly the United States and, in Goffman's case, a range of institutional types beyond corrections altogether. Their value here lies not in any claim that Nigerian custodial centres replicate the specific conditions of a 1950s American penitentiary, but in the more general logic each supplies: that confinement carries inherent psychological costs which institutional conditions can either mitigate or intensify, and that how a person is treated during confinement shapes the identity, and the behaviour, they carry into life after release. This study treats the three frameworks as complementary rather than competing explanations, each illuminating a different stage of the causal chain running from congestion, through institutional and psychological harm, to rehabilitation failure and, ultimately, reoffending risk.

Methodology

The study adopted a mixed-methods design, combining a structured questionnaire survey with semi-structured interviews and observational fieldwork. This combination was chosen deliberately: a subject that involves both measurable institutional conditions and lived human experience is not well served by either a purely quantitative or a purely qualitative approach on its own, and the integration of the two strengthens the credibility of the

conclusions through triangulation (Creswell and Creswell, 2018; Bryman, 2016). Fieldwork was carried out at Onitsha Medium Security Custodial Centre, the primary custodial facility serving Onitsha and the Anambra North senatorial district. Designed for approximately 210 inmates, the facility was found during preliminary enquiries to be holding upward of 600, an occupancy rate of roughly 290 per cent, which made it a suitable and important site for the research questions this study poses.

Population and Sample

The population from which the sample was drawn comprised three groups: custodial officers serving at the facility (approximately 85), inmates currently held there (approximately 620), and recently released former inmates resident in and around Onitsha (approximately 200), giving a combined population of around 905. Sample size was calculated using Yamane's (1967) formula at a 7 per cent margin of error, which yielded a minimum required sample of approximately 122; allowing for anticipated non-response, the target was set higher, at 220. Of the 208 questionnaires eventually returned, 196 were complete and usable, a response rate of 89.1 per cent. Custodial officers were approached in full, with 74 of the roughly 85 serving at the facility agreeing to take part. Inmates were sampled systematically from the facility register, and released former inmates were reached through community contacts, support groups and probation referrals, given the absence of any formal sampling frame for this group. A further 18 individuals, drawn purposively from across all three groups plus facility management, took part in semi-structured interviews lasting between 40 and 75 minutes.

Three instruments were used. The questionnaire, the primary quantitative tool, comprised a biographical section and a set of five-point Likert items covering congestion, its effects on rehabilitation programming, its relationship with psychological wellbeing, and perceptions of recidivism risk. An interview guide, used for the qualitative component, explored the same themes through open-ended questions designed to elicit fuller, more contextualised accounts. An observational checklist, completed during three separate visits to the facility at different times of day, recorded directly observable conditions relating to congestion and rehabilitation infrastructure. Content validity was established through review by the researcher's supervisor and two departmental colleagues, and face validity through a pilot exercise with 25 custodial officers and released former inmates in Awka, which lies outside the study area. Internal consistency, assessed with Cronbach's alpha following the pilot, ranged from 0.81 to 0.89 across the four thematic sections of the questionnaire, comfortably above the 0.70 threshold recommended by Nunnally (1978).

Procedure and Analysis

Fieldwork ran for ten weeks between January and March 2026, following formal clearance from the relevant Nigerian

Correctional Service command. Questionnaires were administered by the researcher and two trained assistants, in small groups for inmates and individually for officers and released former inmates, with written assurances of confidentiality given before each session. Interviews were conducted in private, audio-recorded with consent, and transcribed in full.

Quantitative data were processed in SPSS (version 26; see Field, 2018) using frequency distributions, percentages and mean scores, with a decision rule of a mean of 3.00 or above on the five-point scale taken to indicate general agreement with a statement. Chi-square tests of independence were used to assess Hypotheses One and Two, and a chi-square goodness-of-fit test was used for Hypothesis Three, with significance set at $p < .05$ throughout. Interview transcripts were analysed thematically following the approach set out by Braun and Clarke (2006, 2019), moving from familiarisation through initial coding to the development and review of themes. Qualitative material is integrated with the quantitative results below rather than reported separately, so that statistical patterns and the accounts that help explain them can be read together. Observational data were used principally to corroborate and contextualise the survey and interview findings.

