



# Women and HIV in prison settings

## Prisons are high-risk settings for the transmission of HIV.

However, HIV prevention, treatment, care and support programmes are not adequately developed and implemented to respond to HIV in prisons.<sup>1</sup> Moreover, prison settings do not usually address gender-specific needs. Both drug use and HIV infection are more prevalent among women in prison than among imprisoned men.<sup>2</sup> Women in prison are vulnerable to gender-based sexual violence; they may engage in risky behaviours and practices such as unsafe tattooing, injecting drug use, and, are more susceptible to self-harm.<sup>3</sup>

## Women in prisons

Women prisoners present specific challenges for correctional authorities despite, or perhaps because of the fact that they constitute a very small proportion of the prison population. The profile and background of women in prison, and the reasons for which they are imprisoned, are different from those of men in the same situation.<sup>4</sup> In particular, injecting drug users and sex workers are overrepresented. Once in prison, women's psychological, social and health care needs will also be different. It follows that all facets of prison facilities, programmes and services must be tailored to meet the particular needs of women offenders. Existing prison facilities, programmes and services for women inmates have all been developed initially for men, who have historically accounted for the largest proportion of the prison population.

## How many women are imprisoned?

Globally, female prisoners represent about 5 per cent of the total prison population, but this proportion is increasing rapidly, particularly in countries where levels of illicit substance use are high. In 2005, worldwide, on any given date more than half a million women and girls were detained in prisons, either awaiting trial or serving sentences.<sup>5</sup> Three times this number (about 1.5 million) will be imprisoned in the course of any given year.

# Why women are at risk of HIV in prisons

## Vulnerability, stigma and discrimination

The combination of gender inequality, stigma and discrimination increases imprisoned women's vulnerability to HIV infection.

Most women in prison are from socially marginalized groups and are more likely to have been engaged in sex work and/or drug use. Many have also been victims of gender-based violence or have a history of high-risk sexual behaviour.<sup>6</sup> All these factors make women especially vulnerable in prison. Drug use, violence, stigma and discrimination, poor nutrition, early and unwanted pregnancies that women might have been exposed to will require a different set of psychological, social and health care approaches than those needed by men.

In overcrowded and understaffed prisons, women have, at best, limited access to facilities and services. Existing income generation and socialization programmes reserved for women within the prisons are often menial or ineffective, and where opportunities do exist, women may be unable to take advantage of them. Women's basic needs—such as commodities for ensuring menstrual hygiene (sanitary napkins, clean sanitary cloths)—are often not met.

Because there are few prisons for women, women tend to be imprisoned far from home; the distance separating them from their children, families and friends increases their isolation and can be a source of additional stress such as economic hardship and anxiety, for both the women concerned and their families. Upon release, the stigma of imprisonment weighs more heavily on women than on men. In some countries, women are discriminated against and are unable to return to their communities once released from prison.

## Sexual violence and high-risk sexual behaviour

In the closed environment of prisons, women are especially vulnerable to sexual abuse, including rape, by both male staff and other male prisoners. There are countries where women prisoners are held in small facilities adjacent to or within prisons for men. In some prison facilities, there



are no separate quarters for women and they may be supervised by male prison staff. They are also susceptible to sexual exploitation and may engage in sex for exchange of goods such as food, drugs, cigarettes and toiletries.<sup>7</sup>

## Drug use and drug injecting

In many jurisdictions, a larger proportion of women than men are in prison for drug-related offences.<sup>8,9</sup> Many of these women will continue using and injecting drugs in prison,<sup>10</sup> while women who have never used drugs may begin to do so while in prison. In the absence of sterile injecting equipment, women, like men, will inject with used needles or with home-made syringes.<sup>11</sup> Women who inject drugs are more likely to become infected with HIV than men who inject drugs, as they have limited access to information, health services and safe injecting equipment.

## Tattooing

Like men, women get tattooed in prison.<sup>12</sup> Prison tattoo artists manufacture and use a variety of tools, including knives, guitar strings, sewing needles, writing ink or empty plastic casings from pens. One method of tattooing, the “pluck method”, involves inserting ink with a single shared needle, which is not sterilized.



In the absence of proper precautions and access to safe equipment, tattooing can be a high-risk activity for the transmission of HIV.

## Health and nutrition

Women have less access to health care services in prisons than imprisoned men.<sup>13</sup> Reproductive health care may be limited or unavailable and health-promotion materials, information and treatment (including for HIV and drug dependence) are often more limited in women's prisons than in prisons for men.

