Inventory of health education programs

(Romania – Greece – Finland - Türkiye)

ERASMUS+ PROGRAMME

HE4Her - Health Empowerment For Women involved with The Criminal Justice System 2023-1-RO01-KA220-ADU-000156137

KA220-ADU - Cooperation partnerships in adult education

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Content

1. INVENTORY OF HEALTH EDUCATION PROGRAMS GHERLA PENITENTIARY ROMANIA

There are 4 health education programmes of which only one is currently implemented in Gherla Penitentiary (No 3). The programs listed below are implemented throughout the prison system in the same format
The methods used in running the programmes are generally the classic presentation of information by the educator and evaluation in a questionnaire to assess the knowledge acquired.

1.1. HEALTH EDUCATION PROGRAM

The program is run by educators from the penitentiary units

Purpose
Improving the state of health of people in the custody of the penitentiary system, by acquiring basic information related to hygiene, as well as by training or strengthening healthy life skills.

General objectives
- knowing some basic information related to the specifics of the human body and learning the main rules of personal and collective hygiene;
- practicing healthy life behaviors and acquiring them in daily life;
- ensuring the health of the prison population by increasing the level of knowledge of those who carry out custodial sentences (adults and minors).

The target group
It consists of persons in the custody of the penitentiary system (minors/men/women)

The program has a general character, and the enrollment of persons deprived of liberty in the program will be carried out taking into account the prioritization of educational needs, based on the recommendations recorded in the individualized educational and therapeutic assessment and intervention plan or at their request, depending on the expressed interest.

Duration and frequency
- 12 sessions/module;
- twice a week (usually).

Topics

It is structured on two basic modules, one addressed to adults (men and women) and another intended for minors.

MODULE I (adults)

1. **Introductory meeting and formation of the group;**
2. **Personal hygiene rules;**
3. **Maintaining the hygiene of the living space;**
4. **Healthy lifestyle;**
5. **Excessive alcohol consumption/Alcoholism;**
6. **Smoking - negative influences on the body;**
7. **Consumption of drugs and ethnobotanical substances;**
8. **Sexually transmitted diseases;**
9. **HIV/AIDS;**
10. **Family planning and contraception I;**
11. **Family planning and contraception II;**
12. **Prevention in health (optional);**
13. **Social health insurance (optional);**
14. **Final assessment.**

MODULE I (minors)

1. **Introductory meeting/Initial assessment;**
2. **The human body (systems of the human body);**
3. **The human body (internal organs);**
4. **Personal hygiene rules;**
5. **The hygiene of the living space and joint activities;**
6. **Puberty – physiological and psychological characteristics;**
7. **Smoking;**
8. **Alcohol consumption in children;**
9. **Consumption of drugs and ethnobotanical substances (I);**
10. **Consumption of drugs and ethnobotanical substances (II);**
11. **HIV/AIDS;**
12. **Final assessment.**

1.2. Education for health mode II

The program is run by educators from the penitentiary units

Justification

The application guide of the Health Education Program - module II - continues the educational intervention from the first module, adding new knowledge to the basic information, previously assimilated, or it can be addressed to prisoners who, although they have not completed the initial module, have a minimum level of knowledge that allows understanding the content contained in the following material.

This perspective offers the opportunity to include a larger number of participants in the program, as well as to use the knowledge that the prisoners possess or that they have acquired in the first part of the course.

The module aims to include a specific theme for minors and women, these categories involving distinct needs for assistance and intervention.

Also, the incidents that can take place inside the places of detention (aggressions, self-inflicted injuries, suicide attempts, crises caused by certain chronic conditions, etc.) or accidents that can occur sometimes call for knowledge of rapid intervention, which they can save lives or improve the health of a person in a critical situation. From this perspective, there was also the need to provide persons deprived of their liberty with a series of basic notions related to the provision of first aid, aiming equally at the acquisition of practical intervention skills.

Purpose

Module II of the Health Education Program aims to improve the health of people in the custody of the penitentiary system, by enriching and diversifying the basic knowledge assimilated in the previous module or already held by the participants.

