Chivandikwa, N, Gadama, L, Thakwalakwa, C, Mula, C, Mhango, V, Banda, C, Rosemary, M-G, Kewley, S and Van Hout, MC

'Theatre of the Oppressed': Advancing a human rights based approach to upholding health rights in a Malawian women's prison.

Article

Journal of Sustainable Development in Africa (Volume 22, No.2, 2020)
ISSN: 1520-5509
Clarion University of Pennsylvania, Clarion, Pennsylvania

THEATRE OF THE OPPRESSED: ADVANCING A HUMAN RIGHTS BASED APPROACH TO UPHOLDING HEALTH RIGHTS IN A MALAWIAN WOMEN'S PRISON.

Nehemiah Chivandikwa, Department of Theatre Arts, University of Zimbabwe, Harare, Zimbabwe.
Luis Gadama. Department of Obstetrics and Gynaecology. College of Medicine, University of Malawi.
Chrissie Thakwalakwa, Centre for Social Research, Chancellor College, University of Malawi.
Chimwemwe Mula, Kamuzu College of Nursing, University of Malawi.
Victor Mhango. Centre for Human Rights Education Advice Assistance (CHREAA), Malawi.
Chikosa Banda, Department of Foundational Law. University of Malawi.
Rosemary Mhlanga-Gunda, College of Health Sciences, Centre for Evaluation of Public Health Interventions, Department of Community Medicine, University of Zimbabwe, Harare, Zimbabwe.
Stephanie Kewley, School of Psychology, Liverpool John Moores University, Liverpool L33AF, United Kingdom.
Marie Claire Van Hout, Public Health Institute, Liverpool John Moore's University, Liverpool L32ET, United Kingdom.

ABSTRACT

Background: People in prison are entitled to the highest attainable standard of health and humane treatment. We report on a *Theatre of the Oppressed* (TO) performance theatre initiative used as transformative health rights initiative in a female prison in Malawi.
Methods: 40 women prisoners devised a play using TO concepts that depicted health and prison situational injustices. Eight trained male prisoner actors performed these situations, to which the whole prison audience (facilitators, women prisoners, prison officials, policy makers) discussed and generated solutions (n=76). We analysed group work in devising the play, the performance itself, and follow-up discussions with women prisoners and officials, using a thematic analysis.
Results: Three themes emerged; '*poverty precluding committal and compounding lack of access to the outside world'; 'pursuit of female dignity and sexual autonomy',* and *'relational aesthetic/social jusitice'.*
Conclusions TO offers an innovative medium to advance and actualize sexual health rights based approaches in prisons in Malawi, and Africa using a transformative sustainable development approach.

Key Words: Transformational health rights; Dscrimination Against Women; Malawi Centre for Human Rights Education Advice Assistance (CHREAA)Prison, women, Theatre of the Oppressed (TO) Techniques and Principles , Boal, Environmental Conditions in Prisons

BACKGROUND

The global incarceration rate has increased rapidly in the past 15 years, with the population rise underpinned by high turnover and pre-trial detention rates (UNODC, 2019). Like all persons, imprisoned people are entitled to the '*right to health'*, to enjoy the highest attainable standard of health and humane treatment. Health inequalities are however evident with imprisoned people likely to be the most stigmatised, marginalised and poorest members of society, and with their health outcomes further compounded when incarcerated. Tackling such health disparity by respecting and upholding the health needs of imprisoned people constitutes an essential component of contributing to the achievement of the Sustainable Development Goals (SDG) specifically to *"reduce inequality within and among countries"* and *"leaving no one behind".* Treatment of imprisoned people, and provision of adequate health services for those detained in prisons and other closed settings are mandated under the SDG's 3, 5, and 16, as well as under United Nations (UN) instruments; Universal Declaration of Human Rights; the International Covenant on Economic, Social and Cultural Rights (*Article 10)*, the Basic Principles for the Treatment of Prisoners (*Principle 9*), the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (*Principle 5),* Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) (*Rules 2, 24, 26 and 32*) and Standard Rules for Non-Custodial Measures (Tokyo Rules). Ensuring effective health care delivery in prisons remains a vital component of prison functioning, despite challenges in tackling the disproportionate and complex burden of disease in the prison population, environmental risks for disease transmission, and the imperatives in ensuring a continuum of care between prison and the community (Mhlanga-Gunda et al., 2019). At least 95% of all prisoners are released back into the community (Sekhonyane, 2004, p.36), thus, prisons must provide systems that ensure human development and growth is continued beyond that of the prison community, whereby, ex-prisoners can contribute to the sustainablity of communities across sub-Saharan African (UNDP, 2019).

With regard to imprisoned women's situation in prisons; the UN Convention against All Forms of Discrimination Against Women (*Article 12),*and Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (Bangkok Rules) specifically stipulate required standards for equivalence of healthcare programming and recognition of women's (and their childrens) specific health care needs during incarceration, and state that incarcerated women must be comprehensively screened for health problems and their unique health and gender sensitive needs identified on arrival in prison. With regard to circumstantial children living with their mothers in prisons, the UN Convention on the Rights of the Child is the overall mandate, with the 2010 UN Guidelines for the Alternative Care of Children stating that: "*best efforts should be made to ensure that children remaining in custody with their parent benefit from adequate care and protection, while guaranteeing their own status as free individuals and access to activities in the community".* The right to sexual and reproductive health is an *"integral part of the right to health".* The UNAIDS Strategy 2016-2021 however has highlighted the presence of gaps in adequate sexual and reproductive health and general health service provision in prisons for women that recognize women's sex and gender-specific health care needs. This is especially the case in developing countries, where women's situation in prison is underpinned by gender inequality, exposure to gender based violence, discrimination and stigma (UNODC, 2019). Ensuring effective sexual and reproductive health care for women in prisons and other closed settings is underpinned by providing access to gender-sensitive services, including full access to emergency contraception, pregnancy testing, HIV testing and care, prevention of mother to child transmission of HIV, cervical cancer and sexually transmitted infection screening programmes, health education and support, and appropriate diet and nutritional supplements for women and children whilst incarcerated. Many developing countries fall short of this within their prison systems.