Women have a particular physical vulnerability to HIV. Studies have shown that women are at least twice as likely as men to contract HIV through sex.<sup>14,15</sup> The pre-existence of sexually transmitted infections (STI) can greatly increase the risk of contracting HIV. The proportion of women in prisons with an STI is relatively very high.<sup>16</sup>

**For example, in the Russian Federation, a 2005 survey among juvenile detainees, homeless persons and women at a temporary detention centre in Moscow,<sup>17</sup> revealed that more than 50 per cent of the female juvenile detainees had an STI, as did almost two thirds of the women at the temporary detention centre and three quarters of homeless women. Among women at the detention centre 4 per cent were HIV-positive, compared to 1.8 per cent of the homeless women.**

A lowered immunity associated with sexually transmitted infections, combined with the presence of genital ulcers, creates additional likelihood of HIV infection if exposure takes place.

All the above-mentioned factors contribute to the generally higher HIV prevalence rate among women in prison.

**In the United States, in 2004, the overall HIV prevalence among imprisoned men was 1.7 per cent compared to 2.4 per cent among women. In some states however, such as New York, HIV prevalence was 14.2 per cent among women and 6.7 per cent among men.<sup>18</sup> Similarly in Moldova in 2006, HIV prevalence among women in prison was 3 per cent, compared to 2 per cent among incarcerated men.<sup>19</sup>**

In the absence of access to HIV prevention measures, the risk of HIV transmission is therefore higher in women's prisons.

Women in prison also face a particularly high risk of contracting tuberculosis due to the higher prevalence of multiple-risk factors.<sup>20</sup> Lower socio-economic status, higher HIV prevalence, together with overcrowding, poor ventilation, poor light and poor hygiene contribute to a higher risk of tuberculosis transmission.

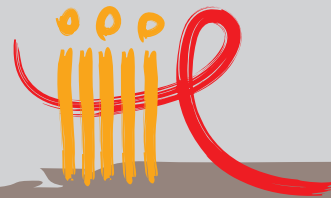
HIV counselling and testing with adequate protection of confidentiality and consent, the provision of antiretroviral treatment and treatment for opportunistic infections such as tuberculosis (TB) and of psychosocial support for the inmates are not adequately implemented as part of prison health services. Thus, those services are very limited for prisoners in general and in particular for women.

In addition, the poor nutritional status of prisoners in general and of women in particular can, in some countries, become a hindering factor for providing adequate treatment to HIV positive prison inmates.

## Women and their children in prison

Typically, women in prison are young and many are mothers whose children either live in prison with them or are cared for by others outside. They may also be pregnant or become pregnant during imprisonment; some give birth while in prison.

Often, very limited reproductive and pre and post-natal care services are available for women in prisons. In addition, antiretroviral therapy is often not available to prisoners and as a consequence neither to HIV-positive pregnant women to prevent mother-to-child transmission. Children born in prison, especially to HIV-positive mothers, need particular care and attention. Prison diets often fail to provide the level of nutrition required by pregnant or breastfeeding mothers.



# Responding to the special needs of women in prison

## **Developing alternatives to imprisonment**

The living conditions and health care services faced by women, especially in overcrowded prisons, are such that efforts to promote HIV prevention and education may not be very effective. Therefore, any comprehensive strategy in response to HIV in prison settings should seek to reduce overcrowding as it can create conditions which can lead to sudden outbreaks of violence, including sexual violence. Prisons can be responsible for major damages and disruption to the lives of vulnerable women and their families. Most of them are in prison for non-violent offences and pose no risk to the public. Therefore, consideration should be given to the development and implementation of non-custodial strategies for women, particularly during pregnancy, or when they have young children.

## **Preventing violence, in particular sexual violence**

Prison authorities are responsible for combating gender-based sexual violence, the exploitation of vulnerable prisoners and all forms of prisoner victimization. They must therefore take all measures necessary to protect women from sexual violence, including by training personnel to identify and stamp out such abuses, by ensuring adequate staffing levels, training, effective surveillance and disciplinary sanctions.

## **Providing safe and appropriate health services**

Health services, including gynaecological and dental clinics, should be appropriately equipped, supplied and maintained. Sexual and reproductive health care services should be available for women in prison. Health care service providers should be trained to follow the guidelines of universal precautions to prevent the transmission of HIV through medical practices (injections, procedures or examinations).

## **Providing equivalent health services to those available in the community**

It is important to recognize that people in prison are entitled, without discrimination, to health care, including preventive measures, of a standard equivalent to that available in the outside community (WHO, 1993). This is important, both for prisoners and for the community outside prisons, as the vast majority of people who enter prisons will eventually return to the community.

