

Design of a booklet as a tool for health education in the women's penitentiary module of Zuera in Zaragoza

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ABSTRACT

This paper describes a Health Education experience carried out in a women's penitentiary module. Inmates developed a workshop and created a photostory by choosing the script and the plot themselves. The target was to promote more healthy habits of personal hygiene among inmates, a topic they had previously chosen. The photostory was distributed in all the prison modules and its effect was evaluated.

Key Words: Health Education. Prison. Women.

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INTRODUCTION

Since its opening in 2000, the penitentiary centre of Zuera in Zaragoza has set up a Health Education program (HEP), integrated in the Aragon Network of Health Education Projects from the Aragon authorities (ANHEP).

As is often the case in primary care outside prison, little importance is attached to health education with respect to medical care. This explains that the scarce personnel working in health promotion in the centre are principally volunteers. Due to this shortage, the Health Program was centered on the women's module only. This group is normally as collaborative as in need for intervention. The analysis of health needs pointed out the following inmates' requests in order of importance:

- Selfcare, personal hygiene and self-esteem (improve cohabitation)
- Food
- Risk behaviours for diseases infection
 - TB
 - HIV and HCV – HBV
 - HPV
 - STD : condom use
- Addiction to psychoactive substances, which can be legal such as psychoactive drugs or illegal such as heroin or cocaine.

- Rejection of inmates suffering from an illness

Education on new healthy values is somewhat the precursor of a change in attitudes¹, which must be the ultimate objective of any health promotion program. Some works have proved that the beliefs and values related to health and disease are different among the prisoners, when compared to those from the rest of the population²⁻⁶. This is the reason why it is necessary to study these beliefs, so proper of the penitentiary subculture, in order to establish a profitable exchange of information between the driving force of more healthy habits and the targeted population in the penitentiary context.

The health promotion team of the centre decided to study the values and the social beliefs related to bad behaviour patterns in the most important topic that female inmates had perceived as a health need: hygiene. The health promotion team of the centre considered carrying out an experience, similar to that of Luynes Aix-en-Provence⁷, where they have described a photostory created by the inmates themselves, focusing on the prevention of HIV infection-associated with tattoos in prison.

In this work, we explain the creation process of this booklet and the evaluation of its effect on the participants as well as on the rest of inmates, even though they have not taken part in the educational sessions, they were provided with one.

MATERIAL AND METHOD

With respect to educational activities, and to determine the health beliefs of the group, we have used focal groups as the qualitative research technique. The tool to enhance attendance to the sessions, was the creation of a booklet which showed the conclusions of the group. A main topic for the activity was reached jointly, topic that inmates had already considered a priority in their needs within the health promotion program of the centre: personal hygiene, self-esteem and in general health values which make cohabitation easier in a module. We suggested to create a photostory that would summarize the activity.

The activity started out in March 2002 with the help of an advertising campaign in the module, using posters informing of a health workshop. The objective was to publish a photostory with reference to the aforementioned topics. The inmates enrolled in the workshop were entitled to participate in the sessions where the script and the plot would be discussed. Likewise, it was made clear that the main characters of the photostory would be those, chosen by the inmates, who participated more actively in the workshop. Following a work methodology and according to the number and characteristics of the participants, we have formed discussion groups of different structure levels. The activities were designed in the form of a workshop, which was continuous in the women's module throughout one year, but with the intention of using the booklet made as a health marketing campaign in all the prison modules. The activity was aimed exclusively at the female inmates, although the health marketing effect produced by the booklet reached the total population of the prison.

The workshop focused on one topic only and consisted of one session per month, of approximately 2 hours during 7 months. In these sessions, topics associated with Health Education such as personal hygiene, self-esteem and cohabitation were discussed. The evaluation of the experience was carried out by means of a closed questionnaire conducted by professional survey takers independent of the health care services.

