



Commentary

Incarceration and Women's Health: The Utility of Effective Health Education Programming—A Commentary

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The health and well-being of incarcerated women is a significant public health concern.¹⁻⁴ In 2009, women accounted for 18% of the total corrections population.⁵ Men comprised a smaller portion of the corrections population in 2009 compared with 1990 (82% in 2009 vs. 86% in 1990), while the percentage of women has increased (18% in 2009 vs. 14% in 1990).⁵ Compared with non-incarcerated women, incarcerated women in the United States are more often from minority populations,^{3,6} younger (between the ages of 18 and 34 years), of low socioeconomic status, unemployed and mothers to children under 18 years of age.^{7,8} More than 80% of women are incarcerated for nonviolent offenses, including drug-related crimes.⁹ The increased incarceration rates of women have resulted in large part from changes in drug policies due to the “War on Drugs.”^{7,8,10} Both poverty and addiction represent precursors to involvement in criminal behaviors. In a study by Freudenberg et al.,¹¹ more than 90% of incarcerated women reported drug use and more than 60% reported a history of physical or sexual abuse.

The incarceration of women poses an additional burden as women prisoners are more likely than male prisoners to have had sole responsibility for their children prior to incarceration.^{8,10} Whereas parental incarceration is difficult for children regardless of which parent is incarcerated,

separation from an incarcerated mother is especially traumatic.¹²⁻¹³ Two-thirds of incarcerated women have children under the age of 18,^{8,10,14} and children of women offenders are more likely to be placed in foster care.¹⁴ This commentary explores the health of incarcerated women as well as the need for and challenges of effective health education and promotion programming for these women.

The diverse needs of incarcerated women have often been ignored because the overwhelming percentages of incarcerated persons are men. However, incarcerated women often have physical and mental health needs that may be worse than those of incarcerated men or women in the general population.^{8,10,15-17} Prior to incarceration, women offenders, like male offenders, often are uninsured or underinsured, have not received routine primary care and have poor health.^{6,10,18,19} Women inmates report medical problems more often than male inmates in both state and federal prisons.²⁰ Women offenders are also more likely to report a mental health issue.²⁰ Women prisoners report chronic health problems such as arthritis, asthma, diabetes, hypertension, heart and kidney problems at greater rates than men.²⁰ Women prisoners' health problems may also include gynecologic problems, obesity, dental problems and HIV infection.^{1,21-26}

Both men and women offenders report higher rates of childhood sexual abuse

compared with non-offenders, and several studies have supported the association between childhood sexual abuse and later drug use.²⁷ Incarcerated women report histories of physical or sexual abuse or both at a rate of 60% to 70%.^{6,8,10,11,18,19,26} Incarcerated women also report drug use more often than incarcerated men, and drug use is associated with mental health issues in this group.²⁸ Furthermore, women offenders not only report histories of childhood sexual assault but also report adult sexual and physical abuse more often than non-offenders and incarcerated men.²⁸ Trauma from abusive experiences often contributes to physical and mental health problems and increases the risk of substance abuse, high-risk pregnancies, and sexually transmitted diseases. Substance-abusing women offenders are more likely to report depression, anxiety, eating, stress and personality disorders.^{14, 17,29} Conversely, studies show a range of reported history of sexual abuse among male offenders from 5% to 60%.^{27,28} More research is needed to assess

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the prevalence of male sexual abuse among incarcerated men.