General objectives

- enriching and diversifying the knowledge assimilated by the participants in the first module of the program or already known by the persons in custody (minors and women);
- acquiring practical skills for providing first aid in different cases, which require this type of intervention;
- practicing healthy lifestyle behaviors and acquiring them in daily life;
- ensuring the maintenance and improvement of the health of the prison population by increasing the level of knowledge of those who carry out custodial sentences (adults and minors).

The target group

It consists of persons in the custody of the penitentiary system (minors/men/women)

Duration and frequency

- 12 sessions/module;
- twice a week (usually)

Topics

It is structured on two basic modules, one addressed to adults (men and women) and another intended for minors.

MODULE II (women)

1. Introductory meeting / Initial assessment

2. Pregnancy: generalities, fetal evolution

3. Stages of birth and breastfeeding

4. Raising a small child - up to one year. The mother-child relationship

5. Specific female diseases: breast and cervical cancer

6. Premenopause and menopause

7 - 11. First aid assignments

12. Final Evaluation

MODULE II (minors)

1. Introductory meeting / Initial assessment

2. The male and female reproductive system: characteristics

3. Physical and mental sexual maturity. The beginning of sexual life

4. The concept and implications of being a parent at ages younger than 18

5. Contraceptive measures

6. Sexually transmitted diseases

7 - 11. First aid assignments

12. Final Evaluation

MODULE - FIRST AID

1. The introductory session. Initial assessment
2. First aid kit: composition and utility. The importance of knowing some methods of providing first aid
3. Intervention in case of hypothermia and hyperthermia
4. Intervention in case of upper airway obstruction
5. Intervention in case of unconsciousness, nasal bleeding and in the head region
6. Artificial ventilation technique. External cardiac massage
7. Intervention in case of insect stings, animal bites, fever or convulsions
8. Intervention in case of electrocution and burn
9. Intervention in case of wound in the upper limb and hemorrhage in the lower limb
10. Intervention in case of sprain, dislocation, fracture
11. Recapitulation (practical activity)
12. Final Evaluation

1.3. EDUCATION FOR HEALTH 2024

The program is run by educators from the penitentiary units

Justification

"Health is a treasure that few know how to value, although almost everyone is born with it." (Hippocrates)

We live today in a society where stress, diseases related to overnutrition or undernutrition, cardiovascular diseases, diabetes, cancer, AIDS, depressions, lung diseases are the order of the day, both in underdeveloped and overpopulated third world countries and in developing countries of development, as well as in those that have reached a high level of development, being, for the most part, the effect of non-compliance with the most basic rules of hygiene and prophylaxis.

The need and usefulness of health promotion strategies are recognized throughout the world. Moreover, in Romania, where the population faces multiple and varied health problems caused by the poor socio-economic situation, the conscious and sustained involvement of as many segments of the population as possible in activities that promote health is absolutely necessary.

Regarding the detention environment, characterized by a great human diversity, which calls for multiple intervention, it is necessary to know and observe strict rules of hygiene and common life, which ensure the health of individuals during the execution of the privative sanctions freedom. Many detainees have numerous educational deficiencies, lacking the minimum knowledge that should have been provided to them in their families of origin.

In this context, the need to develop a health education program is argued, which will contribute to the formation of healthy life habits, addressed to adults (men and women).

Purpose

Through its content, the program aims at the acquisition of basic information related to hygiene, the formation or consolidation of healthy life skills, contributing to the formation of a correct attitude towards the legal order and the rules of social coexistence, with a view to the reintegration into society of persons deprived of freedom.

General objectives

• The correct application of hygienic and sanitary rules in different contexts of personal and social life
• Showing interest in preserving personal health and protecting the health of those around
• Responsible adoption of healthy lifestyle decisions
• Identifying risk behaviors and their effects on health

General skills:

• The correct application of hygienic-sanitary rules in different contexts of personal and social life;
• Showing interest in preserving personal health and protecting the health of those around;
• Responsible adoption of decisions regarding a healthy lifestyle;
• Identifying risk behaviors and their effects on health;
• Correct application of first aid measures in different life situations.

Duration and frequency:

The program includes 14 meetings, of which 12 are mandatory and two are optional.
It is recommended that the duration of the working session be 50 minutes, and the frequency of the sessions will be a maximum of 2 sessions/week.