RESULTS

Of all the suggestions made for creating a booklet which could summarize the educational activity put forward in the module, the photostory has been the most successful. Afterwards, the module educators distributed it in all the prison. During the year in which the experience took place, there were on aver-

age 59 inmates in the women's module. At the same period, an average of 1,690 inmates represented the total prison population. 55.9% of female inmates participated in at least 4 sessions of the workshop (33 out of 59). To evaluate the activity, we have interviewed a representative sample of inmates from the women's module (n=35), we have also conducted a survey among another representative sample of male inmates, representing the rest of the modules in the prison, where a copy of the photostory was distributed but no activities from the Health Education Programme were carried out (n=188). All of them were given the questionnaire showed in Table I and II. The majority of inmates, those the booklet was aimed at, liked it, in the form but also in content above all because they identified themselves with the main characters and with the situations shown (Figure I). In the inmates' opinion on the booklet, there was one negative element, which was the shortness of the photostory. For most interviewees, the message the photostory intended to transmit was related to positive values regarding hygiene and companionship (Figure II). According to those polled, the activity encouraged the majority of inmates to talk and to think more about this issue. The female inmates declared to be, after the experience, more demanding in terms of hygiene with respect to their mates and the environment. In similar proportions, the same results were obtained in the rest of the modules. The activity generated a greater demand for cleaning products, personal hygiene products of better quality were requested as well as more health promotion activities in addition to the application of this methodology to other issues associated with health improvement. 71% of all the inmates were willing to participate in future activities from the Health Education Programme (Figure III)

DISCUSSION

There is a serie of reasons which justify the effort that must be made in health promotion among the prison population: inmates mainly belong to socially excluded groups, which is the cause of limited health education in general and more especially in those diseases associated with bad behaviour patterns. Marginalization keeps them out of the usual services that public health bring within the rest of the population's reach regarding the prevention of these diseases⁶, and make them more vulnerable to them. In prison, unhealthy habits account for the high prevalence of communicable diseases (AIDS, Hepatitis, Tuberculosis, etc...) associated with intravenous drug use.

	WOMEN's MODULE (n=36)		REST OF THE MODULES (n=152)	
	n	%	n	%
1. Do you know the photostory?				
Yes	26	72	122	80,0
No	6	17	20	13,0
Doesn't know/ doesn't answer	4	11	10	6,5
2. Did you like it?				
Yes	27	75	98	64,0
No	7	19	21	13,8
Doesn't know/ doesn't answer	2	6	33	21,7
3. After the photostory was read				
There is more talking	8	22	52	34,0
There is more thinking	4	11	12	8,0
There is more talking at the beginning, but after some time it stops	2	5,5	13	8,0
Nothing	8	22	53	35
Doesn't know/ doesn't answer	14	39	22	15
4. Are you more demanding in terms of personal hygiene?				
Yes	16	44	69	45
No	6	17	38	25
Doesn't know/ doesn't answer	14	39	45	29

Table I. Inmates' opinions on the health education activity "Design of a photostory", depending on whether they have participated or not.

ALL THE MODULES	n	%
5. Why did you like the photostory?		
It represents a real situation	79	42
It has been made by mates.	8	21
It only shows part or nothing of reality	15	8
Since it increases awareness, it is educational	11	6
For the issue discussed	40	21
New activity	9	5
Others	26	14
6. What is the photostory about? Name a minimum of 3 issues discussed in it.		
Hygiene	85	45
Companionship	73	39
Drugs	30	16
7. After you have read the photostory, what do you think would be necessary...		
More activities	90	48
More personal hygiene products	15	8
It could be applied to other issues	81	43
Doesn't know/ doesn't answer	2	1
8. Would you be willing to participate in an activity of this type (new photostory) if you were asked?		
Yes	134	71
No	21	11
Doesn't know/ doesn't answer	33	18

Table II. Total prison inmates' opinions on the health education activity 'Design of a photostory'.

Precisely it is when inmates are released, that the accessibility to health care services that imprisonment provided them with, disappears on account of the social isolation they suffer. Inmates generally consider the prison health team to be of great help, and thus facilitate their work in general and more especially on Health Education (HEP)³. One of the main reason for the activity to be successful, not only in the women's module where it was requested but also in the rest of the prison, was the concern inmates have repeatedly shown about hygiene. Regarding the female group, the workshop sessions served to find out more about their values concerning healthy behaviour patterns and the importance given to the differ-

ent beliefs concerning hygiene and self-esteem with respect to other unhealthy social representations. This work has proved qualitative methodology to be very effective in this type of activities⁸.