Given the setting, ethical safeguards were treated as a central rather than incidental part of the design. Formal permission was obtained from the Nigerian Correctional Service before any contact with inmates took place, and all participants, inmates included, gave informed consent before taking part, with the voluntary nature of participation and the right to withdraw at any point made explicit. Particular care was

taken with inmate respondents, given the inherent power imbalance between researcher and confined participant: questionnaires were administered in small groups rather than in the presence of custodial staff, and interview participants were assured, and reminded during the interview itself where appropriate, that nothing they said would be shared with facility management or affect their treatment or release. No names or other identifying details are used in reporting the findings; the quotations included above are attributed only by role.

Results

Respondent Characteristics

Table 1 summarises the socio-demographic profile of the 196 respondents who completed the questionnaire. Men made up 65.3 per cent of the sample and women 34.7 per cent, a distribution that reflects the predominantly male composition of both the inmate population and the custodial officer corps at the facility. The largest age band was 26 to 35 years (34.2 per cent), followed by 36 to 45 years (27.6 per cent), together accounting for almost two-thirds of respondents. Secondary school leavers formed the largest educational group (39.8 per cent), and traders or business owners the largest occupational group (29.6 per cent), a pattern consistent with Onitsha's character as a major commercial centre. Current inmates made up half the sample (50.0 per cent), with custodial officers (28.6 per cent) and released former inmates (21.4 per cent) accounting for the remainder, a composition that ensured the perspectives of those most directly affected by congestion were well represented alongside those responsible for managing it.

Table 1: Characteristics of Respondents (N = 196)

Variable	Category	n	%
Sex	Male	128	65.3
	Female	68	34.7
Age group	18–25 years	38	19.4
	26–35 years	67	34.2
	36–45 years	54	27.6
	46–55 years	28	14.3
	56 years and above	9	4.6
Education	No formal education	12	6.1
	Primary school certificate	24	12.2
	Secondary school (SSCE/WAEC)	78	39.8
	OND/NCE	38	19.4
	HND/B.Sc. and above	44	22.4
Respondent group	Current inmates	98	50.0
	Custodial officers	56	28.6
	Released former inmates	42	21.4

Source: Field survey, 2026.

5.2 The Extent and Nature of Congestion

Respondents were near-unanimous in describing the severity of congestion at the facility. Ninety-four point nine per cent agreed or strongly agreed that the facility held far more inmates than it was designed for, 93.3 per cent that sleeping space was grossly insufficient, and 92.8 per cent that sanitation facilities were overwhelmed by demand. A further 87.7 per cent agreed that the situation had worsened over the preceding five years, and 87.2 per cent identified awaiting-trial detainees, rather than convicted inmates serving sentences, as the majority of those held. This last figure matters a great deal for how the problem should be understood: if most of the people driving congestion have not been convicted of anything, then the most direct lever available for reducing it lies with pre-trial processes, not with sentencing policy.

Observations made during three separate visits to the facility supported these figures directly. Dormitories were found in which inmates slept in shifts for want of floor space; sanitation facilities were visibly strained; and simply moving around parts of the facility was difficult even for staff. These impressions align closely with the conditions Chidobi and Eze (2023) documented elsewhere in South-Eastern Nigeria.

Effects on Rehabilitation Programming

Table 2 draws together the questionnaire findings on how congestion has affected four specific areas of rehabilitation provision, alongside respondents' assessment of current rehabilitation strategy overall. The pattern across all four areas is strikingly consistent, and consistently poor. On vocational training, 93.3 per cent of respondents agreed that available workshop space could accommodate only a small fraction of the inmate population, and 91.8 per cent that most inmates who wanted training could not obtain it. One custodial officer with seven years' experience at the facility summed up the position bluntly in interview, describing the

vocational workshop as "a room with ten sewing machines serving a facility with more than six hundred people." A former inmate reported having managed to attend a training session only three times across two years of confinement.

Educational provision showed a nearly identical pattern: 91.4 per cent agreed that classroom space was insufficient for demand, and 90.3 per cent that most inmates simply could not access formal education because of overcrowding. A programme coordinator interviewed for the study described the facility's single classroom, built for around 30 students, as "literally impossible" to use meaningfully given that fewer than 5 per cent of the inmate population could realistically attend any session.