In sub-Saharan Africa, rights of prisoners are mandated by aforementioned international instruments, and amongst others, the African Charter on Human and Peoples' Rights (1981), the African Charter on the Rights and Welfare of the Child (1999), Kampala Declaration on Prison Conditions in Africa (1996); Principles and Guidelines on the Right to a Fair Trial and Legal Assistance in Africa (1999); Lilongwe Declaration on Accessing Legal Aid in the Criminal Justice System in Africa (2004) and the Lilongwe Commitment on Justice for Children (2009). The sub-Saharan African region however continues to be the epicentre of the HIV epidemic and carries the heaviest burden with both women and prisoners, disportionately affected (Telisinghe et al., 2016). The Southern African Development Community *Minimum Standards for HIV in Prisons* have mandated minimum requirements for prisons to be able to effectively prevent, treat and control HIV/AIDS in prison. Most prisons in the region are designed for men. Given the unique health and gendered vulnerabilities of women in prison, ensuring the health of women (and their children in prison), and HIV care is compounded due to limited or interrupted access to sexual and reproductive health services, inadequate medical supplies, nutrition, sanitation and hygiene, and risk of mother to child transmission of HIV whilst in prison (Van Hout & Mhlanga-Gunda, 2018; 2019a; 2019b; Mhlanga-Gunda, Motsomi, Plugge & Van Hour, 2019). Continued neglect of prison health research and low governmental prioritisation of the health of women in sub-Saharan African prisons has significant implications regarding disease transmission, mortality, (multi) morbidity, upholding prisoner and staff right to health and a healthy working environment, and overall impact on general population health (Plugge, Ako, Mhlanga-Gunda & Van Hout, 2020; Van Hout, 2020a; 2020b).

Hence, the challenge is on how to translate and actualiaze existing official national, regional and international conventions and rules into lived realities for women (and the children who live with them) in sub-Saharan African prisons (Agomoh, 2014; Van Hout & Mhlanga-Gunda, 2018; 2019a; 2019b; Mhlanga-Gunda et al., 2020; Gadama et al., 2020). Malawi recognises the aforementioned international standards and regional charters, and has binding domestic standards that are pertinent to the treatment of incarcerated women, including constitutional prisons (see the case of *Gable Masangano v The Attorney General*) (Gadama et al., 2019). The situation regarding health and medical care for women and circumstantial children in Malawi prisons has improved in recent times (Gadama et al., 2019), but with little or no improvement in the environmental determinants of health and standards of ventilation, nutrition, sanitation and hygiene for those incarcerated. Malawi prisons are congested (the general prison population in Malawi is 14,778 as per the September 2019 Malawi Prison Service count, and are operating at 199% capacity level). The most recent 2018 inspection of prisons and prison service cells conducted by the Malawi Inspectorate of Prisons have recorded severe human rights breaches pertaining to extremely poor building infrastructure impacting on sanitation, hygiene and space, overcrowding and extremely poor working conditions for staff. Conditions continue to be conducive to the spread of infectious and contagious diseases (Gadama et al., 2019).

We report on the application of a performance theatre initiative as transformative health rights education and empowerment strategy in a female prison in Malawi. Performance theatre is successfully employed in communities and workplaces as health education and promotion strategies in HIV and health programming in the SSA region (Van Hout, Mhlanga-Gunda & Kewley, 2020). To date, this has never been implemented in a prison context in Malawi, despite other sub-Saharan African countries such as Zimbabwe and South Africa having a history of successful use of dialogic theatre in community and prison based health promotion and health communication (Young-Jahangeer, 2009; Chivandikwa & Muwonwa, 2013, Mushangwe & Chivandikwa 2014; Chinhanu, 2016; Van Hout, Mhlanga-Gunda & Kewley, 2020). Fundamentally, we aimed to illustrate how researchers cum facilitators can deploy the *'Theatre of the Oppressed'* (TO)

conceptualised and popularized by Augusto Boal (1979, 1995, 2001) to advance and actualize human rights and health rights based approaches in upholding prison standards in a female Malawi prison.

RESEARCH APPROACH AND METHODOLOGY

The TO initiative in Malawi prisons was part of an Arts and Humanities and Medical Research Council (AHRC/MRC) funded project which aimed to investigate sexual and reproductive health inequalities of female prisoners in Malawi, enhance understanding of prison health experiences, the healthcare continuum, and the provision of HIV detection, treatment and care in Malawi prisons. Phase One consisted of qualitative research investigating multi-stakeholder perspectives on these issues (Gadama et al., 2020). Phase Two, deployed TO as both methodology and intervention (Young-Jahangeer, 2009), with the aim to deepen and validate research findings and to engage prisoners (male and female), prison officials and policymakers to suggest solutions to upholding general and gendered health rights, whilst deepening existing knowledge on the health situation, and sexual and reproductive health needs, for women in prison.

We report on the process of how we as researchers/facilatators in partnership with the Malawi Centre for Human Rights Education, Advice and Assistance (CHEREAA), a human rights legal NGO, both collaborated with *and* trained male and female prisoners, to devise an original play without a prior script (McKinnon, 2016; Haagensen 2014). The devised short play was developed during two days (27-28 November, 2019) and was based on broad TO techniques and principles used to challenge unhealthy conditions using a rights based perspective at *Chichiri,* a large prison for women in Blantyre, Malawi. The female structure of *Chichiri* prison was originally part of the male prison, however, women and male prisoners have opportunities to see each other at meals and when attending the health clinic. We sought to demonstrate how TO can be deployed to not only solicit, validate and disseminate research findings on prison health, but also as *'allies'*, to join in the struggle (Chivandikwa, 2017) of prisoners in claiming their full rights to health, and adequate standards of care and environmental conditions in prison. To date TO has never been operationalised in a Malawi prison.

The fundamental objective in all TO dramatic techniques (*Simulteneous Dramaturgy, Image Theatre, Legislative Theatre* and *Forum Theatre)* is to use theatre to depict, analyse and overcome oppression. The primary objective of our prison based TO was the maxium participation of prisoners as oppressed social group in self-emancipation (Boal,1979). *Forum Theatre* was deemed appropriate as a model for collaboration and dialogue. We utilised basic techniques of *Simultenous Dramaturgy* in the devising process of the play which represented the actualities of women's health experience in prison according to the women themselves, followed by *Forum Theatre* using a short performance with inconclusive endings that aimed to solicit onstage and offstage responses from the prison audience who engaged as both spectators and actors-*spect-actors* in suggesting and performing solutions to overcome systematic exploitation, oppression and health neglect (Boal 1979; 2001; Sullivan & Lloyd, 2006). We illustrate the overall steps in the TO process in Table One.