## Providing comprehensive HIV prevention, treatment, care and support for women in prisons

It is critical that prison systems provide access to a comprehensive package of interventions, including:

- Providing information on modes of HIV transmission and ways to reduce those risks, on testing, and treatment;
- Providing access to essential prevention commodities such as male and female condoms, sterile injecting equipment, and safe tattooing equipment;
- Providing voluntary confidential HIV testing and counselling services;
- Diagnosing and treating sexually transmitted infections;
- Providing drug dependence treatment, including substitution therapy for opioid dependence;
- Providing appropriate diet and nutritional supplements;
- Providing antiretroviral treatments, preventing and treating tuberculosis, other opportunistic infections and other blood-borne infections such as hepatitis B and C;
- Providing access to reproductive health and family planning services;
- Care during pregnancy and delivery in appropriate settings and anti-retroviral therapy to HIV-positive pregnant women to prevent mother-to-child transmission (PMTCT);
- Providing post-exposure prophylaxis (PEP) to women having been exposed to a risk;
- Care for children, including those born to HIV-infected mothers; and
- Palliative care and compassionate release for AIDS and terminally ill patients.



### **Encouraging and supporting the participation of women prisoners**

The involvement of women prisoners in developing and providing health services increases the capacity of prisons to respond to HIV and AIDS. For example, health authorities in prison should encourage and support the development of peer-based education initiatives and educational materials designed and delivered by prisoners themselves. Prison authorities should also encourage the development and support of self-help and peer-support groups that raise the issues of HIV and AIDS from the perspective of the women themselves.

### **Providing a safe environment for prison staff**

All prison staff and health care providers as well as anyone in regular contact with prisoners, should be given timely access to relevant information and educational material on HIV, universal precautions and post-exposure prophylaxis (PEP). In addition, prison staff and their families should be provided with the information on modes of transmission and prevention of HIV, services available for STI treatment, condom distribution and also on voluntary counselling and testing.

### **Promoting effective national responses to meet the special needs of women in prisons**

It is essential that the correctional administrative system in any given country works and collaborates very closely with other relevant government ministries and national AIDS programmes for addressing the health, social and other special needs of prisoners in general, and in particular, for the women in prisons.

Gender-sensitive legislative frameworks, penal policies and prison rules are necessary to ensure that the needs of women in prisons are addressed in a systematic and sustainable way. A comprehensive framework should also address their psychological, social and physical welfare—all crucial in managing and minimizing HIV transmission in prisons.

Tailored programmes addressing gender-specific issues need to be formulated to respond to the challenges of women in prisons—in particular programmes targeted at women who face multiple vulnerabilities and who are living with HIV.

Every effort should be made to involve women prisoners and non-governmental organizations in the development of HIV prevention, treatment, care and support programmes in prison, as well as to create links between prison programmes and community HIV prevention and treatment services.

### **Increasing professional capacity-building opportunities on HIV in prisons**

Regular capacity-building programmes of prison staff are essential to build knowledge on HIV prevention, treatment, care and support for women in prison. This training should not be limited to general prison staff but also to the medical service providers (medical doctors, nurses, lab technicians and pharmacists, etc...), drug dependence counsellors, social workers and other professionals who may contribute to HIV programmes in prisons. These programmes should also be included as part of the regular training curricula for prison staff. In addition to HIV, issues such as gender specific needs, human rights with a particular focus on its link to HIV and stigma and discrimination should also be part of the curriculum. Women prisoners should be trained as peer educators to provide information, prevention commodities, care and support to other inmates.

**Monitoring and evaluation** HIV risks for women in prison and responses provided should be monitored and evaluated on a regular basis. Research on HIV and women in prisons should be encouraged and conducted to fill the evidence gap on these issues.



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## Further reading

United Nations Standard Minimum Rules for the Treatment of Prisoners (1955).

World Health Organization (1993). WHO guidelines on HIV infection and AIDS in prisons. Geneva: WHO (WHO/GPA/DIR/93.3).

UNAIDS (1997). Technical Paper, Prisons and AIDS.

Andrew Coyle (2002), A Human Rights Approach to Prison Management. Handbook for prison staff; International Centre for Prison Studies; King's College London.

UNODC (2004). Drug Use Treatment Toolkit. Substance Use Treatment and Care For Women: Case Studies and Lessons Learned.

Canadian HIV/AIDS Legal Network (3rd edition, 2004) Info sheet no. 11 (Women prisoners and HIV/AIDS) in the series of info sheets on HIV/AIDS in prisons.

UNODC, UNAIDS, WHO, (2006). Framework for HIV/AIDS prevention, care and treatment in prison settings ([www.unodc.org/pdf/HIV-AIDS\\_prisons\\_July06.pdf](http://www.unodc.org/pdf/HIV-AIDS_prisons_July06.pdf))

UNODC (2007). Handbook of Basic Principles and Promising Practices on Alternatives to Imprisonment.