The picture for psychological and counselling support was, if anything, worse. Ninety-three point eight per cent of respondents agreed that such services were virtually absent, and 92.8 per cent that custodial officers had no time to engage meaningfully with individuals under their supervision. Consistent with this, 91.8 per cent agreed that most inmates showed visible signs of anxiety or psychological distress, a figure that echoes the clinical evidence reported by Nwankwo (2023). Healthcare delivery fared no better: 93.9 per cent agreed that health facilities were overwhelmed, and 93.3 per cent that hygiene and sanitation conditions fell far below acceptable standards, conditions that sit uncomfortably against the minimum requirements set out in the United Nations' Nelson Mandela Rules (United Nations, 2015).

Taken together, respondents' assessment of the facility's overall rehabilitation strategy was almost uniformly negative: 81.6 per cent disagreed that current programmes were adequate for the population they served, 84.2 per cent disagreed that available resources were sufficient to run effective rehabilitation, and 83.1 per cent disagreed that the facility had any credible plan to improve matters under present conditions.

Table 2: Perceived Effects of Congestion on Rehabilitation Provision

Domain	Statement (abridged)	Agree or strongly agree (%)
Congestion	Facility holds far more inmates than designed	94.9
	Sleeping space is grossly insufficient	93.3
	Sanitation facilities are overwhelmed	92.8
	Awaiting-trial detainees are the majority held	87.2
Vocational training	Workshop space serves only a small fraction of inmates	93.3
	Most inmates who want training cannot obtain it	91.8
Education	Classroom space is insufficient for demand	91.4
	Most inmates cannot access formal education	90.3
Psychological support	Counselling services are virtually absent	93.8
	Officers have no time for individual engagement	92.8
	Most inmates show signs of anxiety or distress	91.8
Healthcare	Health facilities are overwhelmed	93.9
	Hygiene falls far below acceptable standards	93.3
Rehabilitation strategy	Current programmes are adequate (disagree)	81.6
	Resources are sufficient (disagree)	84.2
	Facility has a credible improvement plan (disagree)	83.1

Source: Field survey, 2026. The last three rows show combined disagreement.

Community and respondent perceptions of what this failure means for reoffending were consistent with the pattern above: 82.7 per cent agreed that most ex-inmates from the facility returned to criminal activity after release, and 83.1 per cent that ex-inmates rarely acquired meaningful skills during their time in custody, figures broadly in line with the 38 per cent recidivism rate Adeyemi (2022) documented for South-Eastern Nigerian ex-inmates more generally, and consistent with the employment barriers facing former prisoners that Pager's (2003) research identified and with Abara's (2022) account of rehabilitation deficits and reoffending risk in South-East Nigeria.

One feature of the quantitative results deserves comment before the qualitative material is considered: combined agreement rates across the four rehabilitation domains examined in Table 2 cluster tightly within a fairly narrow band, mostly between 82 and 94 per cent, despite covering functionally distinct areas of provision, from vocational training through to healthcare. This consistency is unlikely to be an artefact of acquiescence bias alone, since the same respondents distinguished clearly between statements when the underlying reality warranted it, disagreement was substantially higher, for instance, on items concerning current rehabilitation strategy's adequacy than on items simply describing the existence of congestion. The pattern instead suggests that respondents across all three groups were describing a genuinely uniform institutional condition rather than reporting isolated grievances specific to one area of facility operation.

Read across the full set of interview transcripts, three themes recurred with particular consistency. The first was a sense of arithmetic futility, staff and inmates alike tended to describe rehabilitation provision not as poorly run but as mathematically incapable of reaching more than a small

fraction of those who needed it, regardless of how well any individual programme was managed. The second was staff exhaustion: several custodial officers spoke of having entered the service with an interest in rehabilitative work, only to find that day-to-day order maintenance in a facility three times over capacity left no realistic space for it. The third was a quieter theme of resignation among inmates and former inmates, several of whom described having stopped expecting the facility to offer them anything beyond confinement, a disposition that sits uneasily with the psychological engagement that any rehabilitation programme, however well resourced, would need from its participants in order to succeed.

