## **Gender-specific health in prisons**

Women in Italian prisons account for 4% of the general population which stands at about 50000 people present on a daily basis. In varying numbers in the various prisons spread throughout the country, their epidemiological data are lacking with regard to pathologies; nor is there a centralised organisation of health services rendered in the different local realities.

With regard to the state of health, studies in Italy estimate that 60% to 80% of prisoners have at least a pathology. Of these, one out of two is infectious (48% of cases). These are followed by psychiatric disorders at 32%, osteoarticular diseases 17%, cardiovascular diseases 16%, metabolic disorders 11%, and dermatological diseases 10%. The prevalence of infectious diseases is far greater than that observed in the non-prison population: HIV affects 7%, while positivity to the hepatitis B antigen stands at 6%, and to hepatitis C at 40%.

As regards the female prison population, the prevalence of HIV infection, of other blood-borne diseases and sexually-transmitted infections is often higher than that observed in men. Women who are sexual partners of HIV-positive male prisoners have an eight-time greater risk of acquiring the infection than HIV-positive partners who have never been in prison and it is not uncommon to discover that they are pregnant and HIV-positive. The rate of infection among female prisoners who account for 5.5% of the total has been found to be even 50% higher than the male population in several observations. Also the prevalence of chronic HCV infection is higher than that observed in men. In women, physiological, psychological and social factors play an important role in characterising chronic HCV infection and should be considered in order to provide a proper access to care and appropriate therapeutic prescriptions.

As regards infection due to human papilloma virus (HPV), female prisoners have a higher risk compared with the general population and the re-





ports of cervical cancer were four to five times higher than in the non-prison female population. Today, the rate of screening for gynaecological diseases as well as the rate of HPV vaccination in subjects for which it would be recommended are unknown to date. The same is true for the rate of breast cancer screening.

The Italian Society of Prison Medicine and Health (SIMSPe) has been committed for years to the study and promotion of health in Italian prisons and has focussed its attention on the health of female prisoners by setting up the multidisciplinary network called ROSE (Simpse Women's Network) to gain further insight into the health of this minority population in order to promote effective and specific actions through targeted projects.

Only by determining the health needs of the female prison population will it be possible to redress any discrepancies due to organizational and health service shortcomings and to improve the prevention and treatment of diseases of men and women alike. By associating gender-specific medicine information and training measures to this pathway, it will be possible to achieve in time that cultural emancipation which must also reach this field.

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