The Need for Empowering Women Prison Inmates: Addressing Gender-Specific Issues Regarding Sexually Transmitted Diseases in a Vulnerable Population

Billy Long, Ph.D.
Ferrum College
#3 Roberts Hall
School of Social Sciences
Ferrum, VA. 24088
540.352.0813
USA

Paige Redifer
Ferrum College
School of Social Sciences
Ferrum, VA. 24088
540.430.0070
USA

Abstract

One hundred fifty-five female prison inmates were surveyed in a northeastern state using a modified version of the AIDS Knowledge and Attitudes Questionnaire. Knowledge of female-specific symptoms, opinions, and general elements about HIV/AIDS was measured. It was found that women were familiar with general symptoms of HIV infection but were very deficient concerning issues that affect them exclusively. Women also harbor dangerous attitudes concerning their sex partners and AIDS prevention. Recommendations include modifying prison-based AIDS education programs to address knowledge deficits as well as including assertiveness training to encourage safer behaviors among women.

Key words: Empowerment, women's rights, inmates, AIDS, prison

Introduction

Since AIDS was discovered in the early 1980s it has killed over a half a million Americans. Another 18,000 die each year and over 50,000 will become infected this year (CDC Fact Sheet, 2010).This disease particularly impacts prisons. It has been estimated that AIDS is five times more common in state and federal prisons than it is in the general U.S. population (Krebs and Simmons, 2002). Similarly, approximately 25% of all Americans with HIV will go through the U.S. prison system (Maruschak, 2003). It is imperative, then, to understand issues concerning at risk and vulnerable inmates such as AIDS knowledge, perceptions of risk of infection, and behavioral intentions upon release.

A part of the current study focuses on women inmates and their level of understanding of the following issues: 1) female-specific knowledge – those issues that impact women exclusively; 2) opinions toward men, condoms and HIV prevention; and 3) the potential symptoms of AIDS. These are critical areas because women have historically been marginalized in U.S. prisons. It is not uncommon, for example, for women to have AIDS education programs that were designed for men but are simply transplanted into the women's facilities (Beck and Harrison, 2005).

This need is especially true of black women. Black women constitute a disproportionate percentage of the inmate population (CDC, 2004). Also, black women are more at risk of HIV infection than are whites for several reasons. First, they are more likely to be marginalized in dating relationships. Given that black males often die prematurely, black women are less likely to have an adequate supply of dating partners (Logan, 2002).

Hence, black males are viewed as commodities in the black community and have leverage over black women when it comes to sexual relations. This can lead to black women finding it difficult to negotiate condom use due to being less empowered than their white counterparts. This puts black women in an extremely precarious situation and drastically increases the likelihood of becoming infected with HIV. Given these factors, it is imperative to better understand AIDS knowledge deficits (Oser et al., 2008).

Methods

The survey used in this study is a modified version of the AKAQ (AIDS Knowledge and Attitudes Questionnaire) that was adapted from a version used by the Department of Health and Human Services (HHS). Variations of this device have been used successfully with prison populations by Celentano, Brewer, Sonnega, and Vlahov (1990) and the general public by Schoenborn, Marsh, and Hardy (1994). The device was developed primarily to assess knowledge about AIDS such as transmission and prevention. It was modified for this study to include items to measure the following areas: 1) female-specific symptoms, 2) female-specific general knowledge, and 3) female-specific opinions. The changes were made because the original AKAQ did not differentiate sex specific items.

Symptoms

To assess women's knowledge of female-specific symptoms, women were given a list of physical problems that "could" result from HIV infection. The list included: 1) redness in the white area of the eyes, 2) frequent yeast infections, 3) pneumonia, 4) bleeding gums, 5) irregular vaginal discharge, 6) constant earaches, 7) rapid, unexplained weight loss, 8) bleeding between menstrual cycles, and 9) Kaposi's sarcoma. Number two, five, and eight are considered female-specific manifestations of HIV infection. Number three, seven, and nine are symptoms of AIDS but are not limited to women. Number one, four, and six are generally not regarded as symptoms of AIDS for either sex. This allowed for a determination of whether or not women inmates could distinguish general symptoms from female-specific symptoms and non-symptoms.

Knowledge

Five items were incorporated to assess women's knowledge in important areas that were ignored by the AKAQ. The five "agree-disagree" questions added to the knowledge area were: 1) having a vaginal exam is a good way to find symptoms that might be caused by AIDS; 2) the symptoms of AIDS can be different for women than they are for men; 3) a woman is more likely to get AIDS from an infected man than a man is to get it from an infected woman; 4) it is impossible for a woman to get AIDS from oral sex with an infected man; and 5) it is impossible for a woman to get AIDS from oral sex with an infected woman.

