The paper addresses women prisoners' issues in regard to HIV infection. It is descriptive because the nature of the prison environment and the illegality of risk behaviours such as drug use mean that it is difficult to collect quantitative data.

Operating within prisons in NSW are Prisoners' AIDS Committees, whose function is to impart knowledge of HIV/AIDS prevention to other prisoners. Methods used include group sessions, pamphlets, posters, running HIV/AIDS knowledge-based competitions, plays, video script writing, and musical compositions. All are means of attracting the attention of fellow prisoners to the dangers of HIV transmission in prison.

My role as education officer is to facilitate the committees' work with up-to-date information. This takes many forms such as allowing openly HIV positive people from the outside community to talk about issues, using videos and medical literature, using professional script writers to develop educational resources, and organising poster competitions. Liaising with prison staff and superintendents about committee activities keeps communication channels open.

It is from Prisoners' AIDS Committees within two women's prisons, one maximum and one medium security, that material for this paper has been received. It is important to note the significant differences between these two security classifications in considering the effectiveness of prisoner AIDS peer education. Also important to note is that the women's AIDS committees' views are based on anecdotal evidence: observation, their own surveys of fellow prisoners and personal knowledge. Having said that, it should be remembered that many committee members are from drug-taking backgrounds and are very aware of drug taking in prison. In my view, their input on drug-sharing activities is fairly accurate.

Sexual Activity

Woman-to-woman sex risks are a common concern among women prisoners. Women prisoners want to know the risk of HIV transmission in lesbian sexual activities, which, in my view, are widespread in women's prisons. Although officially stated as 'low risk' this does not mean 'no risk'. Not enough research has been done to clarify what risks there are.

Speaking of the situation in gaol, one prisoner said:
In what I see and hear, I regret to say I don't think anyone takes care when having woman-to-woman sex - perhaps a handful - but most don't bother. Most don't think they can contract the virus from a woman, others who are aware that infection is a possibility still don't bother to take care. What needs to be done... is to have literature available all the time, have one-to-one talks, weekly group talks, and have access to 'dental dams'.

Dental dams are now available to lesbian women, as a woman-to-woman safe sex aid. They are latex sheets which are used by dentists to cover the mouth while working on one tooth. During oral sex, the dam stops contact with vaginal fluids where HIV may be concentrated. Presently, there is no access to dental dams in prison. If they were introduced, there would be a need for positive education strategies to encourage women to use them. Many women feel uncomfortable with them and regard them as an obstacle to sexual pleasure.

It is important to note that many women are in prison for drug-related offences, that women have sex with other women in prison, and share needles, in and out of prison. They are, therefore, potential carriers of the AIDS virus. The possibility of HIV being transmitted during woman-to-woman sex cannot be ruled out at the present time. There is very little literature on safe lesbian sex and at present the Prisoners' AIDS Committees can only advise people not to have sex during menstruation.

Women prisoners may also be at risk because their husbands, de facto husbands or boyfriends may have spent time in prison. While in prison these men may have been exposed to the AIDS virus through intravenous drug use, consensual sex or rape.

As an AIDS educator in male prisons also, I understand from their AIDS committees that male-to-male sex does take place and is seen often as a 'sexual act' not necessarily with the 'stigma' so often attached to 'homosexual sex'. Male-to-male rape also occurs and is often hidden by the victim because of feelings of shame, guilt, hurt and denial. Female partners would not necessarily be told of any of these experiences by either established or future partners. In addition, a survey conducted by one Prisoners' AIDS Committee in a women's prison revealed that women did not believe that their partners would engage in consensual sex while in prison, or rape another prisoner. The women prisoners believed that their risks of contacting HIV are minimal if their partner is not an intravenous drug user.

An essential issue in discussing HIV/AIDS with women prisoners, whether their future partners be ex-prisoners or not, is to empower women to negotiate safer sex practices. Assertiveness in getting resistant, defensive partners to use condoms is often a difficulty for women.

These are all issues which are important to include in women's HIV/AIDS education programs in prisons particularly considering the average stay of female prisoners in prison is about three months (Walker, 1989).

**Needle Sharing**

By far the greatest HIV transmission risk in women's prisons is needle sharing. A participant of one Prisoners' AIDS Committee in a maximum security prison said:

[Wanting] the drug is compounded by 'secrecy of everything' and this often means that sterilising goes out the window. Women are depressed, they have little self-esteem and feel worthless. They often come from 'crisis' situations and intense peer pressure especially for younger women, means responsibility is lost, as are the educational messages. Only a handful bother to go through the two times water, two times bleach, two times water method and usually the same fit (needle) is used throughout; so God knows!
In contrast to the view expressed above, the medium security Prisoners’ AIDS Committee states:

Women take more responsibility for themselves probably because they have more time, and are in a more relaxed environment. Also people take time to talk to them and help them with their problems, they see other women acting in a more mature way and doing time more easily. It makes them see advantages they can get out of a medium security prison thus the educational messages are easier to get through.

In summary, needle sharing goes on regardless of the reality of AIDS. The prisoners’ peer educators seem to suggest education can only be effective if issues of low self-esteem, boredom, peer pressure and drug addiction are also addressed. They suggest, too, that the type of prison - maximum or medium security may have a bearing on the effectiveness of HIV/AIDS education.

Support Groups

At present, in the women's prisons in which I work, there is a significant number of openly HIV positive women. Some 'openly positive' prisoners have been stigmatised by some officers and other prisoners for revealing their HIV status. This is making it difficult for Prisoners' AIDS Committees to make contact with HIV positive women in prison, in a supportive role.

There is a need for HIV positive support groups to be set up without 'stigma' within the system. Problems are ensuring confidentiality, being able to raise the confidence of HIV positive women to 'come out' and developing an effective surrounding support structure.

The importance of women's HIV prisoner support groups is to assist with access to the latest medical information and treatment, emotional support, and support to practise safe activities while in prison and to carry them out upon release. They can also advise gaol superintendents about HIV positive prisoners' needs. This will be a great challenge in all prisons in the 1990s.

Reference