Table One: Structure of the TO initiative

Technique/Task	Participants	Number of participants	Avg. Time to Spent (hours)
Orientation	3 prison staff, 5 facilitators and 8 male prisoners as actors	16	1
Play presentation and feedback	8 male prisoners as actors and 5 facilitators	13	1
Devising- Simultenous Dramaturgy	20 women prisoners, 4 facilitators and 8 male prisoners as actors	32	5
Rehearsals	1 facilitator, 8 male prisoners as actors and 20 women prisoners	29	8
Final performance(Simultenous Dramaturgy and Forum Theatre)	6 facilitators, 8 male prisoners as actors, 40 women prisoners, 15 prison officials, 7 policy makers	76	1
Post Performance Interactions	6 facilitators, 8 male prisoners as actors, 40 women prisoners, 15 prison officials, 7 policy makers	76	1

We trained eight male prisoners from the adjacent *Chichiri* male prison, who had prior experience with conventional theatre programming in depicting prison conditions to the public. Our major point of intervention was to train them in basic TO techniques, by devising a play that challenged participants to identify and seek solutions to overcome systematic oppression, health disparities and systematic barriers to health care in female prison contexts. In a workshop format, the facilitators and trained male prisoners then involved twenty women prisoners in character construction and developing the storyline and scenarios in rehearsals. Prior to meeting the women prisoners, facilitators had developed an incomplete letter that related to health conditions at *Chichiri* prison as reflected in the prior multi-stakeholder *Phase One* qualitative investigation (Gadama et al , 2020). Faciltators then asked both women prisoners and male (prisoner) actors to use their knowledge, experiences and imaginations to complete missing details of the letter. The basic structure of this process was as follows;

1. *In groups of five, participants were asked to create a basic story based on the incomplete letter. The actors later weaved all the stories into one.*
2. *Participants were asked to provide character profiles of major characters in the story.*
3. *Participants were asked to create scenarios reflecting major conflicts in the life of the protagonist.*
4. *Actors developed four scenes out of the scenarios created by participating women prisoners.*

The final storyline was based on the struggles of an incarcerated poor young woman (*Mama G*) seeking adequate nutrition, maintaining her health, dignity, and seeking medical care for worsening health conditions resulting from the prison environment. She writes a letter to her family where she describes deplorable conditions in the prison (hygiene, sanitation), exposure to disease, and lack of privacy and respect for women's unique health needs. Her efforts are

constantly frustrated (*by the State and prison repression*), which was personified in the antagonist, called *In Charge*. The prisoners told us that an *In Charge* is a fellow prisoner who supervises other prisoners, and usually seeks favors from authorities, and in most cases at the expense of other prisoners. In this regard, *In Charge,* represents internalised oppression, popularised by Boal (1995), as *'cops in the head'*. In this devising process, women prisoners drew extensively on their everyday personal and collective lived expriences to craft the short play. The short performance was therefore, largely based on the ideals, desires, frustrations, preferences and aspirations of the women prisoners themselves (Haagenesen, 2014, McKinnon, 2016). This process meant prisoners (male and female) automatically became autonomous co-creators, and active collaborators in subversive cultural production, disrupting habituated oppressive behaviours and dispositions (McKinnon, 2016) in this female prison health context. This represents a unique shift away from traditional theatre programming approach in Africa. We realize theatre based interventions in African prisons in general, are largely paternalistic and based on assumed benevolence of the State and other non State actors (Biggs, 2016; Heritage, 2004). We identified this depiction of State and non State inteventions as *'messianic'* in the short scenes that male prisoner actors performed to the audience.

Our analytical framework was Boal's (1995), concept of *metaxis* (complete and simultenous belonging to both aesthetic and real worlds) and related concepts, such as placiticity, splitting of the self and magnification. These concepts advance the argument that TO can heighten and magnify social realities. This enables participants to hear and see clearly, social injustices which are difficult to notice in habituated every day engagements, typical of the prison routine and environment. This theorisation is critical, because Boal (1995) posits that besides begging and child sex, the inhuman treatment of prisoners is an injustice so common, people rarely *"see"* or *"hear"* it. We mobilize these concepts to demonstrate how prison participants created heightened images of their realities, to assert their liberation, through negotiating/demanding space for community/ collective agency, equity, female dignity and critique of repressive State and non State institutions and actors. Analysis was based on recorded notes on observation of the performance, the group work and one on one discussions with prisoners and prison officials, and viewing of the recorded video of the proceedings (see Chivandikwa, 2017). We thematically analysed data, using a five-phase thematic analysis; (1) familiarization (2) initial coding, (3) search for themes (4) revision of search for themes and (5) reporting (Mundt *et al.*,2019).

RESULTS

Three themes emerged from the thematic analysis: '*Poverty precluding committal and compounding lack of access to the outside world'; 'pursuit of female dignity and sexual autonomy';* and *'relational aesthetic/social jusitice'.*

Poverty precluding committal and compounding lack of access to the outside world

This theme emerged from character profiles developed by women prisoners, who, during the devising process, suggested *Mama G* should be from a very poor background, which had compounded her criminal activity. One of the women, put it thus: ***"You see poor Malawian women commit all sorts of minor crimes out of frustration and problems at home".*** Poverty linked to minor crimes, fuelled by the need for food and money, was a central discussion alongside the awareness of high pre-trial detention in Malawi. While the storyline was fictionalised the shaping and structuring of the letter performed in the scene was a collective effort. All content depicting *Mama Gs* daily struggles and experience, originated from the women prisoners themselves. The process of devising, and performaning actual stories enabled the women prisoners to engage with environmental health determinants and health conditions in prison beyond pathological

dimensions, bringing in wider socio-political determinants, such as poverty, gender discrimination and lack of advocacy (Viggian, 2006).

In *Mama G's* letter, she outlines her struggles and desire to live not just, a decent, life, but a fulfilling happy life where her basic needs are met. This pursuit for actualisation contrasts sharply, with the graphic descriptions of the deplorable prison conditions she currently finds herself in. As she reads her letter to herself, *In Charge* bursts into the cell telling her she is not allowed to communicate or complain to any one outside the prison walls. *In Charge* says: "***I have been here for fifteen years, and I have never been allowed to write letters. We have seen so many reforms, and yet, you complain in a stupid letter!"***. *In Charge*, then tears up the letter and throws it away. We depict part of the letter in Box One in which she protests these infringments by the prison system and her fellow prisoners on her rights as a citizen. She also laments the disconnect with family on the outside, illustrating the prejudices and stigma of women in prison by those in the community, and the prisoner reliance on outside assistance for better quality food, sanitary products and soap.

Box One

Mama G (*reading her letter***)**: ***I fight my battles here alone. I am losing all of them and it pains me, but I will fight till I serve my sentence. There are tangible enemies. I fight human beings. I fight a fellow prisoner. I fight situations, objects and circumstances.***

I fight the smell of human excretions. When I complain, In Charge, tells me, conditions are now much better than it was ten years ago. I want better. I cry when I step on other women's menstrual blood. No pants, and sometimes, no sanitary pads.

And I thought you people, my family and friends will come to visit me. So you don't want to associate with me, just because, I…..? Or is it that you do not have money for transport and to buy me stuff? That is understable, but at least communicate with me.