The photostory has enabled a very acceptable coverage, it is actually striking that in percentage terms the rest of the modules which had not been directly exposed to the programme were more aware of it than the inmates from the women's module where it took place. The evaluation has served, in those modules where inmates only received the material, to prove a typical effect of health marketing, the awareness towards this issue and a willingness that we should use to promote other activities. These activities should be personalized and have a greater capacity to influence a lasting change in attitude. In the women's group where the activity was carried out, the creation of the photostory was the perfect "excuse" to ensure their regular attendance and their participation in all the educational sessions. During some months, the group controlled, to a certain extent, the people who did not respect the values defended in the workshop sessions and expressed in the plot and script of the photostory. The "transgressors" were severely criticised by the group and forced to observe the rules of conduct previously established which led to more healthy habits concerning hygiene. The objective set was highly reached, inmates requested principally more activities on health education in which they were willing to participate. This encouraged us to continue with the same booklet strategy and to use it as the focal point of the health education activity in the centre. With the help of more resources, a 7 minute video was made last year and out of it a new photostory was created, though longer this time. The topic chosen for the second photostory and video corresponded to the second most important within the requests made at the beginning of the health education programme in the prison, that is to say, risks in diseases infection, and more precisely about the convenience of using condoms in sexual intercourses. This particular time, the workshop sessions were monitored with the help of the Lluna programme guide on safe sex⁹.

In conclusion we think that this activity has been effective due among other reasons to: the participation in the debate during sessions improved compared to that of other type of health education activities that had been tried out in the past in our prison. Since the discussion focused on adapting a script, no personal self-references were involved when expressing opinions on the topic. As their attention was put on an impersonal story, taboo issues were discussed

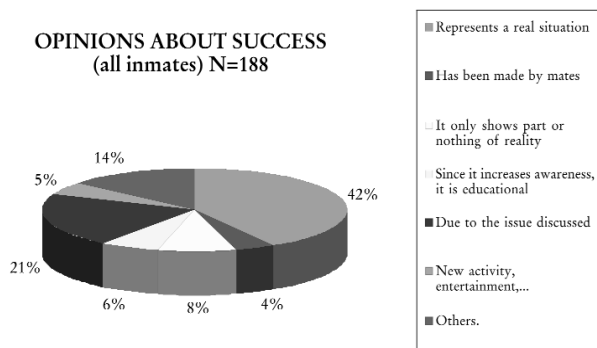


Figura I.

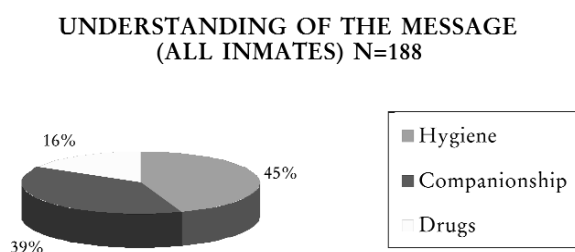


Figura II.

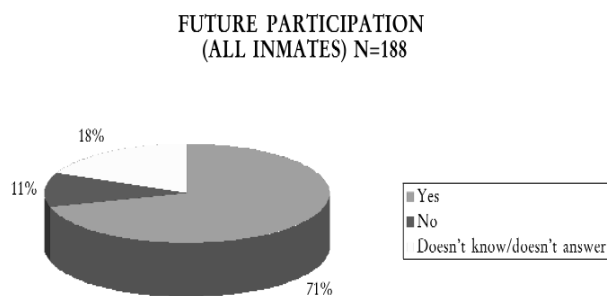


Figura III.

more easily and could be treated more freely and objectively. The workshop was perceived more as a game than an educational activity, thus attendance increased. Although sessions were not based on true stories, but on scenarios, issues remained real since discussions focused on real situations described and often experienced by the inmates who could identify themselves with them and even feel involved. Valuable social representations came out, expressed without any fear of criticism.

Participants developed self-esteem by feeling like "stars" in a video or a photostory before their mates. Among the targeted group, the activity perfectly achieved the health education goals, it has served to inform and to change attitudes. Outside the targeted group, and considering it as work material, it has served to increase awareness on the issue and intervention was requested, all in all the activity has been used as material for health marketing. A photostory can be made with few economic resources, a great display of material or personal means has not been required, and the educator could conduct the activity, just as in any other type of health promotion intervention. It developed great satisfaction and faithfulness among participants.

In the future, we wish to repeat this activity. We would use the list of health needs established in the past by the targeted group which could serve to choose a topic for the new booklet to be created. The same methodology would be applied in future workshops from the health education programme. Some health promotion works have described the use of photostories¹⁰⁻¹², however not with the penitentiary population, except for the French experience which has inspired our workshop, consequently we haven't been able to draw comparisons with experiences similar to ours.

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