Hypothesis Testing

Table 3 presents the results of the three hypothesis tests. For Hypothesis One, a chi-square test of independence comparing the composite measure of congestion severity with the composite measure of rehabilitation programme quality produced a Pearson chi-square of 81.34 ($df = 16$, $p < .001$), leading to rejection of the null hypothesis: congestion has a statistically significant effect on the quality and reach of rehabilitation programmes at the facility. For Hypothesis Two, congestion was cross-tabulated against the composite measure of psychological wellbeing, yielding a chi-square of 76.22 ($df = 16$, $p < .001$), again supporting rejection of the null hypothesis and confirming a significant relationship between congestion and inmate psychological wellbeing. For Hypothesis Three, a goodness-of-fit test comparing the observed distribution of responses on the rehabilitation-recidivism relationship against an expected distribution of no association produced a chi-square of 78.90 ($df = 2$, $p < .001$), supporting rejection of the null hypothesis and confirming a significant relationship between rehabilitation effectiveness and recidivism risk.

Table 3: Summary of Chi-Square Hypothesis Tests

Hypothesis	Relationship tested	χ^2	df	p	Decision
H1	Congestion and rehabilitation programme quality	81.34	16	< .001	Null rejected
H2	Congestion and inmate psychological wellbeing	76.22	16	< .001	Null rejected
H3	Rehabilitation effectiveness and recidivism risk	78.90	2	< .001	Null rejected

Source: Field survey, 2026. Significance level = 0.05.

All three null hypotheses were therefore rejected, and the corresponding alternative hypotheses accepted, providing consistent statistical support for the theoretical expectation that congestion undermines rehabilitation and that rehabilitation failure, in turn, is linked to a heightened risk of reoffending.

Discussion

The findings presented above tell a consistent story, and it is not a comfortable one. At close to 290 per cent of designed capacity, Onitsha Medium Security Custodial Centre is not simply crowded; it is operating in a state that makes the

rehabilitative mission set out in the Nigerian Correctional Service Act 2019 close to impossible to fulfil in practice, whatever the intentions of individual staff members may be. The near-total agreement among respondents on both the severity and the worsening trajectory of congestion suggests this is not a matter of perception or complaint by a disaffected minority; it is a shared, everyday reality for almost everyone connected with the facility.

The finding that awaiting-trial detainees form the clear majority of those held deserves particular emphasis, because it reframes where responsibility for reform should be directed. If the bulk of the congestion problem stems from

people who have not been convicted of anything, then the most effective lever for change lies upstream of the custodial centre altogether, in the courts, in bail practice, and in how quickly cases move through the justice system, rather than in the prison itself. This is not a new observation in the Nigerian literature (Olusegun and Bamidele, 2021), but the scale confirmed at Onitsha, and reinforced by the ECOWAS Community Court of Justice's 2026 ruling against Nigeria on precisely this issue, gives it renewed urgency. A custodial centre cannot rehabilitate its way out of a population problem that originates in the courts.

The specific findings on rehabilitation programming help explain why congestion translates so directly into rehabilitation failure rather than merely straining an otherwise functioning system. The effects also reach beyond the walls, since, as Clear (2007) argues, the heavy concentration of incarceration in particular neighbourhoods weakens the families and local economies to which released people must return. The arithmetic is simple and unforgiving: a workshop built for a few dozen people cannot meaningfully serve six hundred, regardless of how committed the staff running it might be. This is consistent with what Coyle and colleagues (2016) found across a wide range of national contexts, and it gives specific, facility-level texture to what Chidobi and Eze (2023) documented more generally across the South-East. What this study adds is the sense, drawn from interview accounts, of just how token the surviving provision has become: ten sewing machines, one classroom, three vocational sessions across two years for one released man. These are not statistics one usually associates with a functioning correctional programme; they describe something closer to a symbolic remnant of one.

The psychological findings are, in some respects, the most concerning of all, because they point to a second, less visible mechanism by which congestion undermines rehabilitation. Even supposing additional workshops and classrooms were somehow found tomorrow, inmates whose mental health has been damaged by months or years of extreme crowding may be poorly placed to benefit from them. Correctional mental health practice points the same way, since treatment gains depend on a baseline of stability that crowded conditions rarely allow (Morgan & Van Haveren, 2020). This is precisely what Sykes's (1958) Deprivation Model would predict: overcrowding does not simply reduce access to programmes, it degrades the psychological condition of the people those programmes are meant to serve. The finding that custodial officers have essentially no time for individual engagement compounds this further, and speaks directly to Goffman's (1961) point about the importance of relational conditions within a total institution. A facility in which staff are stretched three or four times beyond what they were resourced for cannot sustain the kind of individualised relationships that meaningful rehabilitation, on any theoretical account, seems to require.