Drawing on their life experiences, women prisoners vivdly regailed poverty-related and social injustices that preclude life on the outside, contribute to commital, and also affect prison life for them within a gendered female dimension. As Biggs (2016), notes, *'women's'* crimes such as shoplifting, burglary and sex work are caused by poverty. The potent link to poverty is further exemplified by the direct challenge on the rights of prisoners to access additional support common in Malawi which support the low resources in the prison (outside provision of food, health products) and communicate with families and legal respresentation in the outside world. *Mama G* recognizes that her relatives may be willing to come to assist her, but poverty limits them. The dramatic tearing of the letter by *In Charge* was met with vociferous protests from the women prisoners, who during the devising process expressed concern that they have very limited interaction with their families and the wider society. Despite, the rights of prisoners to develop and maintain relationships, with no violation or interference with their privacy is mandated in various interational instruments (Coyle & Fair, 2018).

TO can be a powerful tool to create safe spaces that engage wider contexts relating to human rights broadly and issues of criminal justice spefically, as opposed to the use of theatre performance to merely '*reform'* prisoners (Jabbari & Davdar, 2018). Our TO project came at an opportune time, given that theatre performances in Southern Africa have tended to merely, affirm and reaffirm the power, authority and efficacy of the State (Bigges, 2016). Such an approach masks critical structural issues such as poverty and gender injustices which push women into petty economic crimes.

Further, this theme magnifies the deficiencies of a State that fails to provide prisoners basic amenities such as water, food and other gender specific sanitary needs (soap, sanitary products and so forth). Bearing in mind that *In Charge* is the image of internalised State oppression, *Mama G's* acerbic protest is therefore, directed at the State and other officials responsible for prison health. The dramatic tension involving *Mama G* and *In Charge* ignited amplified responses from the audience, giving credence to Boal's (1995) argument that TO can magnify social realities and make participants *"see"* and *"hear"* more powerfully. This *"seeing"* is to perceive an underlying or qualitative dimesions of realities which are generally obscured in surface appearances (Linds, 1998). Issues on poverty of female inmates and their rights to access the outside world rarely receive such heightened attention as witnessed during the TO at *Chichiri.*

Pursuit of female dignity and sexual autonomy

The devising process revealed deep insights on how women prisoners viewed their deplorable health conditions as a serious assault on their sense of self worth and female dignity. This theme comes against the background where in 2007 a Malawian court ruled that conditions in Malawian prisons, at that time were tantamount to torture and represented degrading treatment of those detained (Kenan & Manda, 2014). These challenges are further rcorded in 2018 by the Malawi inspectorate of prisons, and are yet to be sufficienly dealt with (Gadama, et al, 2020). In a morning rehearsal (28 November, 2019), a female prisoner advised that there was need to slow down, *Mama G*'s movements and speech, to illustrate that she was ***"reduced to zero confidence by the unhealthy conditions in the cells".*** A middle aged women had previously suggested that in the scene, *In Charge's* dialogue should reflect that she knew the health status of *Mama G*, to show that, ***"sometimes, there is no privacy in prison. All our private details can be known within seconds".*** This suggestion gave rise to *In Charge*'s remark in the scene, in which after "*paying*" her with a piece of soap for the laundry she had done, she urges *Mama G* to see the nurse. She says***;"…tell the doctor to attend to all your sickness: HIV, Syphilis, Gonorrhea and everything that is wrong with you. We do not want you to die here".*** In this scene the transactional element depicts a hierarchy and inequality between prisoners, and *In Charge* does not hesitate to give details of what she thinks is the health status of *Mama G*. We also depict the inhumane standards of nutrition, hygiene and sanitation contributing to poor health and spread of infection in part of the letter in Box Two.

Box Two

Mama G (*reading her letter***)**: ***I used torn clothes during my menstrual period, and I got infections on my privates. Everybody thought I had a sexually transmitted infection. Having seen, smelt and stepped on human blood or worse stuff, you go for a meal. That is another fight.***

It's now my teeth fighting Nandolo (pigeon peas). Why must we eat tasteless beans every day? Tasteless stuff and you eat the stuff with terribly cooked or undercooked corn meal (nsima) that has pesticides. I fight with stones in the relish. I fight with dead insects in the badly cooked relish or their stools.

When I complain the In Charge and her friends tell me in the past ten years they used to have lice (nswabe). So we should not complain, because now we are treated well. After a festivity of diarrhea from the pesticide-infected nsima, In Charge forces you to clean the dirty and smelly toilets without sufficient equipment. That sends me to the clinic, where I may not have sufficient medicine.

They say I must be grateful because there is improvement. No, there is no improvement here for me. For them maybe. Not me. The other month, I was going to bath and In Charge grabbed my bucket and with her many friends, they used my bucket. Now I have developed very funny skin rashes and warts (mauka). Look I fight here.

The above dialogue is charged with evidence of how women prisoners experience prison life, their struggles around breaches of privacy, and treatment which reduces them to sub-human levels. Such treatment is a violation of international protocols which insist that health approaches in prison should recognize and thrive to maintain the dignity of prisoners (Enggist, 2014). The tone and content of *Mama G*'s leter is that of one who realizes and seeks to assert their legitimate, justifiable and valid claims to goods and benefits that should be afforded to one who deserves a dignified life and well being (London 2003). The play amplifies the call for decent accomodation, proper food and adequate sanitation (Coyle & Fair, 2018).

*Mama G'*s resolve to keep on fighting, received a thunderous applause from female inmates, signalling how TO empowers women prisoners from a rhetoric of good citizenship towards a demand for critical citizenship (Thompson, 2000:181) particulary, given the unique conditions at Chichiri in which women are housed very close to the male prison. During rehearsals and informal discussions with the prisoners, issues of romantic and sexual relationships emerged This was interesting as sexuality was never referred to in the qualitative findings multi-stakeholders interviewed in Phase One (Gadama et al., 2020), but, was ***"smuggled"***in by prisoners during the rehearsals. At the initial stages of devising a scene in a context of male and female shared facilities such as the kitchen and health clinic *'Mama G'* meets two male prisoners, *'Banda'* and *'Bengo';* as the male actors plot movements of the scene, one vocal and comic female inmate shouted; **"*Banda, mind the distance between you and Mama G*",** and all the inmates present at this rehearsal burst into laughter. The facilitator, then asked for clarity and details on the humour, and this started a discussion on the strict security protocols regarding romantic and sexual relationship among inmates. Participants agreed to include the theme of their rights to a fulfilling sexual life as a minor component of the scene. Thus, the politics of sexuality were woven in as a

subtext, in the sense that the actors did not verbalise much about it. The drama was not on what the characters said, but on what they were expected by the audience to say/do, and ***"failed"***. The audience knew that *'Mama G'* was obsessed with dating '*Bengo'*. In the end, there were two major obstacles to this potential relationship, namely; the presence of '*Banda*' and the strict prison security rules on sexual interactions.