Thus, the high rates of abuse experienced by both male and female offenders must be addressed for inmates' eventual successful reintegration into communities. A trauma-informed approach to health promotion and rehabilitation efforts that considers the unique needs and experiences of men and women is needed to effectively reintegrate incarcerated individuals into their communities, especially because many individuals are re-traumatized through the incarceration experience. Most incarcerated women report having experienced at least one traumatic event prior to incarceration. Having undergone a traumatic event is associated with gynecological problems, sexually transmitted diseases, substance abuse and mental health issues.^{29,30} Moreover, women offenders often have multiple unmet needs upon release that place them at great risk for recidivism.¹⁷ Among these, unmet health needs as well as having contracted a sexually transmitted disease since release predicted recidivism for a drug-related offense.¹¹

Significant disparities exist in the health of incarcerated women as compared with non-incarcerated women. These women often have few resources and lack the information and skills needed to successfully transition back into the community. Although many women prisoners had poor health and limited access to care before they were incarcerated, health issues that are not treated during incarceration pose an ongoing threat to women prisoners, their families, and communities after the women are released.³¹ Owing to the range of health issues women experience and the growing costs of health care, effective health education and promotion interventions focused on prevention and health maintenance are needed.^{26,32,33} Prison represents a unique health-promotion educational opportunity for many women.^{26,32} Women-focused health education and promotion programs may enhance knowledge, attitudes and skills about various women's health issues and may ultimately lead to reduced recidivism.

Health education and promotion pro-

gramming may be useful in addressing disparities and improving the overall health of incarcerated women and their families. However, health education in prisons has often consisted of topic-based sessions focused on specific diseases and preventive measures.³⁴ Comprehensive approaches to women's health that are culturally appropriate, trauma informed and contextual to women's experiences and lives are needed.

Several challenges exist in implementing successful health promotion and education programming. Health promotion programs must be perceived as a benefit and supported by the prison administration. Barriers include differences in facility rules that may limit recruitment and participation; activities such as visits from family, court dates and unexpected events that can prevent participation; informal social networks that may also influence the effectiveness of programming; and security restrictions that may limit the use of educational aids.⁷ In addition, mental health and substance abuse issues are important challenges.³⁵ Adequate funding of comprehensive health promotion programming is also a barrier. Other barriers include scope of health education programming and expectations. Programs focusing on infectious diseases, for example, can inadvertently convey meta-messages with negative connotations. Incarcerated women may not be in a position to implement the behaviors promoted in the program until after their release, so information and skills need to be targeted to the women's current situation to enhance effectiveness. Comprehensive programming should also include attention to social determinants of health as well as health literacy, access to care, self-esteem, stress, stigma of incarceration, discrimination, and parenting and relationship skills.²⁸ Programming must also be sensitive to the fact that most women prisoners have experienced abuse or trauma. Because of these inherent complexities and the multiple obstacles these women face, additional research is needed on changes in knowledge, self-efficacy, and health behaviors that result from health education programs with incarcerated women.³⁴ Further research is also

needed to determine the long-term impact of such programming.

Conducting health education programming in prisons presents multiple challenges, and some of the tenets of the programming that have been traditionally used may need to be adjusted. To maximize effectiveness, health educators must recognize and work within the constraints of the prison environment. Health education programming for incarcerated women must have a framework that builds social capital and allows women to consider how past experiences shape their current health attitudes, beliefs and behaviors.¹³ Because many women identify substance abuse as a core challenge they will face upon release,¹¹ health education programming should include coping, stress management, healthy relationships, risk assessment and identification of cues to action for behavior change. Also, because of the high rate of histories of abuse among incarcerated women, gender- and trauma-informed approaches to health promotion should be utilized.²⁹ Women who face many stressors or challenges in their daily lives after release from prison may not make caring for their own health a priority. Health education programming can help women prisoners explore the challenges they will face in making healthy choices a priority and should include self-assessment exercises. Many of these components can be embedded in topic-specific or disease-focused programming as well as in general health and wellness programming.

Women often return from prison with multiple health issues that have a deleterious impact on communities that are already experiencing disparate health outcomes. However, prison may be a catalyst for change for women who seek to "turn their lives around" and avoid recidivism. The prison experience, although a disruption to normal life, may serve as a unique opportunity for health education programming to reduce health risks and promote health.⁷ This paper demonstrates the need for as well as challenges to effective health education programming for female prisoners. Ideally, improved health knowledge and attitudes can empower both



women and their families to live healthier lives after incarcerated women leave prison and return to their communities.

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