

HIV-health related issues and coping strategies in female prisoners in Indonesia

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Introduction

Indonesian law provides female prisoners with basic health rights commensurate with those available to the non-incarcerated population. Limitations, such as lack of commitment to policy, poor medical services, overcrowding and under-resourcing, inhibit penal institutions from fulfilling these requirements, thereby exacerbating the HIV-health issues for women prisoners.

A 2010 study found that:

- Female prisoners sentenced for drug-related offences had twice the rate of HIV compared to other female prisoners and >10 times that of male prisoners.
- Even though only 6% of female prisoners had a history of injecting drug use 92% of these women had been arrested on a drug-related charge (Blogg, 2014).

"If we tell something to the guard, sometimes it can come back to us if something happens." (Female prisoner, Surabaya)

"When I had a baby, everyone helped me, the prison officers, my friend in the block. I just sleep in the room. If my baby cries because it's hungry, then they give the baby to me."

(Female prisoner, Malang)

Methodology

Data were collected from 69 randomly selected female prisoners at seven prisons, using non-participant observation, focus group discussions, in-depth interviews and semi-structured questionnaires.

Results

The majority (of n=69) were serving sentences for drug offenses (61%). Other offenses included: fraud, homicide, and robbery (7.2% each). Participants' ages ranged from 21-50 years old. The highest reported expenditures while in prison:

Item	Percent
Toiletries	93%
Washing equipment	74%
Sanitary napkins	68%
Medicine, including vitamins	51%

Table 1: Expenditures while in prison

HIV-health coping strategies depended upon a range of factors:

- access to services
- informal systems of support
- referral options
- staff attitudes
- available resources

Issues that intensify HIV-health problems for women prisoners:

- overcrowding
- lack of female-focused health facilities
- lack of staff and resources
- the use of male-centric approaches to service provision

A range of formal and informal coping strategies were adopted by women:

- accessing services internal and external to the prison
- peer support within each block
- developing relationships with prison staff
- pooling of funds by prisoners
- communal childcare and shared responsibility

Conclusions

The coping strategies identified do not replace a health system that provides adequate care to women. Improving female prisoners' health depends on authorities' desire to fulfil obligations under the health care system, and the allocation of adequate funding.

Existing policy needs to be enacted, plus gender-sensitive legislative frameworks, complemented by increased skills of prison health personnel and HIV-health education awareness for all prison staff.

To avoid inappropriate incarceration of women with drug dependency issues, a diversion system to effective treatment through the health system should be explored as an alternative to imprisonment.

"It's difficult to ask for additional resources (doctors and nurses) from a community health centre. They also have their own patients to look after every day, it could be hundreds, so I have to treat them all by myself." (Doctor, Bandung).



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