When played out to the larger audience, the animated responses far exceeded the expectations of the prison authorities and the researchers, who realized the need to give space to prisoners to freely articulate their full human needs including healthy sexual relationships. By mocking the ridiculous and strict rules that penalise conversation, and discriminate private, consensual sex between adults in prison (Borchert, 2016), the characters, were in fact asserting their right to choose one's partner and to pursue sexual intimacy (Kangaude, 2014, p.68) even whilst in prison. Such interactions among participantsreinforces the call made for Malawi authorities to nurture positive and respectful attitudes towards the sexuality of prisoners (Muula, 2006; Kangaude, 2014).

We see how the theatre space engendered the spirit of placiticity (Boal 1995) allowing free expression for prisoners to collectively concretize and problematize assaults on their female dignity and sexual identity, by the degrading health conditions in prison. Collective community agency is one of the fundamental elements of the human rights based approach in health promotion (Coyle & Fair, 2018). TO is centralised by allowing the concept of 'who (the prisoner) speaks' (Linds 1998). It provided immense opportunities for the women prisoners to speak subversively, since oppression goes hand in hand with voicelessness (McLaverty-Robinson, 2016). They deployed their rationality, emotions, movements, voices, gestures and gender to produce subversive narratives in pursuit of their entitlements to healthy and dignified lifestyles whilst living in the prison.

Relationality, Aesthetics and Social Justice

The performance further brought to the fore, the relationship between, ethics of private care, and public justice, in female prisons (London, 2003). The devising process and subsequent activities showed that TO in prison can approximate ideals of relational aesthetics (Bishop 2004; Thompson, 2015), in which, public social justice can combine with ethics of care to produce a politics of care that challenge discrimination and inequality (Thompson, 2015). Intimate engagement during and after the devising process meant, facilitators and prisoners could afford to collectively engage in production processes that blur the distinction between art and life (Bishop, 2004). First, given the limited time available, some prisoners came to have lunch at the rehearsal venues, giving facilitators a glimpse into the everyday lives of inmates. Secondly, after the performance, facilitators held informal discussions with prisoners in which the latter reviewed and extended the dramatic scenes into their lives. For example, a female prisoner came to two facilitators and asked them for personal contact details because, ***"I am like, Mama G. I will finish my sentence very soon, so I may want to form my own organization. Perhaps you can assist".*** Informal discussions were marked by references to the play and related issues affecting the health of women in prison. Thirdly, the whole drama process in this TO initiative, gave rare opportunities for prisoners to transcend socio-spatial limitations that are captured in the performance. There was excitement when male actors visited the room for dress rehearsals and to reconfigure this room for the performance - a space that is usually associated with receiving instructions and punishment. Here young women came with make up and costumes to give the male actors a female look. Such seemingly mundane interactions were a source of joy and excitement, blurring the boundaries of art and life. Lastly**,** members of CHEREAA distributed food hampers and refreshments to female inmates, and turned the encounter into a festive and convivial atmosphere that is typcal of relational aesthetics (Bishop, 2004). Intrestingly, the women prisoners managed to express gratitude to distributors of

ethics of care (Thompson, 2015) in this instance CHEREAA and facilitators, with occasional reference to the play, in helping them in asserting their rights to get state interventions that guarantee fairness and equity in health delivery systems. To this extent, the conventional performance and informal discussions post performance (‘*extended performances’*), were affective/sensory and cognitive practices which largely inspired the prisoners and other invited spectators to articulate health challenges in female prisons in ways that echoed the need for health researchers and advocates to balance between private care (love, intimacy, responsibility, affective solidarity) and public justice (personal/collective agency of inmates, critical awareness of health as human rights, equity, equality and fairness) in health delivery in female prisons.

DISCUSSION

Our TO initiative, which was situated within a larger research project, responds to calls for human rights based approaches to prison health that can assist in the transition from signing and ratifying national, regional and international conventions and protocols into practice in which protocols are actualised to improve the human rights context of female prisons (Agomoh, 2014). Given the dearth in prioritisation of health research in prisons, and the predominant focus on security as opposed to health in African prisons (Mhlanga-Gunda et al., 2019; Van Hout 2020a), our unique TO highlights the need for transcendence of paternalistic and pathological State and elitist interventions in prison health systems by introducing and centralising human rights based approaches to support change (Coyle & Fair, 2018; London, 2008, Viggian, 2003). We have established that researchers cum faciltators can collaborate with both male and female prisoners in theatre making, to advance and reinforce existing legal and elitist human rights approaches in Malawian prisons. We take into account the reality that the greatest impacts in rights-based approaches are realized through the collective agency of affected vulnerable communities (London, 2003). TO can provide space and resources for such collective agency, even within the confines of the prison walls. Fundamentally, researchers cum facilitators of performance theatre are warranted to create multiple centres of power in the devising process (Chivandikwa, 2017), in order to radically critique repressive prison systems, and breaches in human and health rights. This calls for the need for researchers cum facilitators to transcend soliciting, validating and disseminating data on health standards in prisons and human rights violations, by becoming allies and partners of prisoners (and prison wardens) in their struggle to claim entitlements to healthy and dignified lives and working conditions in prison.

Prisoners and prison wardens are exposed to the same environmental determinants of health in African prisons, by virtue of breathing the same air, sharing the same water for drinking and washing, using shared cooking faciltiites; they experience the same stressors relating to congestion and access to the same health clinics (Van Hout, 2020a). The bridge between prison health, and community health is unsustainable and epitomized by the revolving door of incarceration, high staff turnover, and community engagement with the prison eco-system (by virtue of families providing food, and also reliant on food produced in prison farms) (Van Hout et al., 2019a; 2019b; Van Hout, 2020a). By deploying collaborative TO productions, participants can advance central aspects of the human rights based approaches such as; collective agency of the most vulnerable community, overcoming discrimination, challenging inequalities, and pursuing the dignity of femle inmates (Enggist, 2013; London, 2008). Collaborative devising, empowers the vulnerable (in this instance prisoners) to disrupt habituated oppressive prison behaviours and dispositions (Haagensen, 2010; McKinnon, 2016) and approximate the ideals of relational aesthetics (Bishop, 2004; Thompson, 2015). To this extent, TO is a useful mechanism to examine opposing issues presented by notions of ethics of care and social justice when researching health standards, health outcomes and promotion of health in female prisons.