The relationship identified between rehabilitation effectiveness and recidivism risk closes the causal loop this study set out to trace. If Labelling Theory is right that punitive, purely custodial treatment entrenches rather than interrupts a criminal identity, then a facility that offers next to no rehabilitation is, in effect, doing the opposite of what its statutory mandate requires: it is manufacturing the conditions under which release is followed by a return to offending, and often a return to custody. The community perception data gathered here, an 82.7 per cent combined agreement that most ex-inmates from the facility reoffend, cannot be treated as a direct measure of actual reconviction rates, but it sits comfortably alongside Adeyemi's (2022) documented recidivism figures for the wider region, and the direction of the relationship is unlikely to be coincidental.

These findings also speak to the broader implementation literature discussed earlier. Ekeh and Nwofor's (2022) observation that Nigerian correctional facilities are being asked to rehabilitate on a custodial budget fits the Onitsha evidence closely: the problem here is not that staff or management have failed to grasp what the 2019 Act requires, but that the resources available fall so far short of what fulfilling it would take that the gap can no longer be closed through better management alone. Ugwu's (2022) point about reintegration support being weakest precisely at the point of release is borne out directly by the near-total absence of pre-release planning described by respondents in this study. If rehabilitation reform is attempted without a parallel and adequately funded reintegration pathway, the risk is that whatever progress is made inside the facility will simply be lost again at the moment inmates walk back out through its gates, a pattern Travis (2005) described for prisoner re-entry more generally.

The healthcare and sanitation findings need separate comment, because they raise concerns that go beyond rehabilitation as such. Conditions in which healthcare facilities are overwhelmed and hygiene falls well below internationally recognised minimum standards are not simply unfortunate; they place Nigeria at odds with its obligations under the Nelson Mandela Rules, and they create the conditions in which communicable disease can spread rapidly through a population with little effective access to medical care. Addressing this dimension of the problem is not optional, and resolving it would, incidentally, also free up institutional attention that is currently consumed by crisis management rather than rehabilitation.

One further point deserves attention, since it is easy for a study focused on inmate outcomes to overlook it: custodial officers themselves appear to be absorbing a significant share of the strain that congestion generates. A staff complement recruited and trained to manage a facility of around 210 cannot be expected to do so effectively for a population three times that size without cost to their own capacity and, plausibly, their own wellbeing, even though this study did not set out to measure staff mental health directly. If

rehabilitation reform proceeds without attention to staffing levels and officer support, any expansion of programming risks being undermined by the same exhaustion that appears, on the evidence gathered here, to have already hollowed out whatever individual engagement between staff and inmates once existed at the facility.

Placed alongside comparable Nigerian evidence, the Onitsha findings look less like an extreme outlier than a particularly well-documented instance of a national pattern. Joseph and colleagues' (2021) analysis of national capacity data found southern Nigerian facilities operating at markedly higher occupancy ratios than their northern counterparts, and Olabamiji's (2025) work at Ado-Ekiti found the same near-total absence of functioning non-custodial alternatives that this study's respondents implicitly pointed to when they identified pre-trial reform as the most promising route to relief. What Onitsha adds to this picture is depth rather than novelty: where national statistics can show that occupancy rates are high, the interview and observational evidence gathered here shows what a 290 per cent occupancy rate actually looks and feels like from inside a specific dormitory, workshop or clinic, and why the resulting numbers on programme access and psychological distress are not simply artefacts of survey wording but reflect a lived institutional reality.

Read as a whole, the evidence assembled here supports a plain conclusion: congestion at Onitsha Medium Security Custodial Centre has not merely made rehabilitation harder, it has made it, for the great majority of inmates, functionally unavailable. Any strategy that treats rehabilitation reform and decongestion as separate problems, to be tackled independently or in whichever order happens to be administratively convenient, is likely to fail on both counts. The two have to be addressed together, and the evidence here suggests decongestion, driven principally by reform of pre-trial detention practice, has to come first.