WHO UNAIDS UNODC (2007). Evidence for Action Technical Papers. Interventions to Address HIV in Prisons ([www.who.int/hiv/idu/en/index.html](http://www.who.int/hiv/idu/en/index.html))

Health Canada (2nd edition, 2007). HIV/AIDS and HCV in Prisons: A Select Annotated Bibliography (En. & F. via [www.hc-sc.gc.ca/ahc-asc/pubs/int-aids-sida/hiv-vih-aids-sida-prison-carcerale.html](http://www.hc-sc.gc.ca/ahc-asc/pubs/int-aids-sida/hiv-vih-aids-sida-prison-carcerale.html)).

UNODC, WHO, UNAIDS (2007). HIV/AIDS in places of detention, A toolkit for policymakers, managers and staff ([www.unodc.org/documents/hiv-aids/UNODC%20toolkit%20final%20draft.pdf](http://www.unodc.org/documents/hiv-aids/UNODC%20toolkit%20final%20draft.pdf))

UNODC (2008) Handbook for prison managers and policy makers on women and imprisonment.

## Endnotes

<sup>1</sup>Dolan J., Kite B., Aceijas C., Stimson G.V. (2007). HIV in prison in low income and middle-income countries. *Lancet Infectious Diseases*, 7: 32-43.

<sup>2</sup>Fazel S., Bains P., Doll H. (2006). Substance abuse and dependence in prisoners: a systematic review. *Addiction*, 101: 181-191.

<sup>3</sup>Rickford, D., *Troubled Inside: Responding to the Mental Health Needs of Women in Prison*, Prison Reform Trust, 2003, pp. 4 and 17.

<sup>4</sup>Andrew Coyle (2002), *A Human Rights Approach to Prison Management*. Handbook for prison staff; International Centre for Prison Studies; King's College London.

<sup>5</sup>International Centre for Prison Studies (2006) World female imprisonment list, [www.kcl.ac.uk/depsta/rel/icps/women-prison-list-2006.pdf](http://www.kcl.ac.uk/depsta/rel/icps/women-prison-list-2006.pdf)

<sup>6</sup>For example, in *Corrections and Conditional Release Act, 5 Year Review, Women Offenders February 1998*, citing a survey conducted in 1990.

<sup>7</sup>Plugge E. and al., *The health of women in prison; Study Findings*. Dept. of Public Health. Oxford University, 2006.

<sup>8</sup>Fazel S., Bains P., Doll H. (2006). op. cit.

<sup>9</sup>*Women in Prison, A Review of the Conditions in Member States of the Council of Europe*, The Quaker Council of European Affairs, February 2007

<sup>10</sup>Dolan J., Kite B., Aceijas C., Stimson G.V. (2007). op. cit.

<sup>11</sup>Elwood Martin R. et al. (2005). Drug use and risk of blood borne infections: A survey of female prisoners in British Columbia. *Canadian Journal of Public Health*, 96(2): 97-101

<sup>12</sup>Doll D. (1988). Tattooing in prison and HIV infection. *The Lancet*, 2(9): 66-67.

<sup>13</sup>Amy E. Yasunaga . *The Health of Jailed Women: A Literature Review Journal of Correctional Health Care*, 4 2001; vol. 8: pp. 21-35.

<sup>14</sup>European Study Group on Heterosexual Transmission of HIV. Comparison of female to male and male to female transmission of HIV in 563 stable couples. *British Medical Journal* 1992;304:809-813.

<sup>15</sup>Padian N.S., Shiboski S.C., Jewell N.P. Female-to-male transmission of human immunodeficiency virus. *JAMA* 1991;266:1664-1667.

<sup>16</sup>Miranda A.E. et al. (2000). Sexually transmitted diseases among female prisoners in Brazil: prevalence and risk factors. *Sex Transm. Dis.*, 27(9): 491-495.

<sup>17</sup>A. Shakarishvili et al. Sex work, drug use, HIV infection, and spread of sexually transmitted infections in Moscow, Russian Federation. *Lancet* 2005: 366:57-60.

<sup>18</sup>U.S. Department of Justice Office of Justice Programs, Bureau of Justice Statistics Bulletin HIV in Prisons, 2004, November 2006, NCJ 213897

<sup>19</sup>Pintelei L.,(2007) Communication IHRC, Warsaw.

<sup>20</sup>Meredith C. LaVene, Mary C. White, Catherine M. Waters, and Jacqueline P. Tulskey Screening for Health Conditions in a County Jail: Differences by Gender *Journal of Correctional Health Care* 2003 9: 381-396.

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