When prisoners participate in social justice reform, they have to exemplify the lived experience, in other words, they have to know it (Heritage, 2004). We have shown that TO in the prison has an empowering effect, it can transform participants into simultenous observers and the observed (Boal. 1995), in ways that expand placiticity - by allowing prisoners the freedom for radical self-expression and magnifying the images of the social realities of participants (McLaverty-Robinson, 2016; Linds, 1998). This magnification created opportunities and resources for increased knowlege, courage and commitment among participants, which can be converted into radical politics in search of social justice. We further underscore that knowledge and will are central in claiming one's own rights (Heritage, 2004). In this way using TO can enhance and deepen the knowledge and will for freedom, liberty and social justice, by empowering women in prison to claim their rights to adequate nutrition, safe space, drinking water, and hygiene, and assurance of privacy, while potentially challenging duty holders to meet their obligations (see Gruskin & Bogecho, 2010).

There are however, limitations in this unique TO project. We utilised male actors (prisoners with experience in traditional drama programmes in the prison) which may have incurred some sub-conscious affect on the TO itself. In future women in prison need to be trained in all playmaking and performance skills, so that female actors (not males) can take the devising, acting, designing and directing roles, so their participation as a collective can be enhanced and optimal. While the group participation of women in *Chichiri* was satisfactory, there is a further need to invest more time with them and training them in playmaking and acting skills. This would deepen their participation and levels of critical engagement which is critical aswomen in most African prisons are normally denied vocational and recreational programmes (Sarkin, 2008).

The seond challenge was that emotionally-charged TO scenes run the risk of promoting pathology and paternalism in health research. There were moments in which, the plight of '*Mama G'* engendered emotions of sympthay, to the point of reducing her role to that of a charity/needful citizen (Chvandikwa, 2017), as opposed to a critical citizen (Thompson, 2000), who demands her rights. Indeed, elements of partnerlism were evident in the interaction between prisoners and facilitators, thus, facilitators should always ensure the necessarry intensive, relational encounters with prisoners, minimizes paternalistic benevolence.

CONCLUSION AND IMPLICATIONS

Like all persons, prisoners are entitled to enjoy the highest attainable standard of health and humane treatment, and in applying the principle of non-discrimination, prison authorities shall consider the individual needs of prisoners, particularly the most vulnerable (rule 2; Nelson Mandela Rules). These include women (and their children) in prison. Further to this the Bangkok Rules specifically stipulate required standards for equivalence of healthcare programming and recognition of women's (and their children's) specific health care needs during incarceration. Hence our cross cutting work is underpinned by a transformative health rights and sustainable development agenda and relates to the need to advance and compliment existing official and legal approaches to the upholding of human rights in sub-Saharan African prisons, in particular women, who are largely stigmatised and neglected in a male dominated prison system (Kangaude, 2014, Biggs, 2016; Van Hout and Mhlanga-Gunda, 2018). . Our unique project and its findings respond to the need to actualise and translate the aforementioned signed and ratified protocols, African human rights charters and UN conventions (Nelson Mandela Rules, Bangkok Rules) in ways that inspire women prisoners, to claim their health rights, while potentially capacitating duty bearers (London, 2003), to meet their obligations. We submit that collaborative TO can fundamentally disrupt habituated oppressive prison behaviours and inclinations (McKinnon, 2016), in ways that can translate such domestic, regional and international protocols and conventions into enhanced lived realities for

women in prison. Ultimately this can stimulate a shift toward justice and penal policy reform, gender transformative health situation, and the provision of adequate standards and equalities in health and healthcare for women in prison.

Malawian state commitment to reform and improve its criminal justice and penal systems will be measured against the 2030 Agenda for Sustainable Development's commitment: *'No one will be left behind'* and the specific sustainable development goal (SDG) 16 *('on peaceful and inclusive societies, access to justice and accountable institutions recognises the importance of the rule of law to successful development')*. Justice and penal policy reform is further a pre requisite for the achievement of several other SDGs in Malawi, namely SDG 1 on poverty; SDG 3 on health and wellbeing, SDG 5 on gender equality, SDG 6 on clean water and sanitation, and SDG 10 on reducing inequality and discrimination. Further to this,and given the 30 year anniversary of the Tokyo Rules, it will shine the spotlight on the government commitment to operationalise alternatives to sentencing for women. The link between the Tokyo Rules and ever increasing prison populations and overcrowding, inherently affect implementation of the Nelson Mandela Rules.

FUNDING ACKNOWLEDGEMENT

Arts and Humanities Research Council—Medical Research Council Global Public Health Partnership grant. Grant Ref: MC_PC_MR/R024278/1

REFERENCES

African Child Forum Organization. Guidelines on action for children in the justice system in Africa. The Lilongwe Commitment on Justice for Children (2009). Lilongwe, 2009. http://www.africanchildforum.org/clr/Supplementary%20Documents/other-documents-15_en.pdf. *Accessed 3rd July 2020*

African Commission on Human and Peoples' Rights (ACHPR). (1996). *The Kampala Declaration on Prison Conditions in Africa*. Kampala, 1996. Retrieved from https://cdn.penalreform.org/wp-content/.../06/rep-1996-kampala-declaration-en.pdf *[Accessed 3rd July 2020]*

African Union (AU). Africa's Agenda for Children 2040. Fostering an Africa Fit for Children. The 2001 Declaration and Plan of Action of Africa Fit for Children. Addis Ababa, 2001. Retrieved from https://au.int/sites/default/files/newsevents/.../africas_agenda_for_children-english.pdf [*Accessed 3rd July 2020]*

African Union (AU). The African Youth Charter (2006). Banjul, 2006. Retrieved from www.un.org/en/africa/osaa/pdf/au/african_youth_charter_2006.pdf *[Accessed 3rd July 2020]*

African Union (AU). The Principles and Guidelines on the Right to a Fair Trial and Legal Assistance in Africa 1999. Banjul, 2003. Retrieved from www.achpr.org/instruments/principles-guidelines-right-fair trial/ *[Accessed 3rd July 2020]*

Agomoh, U. (2014). Assesment and treatment of female prisners in Africa. *Resource Series*, 94, 131-146

Biggs, L. (2016). Serious fun at sun city: Theatre for incarcerated women in New South Africa. *Theatre Survey, 57*(1), 1-36.

Bishop, C. (2004). Antagonism and relational aesthetics. *October Magazine, Ltd. and Massachusetts Institute of Technology,* 110, 51-79.

Boal, A. (1979), *Theatre of the Oppressed*, London: Pluto Press.

Boal, A. (1995), *Rainbow of Desire: The Boal Method of Theatre and Therapy,* New York: Routledge.