Opinions

Four agree-disagree items were designed to determine women's opinions about sex-related issues. Generally, the objective of these items was to find out how assertive women were with reference to having sex and/or using condoms with their partners in the past: 1) men usually won't wear condoms during sex, even if a woman wants them to; 2) women often have sex with men even when they really do not want to; 3) men usually get what they want because women are afraid to resist them; and 4) it is very unlikely that someone who is drunk or high will use condoms during sex.

Sampling

One hundred fifty-five women from a female prison in a northeastern state were surveyed for this project. Two groups of women were deleted from the sampling frame: those in segregated confinement and those working away from prison grounds. The demographics of the sample are presented in Table 1. Despite the fact that black women were one-half of the samples, they were still underrepresented compared to the state prison population as a whole.

All prisoners were advised that their participation was voluntary and that they could withdraw at any time. They were assured that all responses were anonymous. The modified AKAQ was then administered to groups averaging 15-20 inmates each.

Results

Knowledge Items

The women exhibited fairly low percentages of correct responses on these items (see Table 2). Only 45% of them knew that a vaginal exam is a good way to detect symptoms of AIDS. Even fewer (38%) realize that the symptoms of AIDS are different for men and women. Further, only 45% knew that it is easier for the virus to be transmitted from men to women rather than from women to men. Whereas almost three-fourths of them (73%) correctly identified performing oral sex on infected men as a possible HIV transmission route, fewer (60%) knew it is not impossible to acquire the virus by performing oral sex on infected women.

As indicated in Table 2, women inmates have not received all the necessary information about AIDS (or if they have they are not retaining it). An acceptable AIDS education program for women inmates would provide women with specific information, not simply tell them that homosexual sex, dirty needles and childbirth are ways to acquire and transmit HIV. Of more concern, perhaps, is that over one-half of the women missed the symptom item. If women do not have correct information about symptoms, it is highly likely that they will not seek medical attention for problems that may indicate HIV infection. This failure could lead to undiagnosed infection leading to earlier death.

Opinion Items

These four items were designed to determine women's attitudes about assertiveness in sexual situations (see Table 3). The majority (73%) of the women responding agreed that men refuse to wear condoms even if a woman wants them to, that women often have sex with men when they do not want to (65%), and that condom use is rare when the parties involved are drunk or high (68%). Fewer, but still a sizable portion of the female sample (37%), believe that men get what they want because women are afraid to resist them.

One implication of the findings in Table 3 is that women are in need of assertiveness training to show them how to take more control over their own sexual lives. Women are widely thought to view life events as being outside of their control. Valdiserri, Hartl, and Chambliss (1988), for example, suggest that women inmates are likely to have an external locus of control, which leads them to feel as though they have little control over their own lives. An external locus of control causes people to believe that outside forces determine what happens in their lives, in this case becoming HIV-positive.

This may result in increased perceptions of risk in prison; the women feel that they can do little to prevent becoming infected. Franzini et al. (1990) call for more role-play situations. The data in Table 3 suggest that role-playing may be beneficial whereby the subject is taught how to request safer sex and the sexual histories of their current partners. Relatedly, three questions were included to measure women's intended sexual behaviors after release from prison: 1) future condom use, 2) asking partners about their sexual histories; and 3) discussing AIDS with sex partners. These three items were combined into an index called "sexual behavioral intentions." This variable was measured on a continuum from a low of zero (definitely will) to a high of 10 (definitely will not).

Thus, low scores for sexual behavioral intentions indicate at least an attitude and willingness to practice safer sex once released. Of course it must be pointed out that safer sexual behavioral intentions, while a necessary factor for future low risk behavior, is not sufficient. In other words, women can intend to be safe but fail to do so for a variety of reasons (chemical addiction, lack of empowerment in sexual situations, etc.). The mean score on this index for the women was 1.89 indicating very safe sexual behavioral intentions after release. The obvious policy implication of this finding is to provide women with the necessary tools and training to follow through on these intentions.

This may include HIV prevention kits upon release (e.g., condoms and/or dental dams) and teaching women how to be more assertive in sexual situations (e.g., negotiating condom use or avoiding sex altogether). Proper re-entry aftercare must also pay attention to providing services for recently released women. In sum, as noted in Table 3, the women have dangerous attitudes about sex and men's willingness to use condoms but still indicate very safe behavioral intentions. Departments of Corrections must take advantage of these intentions to try to help women actually follow through in order to offset the risky attitudes toward male sex partners.