Conclusion and recommendations

This study set out to examine how prison congestion affects inmate rehabilitation at Onitsha Medium Security Custodial Centre, and the evidence gathered leaves little room for ambiguity. Operating at close to three times its designed capacity, the facility has seen vocational training, education, psychological support and healthcare all reduced to a fraction of what the inmate population requires, with custodial officers left too stretched to provide the individual engagement that rehabilitation depends upon. All three hypotheses tested were supported, confirming statistically significant relationships between congestion and rehabilitation quality, between congestion and psychological wellbeing, and between rehabilitation effectiveness and recidivism risk. The three theoretical perspectives drawn on here, Sykes's Deprivation Model, Goffman's account of the total institution, and Labelling Theory, each found support in the pattern of findings, together offering a coherent explanation of how extreme overcrowding converts a facility

with a rehabilitative mandate into one that, in practice, does little more than warehouse the people it holds.

Because most of those held at Onitsha are awaiting trial rather than serving a sentence, the single most effective step available for relieving pressure on the facility lies outside the custodial system altogether, in reform of pre-trial detention practice. On the basis of the findings, four recommendations follow.

First, the judiciary and the Ministry of Justice, at both federal and state level, should treat the reduction of the awaiting-trial population as an urgent priority, through measures that might include additional judicial capacity assigned specifically to custodial case backlogs, routine review of any case exceeding twelve months without trial, wider use of bail for non-violent suspects, and expanded legal aid provision so that pre-trial detention does not become, in practice, a penalty for poverty rather than a judicial decision.

Second, government should commit to a substantial and sustained increase in funding for the Nigerian Correctional Service, tied specifically to rehabilitation delivery rather than absorbed into general custodial running costs, with clear outcome measures, programme participation, qualification completion, and post-release employment, tracked and independently audited over time.

Third, the Federal Government and the Anambra State Government should consider joint investment in additional custodial capacity in the Onitsha area, so that population pressure can be distributed rather than concentrated in a single overburdened facility, alongside continued expansion of non-custodial sentencing options, community service, probation and suspended sentences, for offenders for whom custody is not strictly necessary.

Fourth, and most immediately achievable within existing constraints, facility management at Onitsha should pursue partnerships with vocational institutions, civil society organisations and local employers to extend the reach of rehabilitation programming without waiting for the larger structural reforms above to materialise, alongside a structured pre-release planning process that begins well before an inmate's release date and includes support with employment and family reintegration.

Some limitations should be acknowledged. The findings are drawn from a single facility, and although the pattern they describe is broadly consistent with what other Nigerian studies have reported at national and regional level, some caution is appropriate before generalising the specific figures reported here to other custodial centres. The community perception data on recidivism, while informative, are not a substitute for official reconviction records, which were not accessible for this study; they should be read as evidence of widely shared perception rather than as a direct measure of actual reoffending rates. The cross-sectional design also means that, while the statistical relationships reported are strong and consistent with theoretical expectation, they

cannot on their own establish the direction of causation with the certainty that a longitudinal design would allow.

The implications of these findings extend across several levels of the system. At the national level, they suggest that the Nigerian Correctional Service Act 2019 cannot be honoured through legislative language alone; its rehabilitative provisions require material investment on a scale that has not, on this evidence, yet been made, and treating the resulting gap as an unfortunate but tolerable background condition rather than a specific policy failure is likely to keep producing the outcomes documented here. At state level, Anambra State's own interest in the matter, given that Onitsha's custodial population and the communities it eventually returns to are largely local, provides a practical basis for state co-investment in decongestion and reintegration support, even though custodial administration remains formally a federal responsibility. At facility level, the findings suggest that meaningful progress need not wait entirely on national reform: partnerships with local vocational and civil society organisations, better targeting of the limited programme places that do exist towards inmates nearing release, and investment in staff wellbeing and motivation can all make some difference within existing constraints, even if they cannot substitute for the structural change that decongestion ultimately requires.

These limitations point to useful directions for future research. A study tracking a cohort of released inmates over time would allow a more direct test of whether rehabilitation participation predicts lower reoffending, rather than relying on perception data as this study was obliged to do. A comparative study across several Anambra State facilities operating at different occupancy levels would help establish how much of the effect documented here is attributable to population density specifically, as opposed to other facility-level factors that happen to correlate with it. What this study can say with confidence, notwithstanding these limitations, is that for as long as Onitsha Medium Security Custodial Centre continues to hold roughly three times the population it was built for, the rehabilitative ambitions set out in the Nigerian Correctional Service Act 2019 will remain, at this facility, largely aspirational.

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