Boal, A. (2001). *Juegos para Actores y no actores*, Barcelona, Alba Editorial.

Borchert, J. L. (2016). Controlling consensual sex among prisoners. *Law and Social Inquiry,41*(3), 595-615.

Chinyowa, K.C. & Chivandikwa, N. (2017). Subverting ableist discourse as an exercise in precarity: A Zimbabwean case study. *The Journal of Applied Theatre and Performance, 35*(3), 61-75.

Chivandikwa, N. (2017). Political-ethical approach to disability in theatre for development context. *Applied Theatre Research, 5*(2), 83-97.

Chivandikwa, N. & Muwonwa, N. (2013). Forum theatre, disability and corporeality: A project on sexuality in Zimbabwe. *Platform, 7*(1), 55-66.

Chinhanu, C. A. (2016). Prison a/r/tography: The aesthetics of captive masculinities. (Master's thesis). University of Cape Town, South Africa.

Coyle, A. & Fair, H. (2018). *A human rights approach to prison management: A handbook for prison staff (3rd edition).* Institute for Criminal Policy Research, University of London Press: London. Retrieved from https://www.prisonstudies.org/sites/default/files/resources/downloads/handbook_3rd_ed_english_v5_web.pdf *[Accessed 15th July 2020]*

Enggist, S., Moller, L., Galea, S. & Udesen, C. (2014). 'Prison and Health' *WHO Regional Office for Europe publications Copenhagen*, Retrieved from https://apps.who.int/iris/handle/10665/128603 *[Accessed 24th May 2020]*

Gadama, L., Thakwalakwa, C., Mula, C., Mhango, V., Banda, C., Kewley, S., Hillis, A., & Van Hout, M, C. (2020). Prison facilities were not built with a woman in mind: An exploratory multi-stakeholder study on women's situation when incarcerated in contemporary Malawi prisons. *International Journal of Prisoner Health.* [Epub ahead of print] Retrieved from https://www.emerald.com/insight/content/doi/10.1108/IJPH-12-2019-0069/full/html?skipTracking=true *[Accessed 15th July 2020]*

Gruskin, S., Begech, D., & Fergusonm L. (2010). Rights based approaches to health policies and programmes: articulations, ambiguities and assessment. *Journal of Public Health Policy, 31*(2), 129-145.

Haagenesen, C. (2010). Lived experience and devised theatre practice: A study of Australian and Norwegian students in devised theatre practice. (PhD thesis). Norwegian University of Science and Technology and University of Queensland of Technology, Norway and Australia.

Heritage, P. (2004). Taking hostages: Staging human rights. *TDR/Drama Review Journal, 48*(3), 96-10

Jabbari, M., & Dadvar, A. (2018). The role of theatre of the oppressed-on correction and rehabilitation of prisoners: A case study in Yazd province prisoners. *Journal of History Culture and Art Research, 7*(3), 521-532.

Kangaude, G. (2014). A sexual rights approach to gender based sexual violence among male prisoners in Malawi. *African Human Rights Law Journal,14*, 1-23.

Kenan, J. & Manda, J. (2014*).* Overcrowding and its effects on the health of prisoners in Malawi: A role for the Malawian courts. In M.M. Sani, (Eds.), U*sing the courts to protect vulnerable people: Perspectives from the judiciary and legal profession in Botswana, Malawi and Zambia*. (pp.32-38) Southern Africa Litigation Centre, Republic of Malawi Judiciary, National Association of Women Judges and Magistrates.

Linds, W.A. (1998). A journey in metaxis: Theatre of the oppressed as enactvist praxis, *NADIE Journal, 22*(2), 71-86.

London, L. (2008). What is a human rights approach to health and does it matter*? Health and Human Rights, 10*(1), 61-80.

London, L. (2003). London, L. (2003). Can human rights serve as a tool for equity? Regional Network for Equity in Health in Southern Africa and the Southern African Regional Network on Equity 9in Health (EQUINET). Retreived from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.462.552&rep=rep1&type=pdf [Accessed on 15th July 2020].

McLaverty-Robisnon, A. (2016). Boal and aesthetics of becoming. *Ceasefire.* Retreived from https://ceasefiremagazine.co.uk/augusto-boal-aesthetics-human/ [Accessed 15th July 2020]

McKinnon, J. (2016). Breaking the bad Habitus: Using devised theatre performance to challenge students' perceptions of themselves as students. *RIDE: The Journal of Applied Theatre and Performance, 21*(4), 535-550.

Mhlanga-Gunda R., Motsomi, N., Plugge, E., & Van Hout, MC., (2019). Challenges in ensuring robust and ethical health research and the reporting of health outcomes and standards in sub-Saharan African prisons. *Lancet Global Health* [Epub ahead of print]. Retreived from https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30455-3/fulltext [Accessed 15th July 2020]

Mundt, A, P., Marin, P., Gabarysch, C., Sepulveda, C., & Heritage, P. (2019) Initiating change of people with criminal justice involvement through participating in a drama project: An exploratory study. *Frontiers of Psychiatry, 10*(3),1-13.

Muula, A.S. (2006). Condoms and sexual abstinence talk in Malawi national assembly. *African Health Sciences,6*(1), 21-26.

Mushangwe, H. & Chivandikwa, N. (2014). Aspects and dimensions of community participation in theatre for development: the case of the University of Zimbabwe's Manfred Hudson Hall Sanitation Project (2004), *Applied Theatre Research*, *2*(2), 119–135.

Organization of African Union (OAU). African charter on human and peoples rights 1981. Nairobi, 1981. Retreived from www.achpr.org/instruments/achpr/ *[Accessed 3rd July 2020].*

Organization of African Union (OAU). The African Charter on the Rights and Welfare of the 8 Child (1999). Monrovia, 1999 Retreived from www.achpr.org/files/instruments/child/achpr_instr_charterchild_eng.pdf. *[Accessed 3rd July 2020].*

Plugge, E., Ako, T., Mhlanga-Gunda, R., & Van Hout, M, C. (2020). Ethical guidance for health research in prisons in low and middle-income countries: Ascoping review. *Public Health.* [Epub ahead of print].

Sarkin, J. (2008). Prisons in Africa: An evaluation referee from a human rights perspective, *SUR*: *International Journal on Human Rights, 5*(9), 22-49

Sullivan, J., & Lloyd, R., (2006), The forum theatre of Augusto Boal: A dramatic model for dialogue and community based environmental science. *Local Environment 11*(6), 627-646

Telisinghe, L., Charalambous, S., Topp, S.M., Herce, M.E., Hoffmann, C.J., Barron, P., Schouten, E.J., Jahn, A., Zachariah, R., Harries, A.D., Beyrer, C., & Amon, J.J. (2016). HIV and tuberculosis in prisons in sub-Saharan Africa, *Lancet*, *388*(10050), 1215–1227.