Symptoms

Most people are very familiar with the most publicized symptoms of AIDS among men (e.g., weight loss, cancer, pneumonia). The symptoms for women, however, can be very different. This study investigated how well women recognized possible female-specific symptoms in relation to how well they knew the others. These items, listed above, asked respondents to answer "yes" to the problems they know to be symptoms, "no" to the ones they knew were not symptoms, and "don't know" if they did not know whether the problem was a symptom.

The women were poor at recognizing female-specific symptoms (Table 4). Only about one-third of the women were correct when they answered that frequent yeast infections and bleeding between menstrual cycles could be symptomatic of HIV infection, and less than half (40%) knew that frequent vaginal discharge could be a symptom.The women were much better at recognizing the commonly cited symptoms; 72% correctly identified pneumonia, 88% rapid, unexplained weight loss, and 45% knew about Kaposi's sarcoma (this low rate might be partially explained by the terminology, even though a clarification was used).

They also were fairly good at recognizing the false symptoms of AIDS; only 11% misidentified red eyes as a symptom, 23% misidentified bleeding gums, and only 9% believe earaches can signal HIV infection.Table 4 highlights the fact that women are very poor at recognizing female-specific symptoms of AIDS. As noted previously, women certainly are not receiving proper information in their prison-based AIDS education programs (Braithwaite, Hammett, and Mayberry, 1996). These data are consistent with those of Schoenbaum and Webber (1993) that women are routinely under-diagnosed because they do not recognize their symptoms. One consequence of these failures is that women are dying sooner than men once they are diagnosed.

Discussion and Conclusion

In addition to the policy implications concerning female-specific opinions discussed above, a few observations need to be made. That is, women inmates performed very poorly on female-specific knowledge items and knowledge of female-specific symptoms. They were much more adept at recognizing traditional symptoms, such as pneumonia, than at identifying symptoms that can affect them exclusively, such as frequent vaginal infections or irregular menstrual bleeding. This supports Jeffery's (1989) contention that correctional administrators have traditionally neglected differences between the sexes as it relates to improving primary medical care in female facilities. Jeffery (1989) noted that a "typification of patients" takes place whereby women inmates with seemingly mundane illnesses are viewed as "rubbish."

Ailments such as incessant vaginal discharge, bleeding between menstrual cycles, frequent yeast infections, and reproductive tract issues represent diseases that are disproportionately found in women and marginalized by the medical community (Ross and Lawrence, 1998).Inferior health care results from the fact that the women in the study were poor at recognizing ailments designated as female-specific. Similarly, Gido and Guanay (1987) found that women inmates with AIDS die much faster than male inmates with AIDS. If women inmates are not recognizing the symptoms of AIDS that are unique to them they will die much sooner.

While prisons can hardly be expected to ameliorate broader societal ills such as "machismo" in Hispanic populations or poor educational attainment by white and black female correctional clients, they certainly can address the need for education about female-specific AIDS information. Perhaps, with reference to prison-based AIDS education efforts, institutions can dedicate at least a modicum amount of resources toward female-specific knowledge areas to help women recognize these physical problems as potential symptoms of AIDS.

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Table 1: Demographic Characteristics of Women Inmates

Mean Age = 33.6

Race	Number	% of Sample
White	49	31.6
Black	78	50.3
Hispanic	22	14.2
Other	6	3.9
Total	155	100

Table 2: Percentage Correct of Female-Specific Knowledge Items for Women Inmates

	% Correct
A vaginal exam is a good way to find symptoms	45
Symptoms are different for women	38
A woman is more likely to get AIDS from a man	45
It is impossible to get AIDS from oral sex with infected men	73
It is impossible to get AIDS from oral sex with infected women	60

Table 3: Percent of Female Inmates Who Agreed With the Following Statements

	% Agreement
Men usually won't wear condoms during sex, even if the woman wants them to	73
Women often have sex with men even when they really don't want to	65
Men usually get what they want because women are afraid to resist them	37
It's very unlikely that someone who is drunk or high will use condoms during sex	68

Table 4: Percent Correct by Female Inmates on Knowledge of Symptoms and Non-Symptoms

	% Correct
General Symptoms	
Kaposi's sarcoma	45
Pneumonia	72
Weight Loss	88
Non-Symptoms	
Bleeding Gums	77
Earaches	91
Red Eyes	89
Female-Specific Symptoms	
Symptoms are different for women	38
Vaginal discharge	40
Yeast infections	32
Irregular menstrual bleeding	33