Topic
Theme no. 1 - Introductory meeting
Theme no. 2 - Personal hygiene rules
Theme no. 3 - Maintaining the hygiene of the living space
Theme no. 4 - Healthy lifestyle
Theme no. 5 - Excessive alcohol consumption/alcoholism
Theme no. 6 - Smoking – negative influences on the body
Theme no. 7 - Use of drugs and ethnobotanical substances
Theme no. 8 - Sexually transmitted diseases
Theme no. 9 - HIV-AIDS 71
Theme no. 10 - Family planning and contraception (I)
Theme no. 11 - Family planning and contraception (II)
Theme no. 12 (Optional) - Prevention in health
Theme no. 13 (Optional) - Social health insurance

1.4.1. PROGRAM REGARDING THE INFORMATION AND EDUCATION OF PERSONS DEPRIVED OF LIBERTY, REGARDING THE WAYS OF TRANSMISSION AND HOW TO PREVENT PULMONARY TUBERCULOSIS AND INFECTIOUS - CONTAGIOUS DISEASES (HIV/AIDS AND VIRAL HEPATITIS)

The program is run by the medical staff in the penitentiary units

Purpose

The program aims to acquire basic information related to the ways of transmission and how to prevent pulmonary tuberculosis and infectious diseases (HIV/AIDS and viral hepatitis).

The target group

It consists of persons deprived of their liberty newly deposited in the penitentiary.

Specific activities

Distribution of leaflets to inform inmates on how to transmit, prevent and treat pulmonary tuberculosis.

Distribution of information leaflets to inmates regarding infectious diseases (HIV/AIDS and Viral Hepatitis).

1.4.2. PREVENTION OF TUBERCULOSIS IN PRISONS THROUGH E-LEARNING SESSIONS

The program is run by educators from the penitentiary units

Purpose

To protect prisoners from tuberculosis through specific education (existing modules in the eLearning platform for TB prevention in prisons).

The eLearning platform for the use of TB lessons/modules by prisoners has been chosen as a suitable solution for the delivery of the lessons, both for its user-friendly and user-friendly interface and for the outstanding facilities it offers to learners and educators.

General objectives:

- To inform people deprived of their liberty about the fundamentals of tuberculosis, by going through the theoretical notions contained in the existing modules of the eLearning platform;

- To fix the information conveyed by going through the practical applications (case study, 3D film, interactive game, rebus) within the modules;

- Measuring the increase in knowledge acquired by completing the initial questionnaire and the final test within each content module;

- Training/development/adoption of prophylactic behaviour in terms of compliance with health rules for living in a community.

Target group:

minors sentenced to an educational measure of internment in a re-education centre and persons deprived of their liberty, serving a custodial sentence in juvenile and youth prisons, penitentiaries and

Reference:

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More information about the Correctional project
https://anp.gov.ro/norwaygrants/category/proiecte/noi/correctional/

Disclaimer: Project funded by the Kingdom of Norway through Norwegian Grants. The value of the grant awarded to the project is 30,800,000 euros.
The objective of the project is to improve the capacity of the correctional system (penitentiary and probation) to provide reintegration services to convicted persons (prisoners, ex-prisoners and persons under the supervision of probation services), by implementing the Norwegian "seamless" principle and by investing in human capital development.

2. INVENTORY OF HEALTH EDUCATION PROGRAMS IN GREECE

Inventory of health education programs in Greece

The health needs of female prisoners are of utmost importance. However, they still receive little attention internationally, both from health and prison authorities. This is partly due to the fact that female prisoners are a minority compared to male prisoners. In Greece, understaffing of healthcare personnel, higher prevalence of transmittable and non-transmittable diseases pose a significant hurdle to the effective delivery of primary healthcare services within the country's correctional institutions.

In Greece, the presence of healthcare professionals within prisons is notably scarce (Athanasopoulou, 2016). Data from 2010 indicates a significant shortfall in the number of medical personnel allocated to Greek correctional facilities. Specifically, there were only 71 staff members in contrast to the intended 182, comprising 11 doctors instead of the planned 51, 4 dentists instead of 19, 2 pharmacists instead of 5, and 54 nurses instead of 107. By 2014, the situation had slightly improved, but disparities remained evident. Despite the allocation of 140 employees, only 77 were actually in place, including 6 doctors instead of the expected 50 and 71 nurses instead of 90, as outlined by government reports (Government of Greece, 2010; Presidential Decree, 2014).