Sekhonyane, M. (2004). First things first: Rehabilitation starts with alternatives to prison. *South African Crime Quarterly*, 7, 33-36.

The OAU Convention Governing the Specific aspects of Refugee Problems in Africa (1969). OAU. Addis Ababa, 1969. Retreived from www.achpr.org/files/instruments/refugeeconvention/achpr_instr_conv_refug_eng.pdf *[Accessed 3rd July 2020]*

Thompson, J. (2000). Critical citizenship: Boal. Brazil and theatre in prison. *Annual Review of Critical Psychlogy, 2,* 181-191.

Thompson, J. (2015). Towards an aesthetics of care. *RIDE:The Journal of Applied Theatre and Performance, 20*(4), 430-445.

UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant), 11 August 2000, E/C.12/2000/4, United Nations, New York and Geneva 2001.*Retreived from https://www.refworld.org/docid/4538838d0.html *[Accessed 3rd July 2020].*

UNAIDS 2016-2021 Strategy. *On the Fast-Track to end AIDS*. Retrieved from https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.*pdf [Accessed 3rd July 2020]*.

United Nations (UN) General Assembly. United Nations Rules for the treatment of women prisoners and non-custodial measures for women offenders (the Bangkok Rules) New York, 2016. Retrieved from *https://www.penalreform.org/wp-content/uploads/2016/07/BangkokRules-Updated-2016-with-29 renumbering-SMR.pdf. [Accessed 3rd July 2020]*.

United Nations (UN) General Assembly. Standard Minimum Rules for Non-custodial Measures (The Tokyo Rules). United Nations and the Rule of Law. United Nations, New York. 1990. Retrieved from *https://www.un.org/ruleoflaw/blog/document/united-nations-standard-minimum-rules-for-non-25custodial-measures-the-tokyo-rules [Accessed 3rd July 2020]*.

United Nations (UN) General Assembly. UN Guidelines for the Appropriate Use and Conditions ofAlternative Care for Children 2009. Retrieved from https://www.unicef.org/protection/alternative_care_Guidelines-17English.pdf. *[Accessed 3rd July 2020]*.

United Nations (UN) General Assembly.United Nations Standard Minimum Rules for the Treatment of Prisoners. (the Nelson Mandela Rules) : resolution / adopted by the General Assembly. 20 United Nations, New York. 2016. Retrieved from https://www.refworld.org/docid/5698a3a44.html [Accessed 3rd July 2020].

United Nations. (UN). Universal Declaration of Human Rights. Paris, 1948. Retrieved from *http://www.un.org/en/universal-declaration-human-rights [Accessed 3rd July 2020]*.

UNDP, Human Development Report 2019. *Beyond income, beyond averages, beyond today: Inequalities in human development in the 21st century*. United Nations Development Programme, New York. Retrieved from http://www.hdr.undp.org/sites/default/files/hdr2019.pdf *[Accessed on 15th July 2020]*

UNODC, (2019) *Technical guide on the Prevention of Mother to Child Transmission (PMTCT) of HIV in Prisons.* HIV in Prisons, HIV/AIDS Section, United Nations Office for Drugs and Crime (UNODC) Vienna, Austria. Retrieved from https://www.unodc.org/documents/hiv-aids/publications/Prisons_and_other_closed_settings/19-02279_Technical_Guide_PMTCT_ebook.pdf *[Accessed 3rd July 2020]*.

Van Hout, M.C., & Mhlanga-Gunda, R (2018). Contemporary women prisoners health experiences, unique prison health care needs and health care outcomes in Sub Saharan Africa: A scoping review of extant literature. *BMC International Health and Human Rights*, *18*(1) 31.

Van Hout, M.C., & Mhlanga-Gunda, R (2019a). Mankind owes to the child the best that it has to give: Prison conditions and the health situation and rights of circumstantial children incarcerated in Sub Saharan African prisons. *BMC International Health and Human Rights, 19*(1), 13.

Van Hout, M. C., Mhlanga-Gunda, R. (2019b). Prison health situation and rights of juveniles incarcerated in Sub Saharan African prisons. *BMC International Health and Human Rights, 19*(17), 1-16.

Van Hout, M. C., Mhlanga-Gunda, R., & Kewley, S. (2020). Using performance and theatre arts in HIV interventions and HIV programming in sub-Saharan Africa: A scoping review of extant literature. *Journal of Sustainable Development Africa, 21*(4), 1-36.

Van Hout, M. C. (2020a). Prison staff exposure to pathogenic disease and occupational health research in African prisons: A neglected area. *Journal of Sustainable Development: Africa.* [Epub ahead of print].

Van Hout, M. C. (2020b). COVID-19, health rights of prison staff and the bridge between prison and public health in Africa. *Public Health.* [Epub ahead of print].

Viggiani, N. D. (2006). A new approach to prison public health, challenging and advancing the agenda for prison health. *Critical Public Health 16*(4), 301-316.
Young-Jahangeer, M. (2009). Working from inside/out: Participating popular theatre in the negotiation of discursive power and patriarchy in female prisons. The example of Westville female correctional centre Kwazulu-Natal, South Africa 2000-2004. (D.Phil thesis). University of Kwazulu Natal. South Africa.

ABOUT THE AUTHORS

Dr Nehemiah Chivandikwa, Associate Professor, Department of Theatre Arts, University of Zimbabwe, Harare, Zimbabwe.
Dr Luis Gadama, Head of Obstetrics and Gynaecology, Department of Obstetrics and Gynaecology. College of Medicine, University of Malawi.
Dr Chrissie Thakwalakwa, Depity Director, Centre for Social Research, Chancellor College, University of Malawi.
Dr Chimwemwe Mula, Senior Lecturer, Kamuzu College of Nursing, University of Malawi.
Mr Victor Mhango. Director, Centre for Human Rights Education Advice Assistance (CHREAA), Malawi.
Mr Chikosa Banda, Head, Department of Foundational Law. University of Malawi.
Dr Rosemary Mhlanga-Gunda, Researcher, College of Health Sciences, Centre for Evaluation of Public Health Interventions, Department of Community Medicine, University of Zimbabwe, Harare, Zimbabwe.
Dr Stephanie Kewley, Senior Lecturer, School of Psychology, Liverpool John Moores University, Liverpool L33AF, United Kingdom.
Dr Marie Claire Van Hout, Professor of Public Health Policy and Practice, Public Health Institute, Liverpool John Moore's University, Liverpool L32ET, United Kingdom.