Data regarding the prevalence of non-infectious diseases in the Greek correctional system is very rare. The most common physical health problems among prisoners in correctional facilities are hypertension, diabetes mellitus, as well as cardiovascular and respiratory diseases (Andersen et al, 2000; Athanasopoulou, 2016). As far as transmittable diseases are concerned, hepatitis occurrence is increased, due to risky behaviors. As a result of the constant movement of prisoners inside and outside the correctional system (imprisonments, releases), the phenomenon of “revolving doors” is observed, which has an impact on disease prevention and control within the community where prisoners are released (Anastassopoulou et al, 1998; Malliori et al, 1998).

The legal aspect

As stipulated in article 3, paragraphs 1 and 2 of the Penal Code, prisoners are entitled to fair and equal treatment, with strict prohibition against discrimination based on various factors such as race, color, national or social origin, religion, property, or ideological beliefs. Additionally, provisions are made for catering to the unique requirements of prisoners, including women, who are accommodated separately from men in facilities tailored to their gender-specific needs. Furthermore, special arrangements are outlined for incarcerated mothers, allowing them to reside with their children in designated areas or annexes within the detention center, as detailed in Article 13, paragraphs 2 and 3 of the Penal Code.

As outlined in article 27, paragraph 1 of the Penal Code, prisoners maintain the right to receive adequate physical and mental healthcare, which is fundamental to upholding their dignity. The correctional authority ensures that inmates receive medical, dental, and pharmaceutical services comparable to those available to the general public. Despite research indicating that women make up only a small fraction of the overall prisoner population across European nations, the specific challenges faced within women's detention facilities often receive insufficient attention. Primarily, this neglect manifests in inadequate healthcare provision for female prisoners, despite the unique needs of this demographic (Τζανετάκη M.,2017).

As per the regulations outlined in articles 21 (paragraph 3), 22 (paragraph 2), and 27 (paragraph 3) of the Penal Code, every new prisoner undergoes an initial examination conducted by the detention center's medical personnel upon admission. Subsequently, prisoners have the right to request medical evaluations every six months or whenever necessary, with prompt access guaranteed by the facility's medical staff. Furthermore, in cases of chronic illnesses, prisoners may request for ongoing monitoring by their personal physicians, with associated costs covered by the individual. While permanent healthcare staff may not be stationed within the detention center, medical needs are met through collaboration with units of the National Health Service and scheduled visits from external medical professionals. In situations where on-site medical personnel are unavailable,

specialists are promptly summoned from an approved list of visiting doctors to ensure medical attention within 24 hours. (Σακελλιάδης Ε., Παπαδόδημα Σ., Λέων Γ., Σπηλιοπούλου Χ., 2007; Ευρωπαική Επιτροπή για την Πρόληψη των Βασανιστηρίων και της Απάνθρωπης ή Ταπεινωτικής Μεταχείρισης ή Τιμωρίας (ΕΠΒ), Συμβούλιο της Ευρώπης, 1993).

Transmissible diseases

Within detention facilities, there's a notable occurrence of disease transmission, particularly sexually transmitted diseases like HIV/AIDS, hepatitis B and C, and tuberculosis. This is often attributed to sexual activities among inmates, driven by their need for intimacy. The primary routes for HIV and hepatitis transmission include drug use, especially through shared needles, as well as unprotected homosexual encounters and unsterile tattoo practices within prisons. Additionally, the frequent cycling of individuals in and out of incarceration exacerbates the spread of these diseases. Tuberculosis virus is also prevalent within prisons, largely due to inadequate sanitation, including poor ventilation and overcrowding, compounded by drug use. Consequently, tuberculosis ranks among the leading causes of mortality in prisons (Togas et al., 2014).

Programs and initiatives

2.4. Action Plan "Intervention in the Eleonas-Thebes Women's Detention Center - Dinomachi Program"

Klimka is a social institution founded in 2000 and is active in the operation of Units and the implementation of programs and interventions for the promotion of mental health and the social integration of excluded groups in Greece and abroad. In 2010 Klimaka prepared and implemented a pilot program for the provision of mental health services in

detention centers using telepsychiatry. The pilot program was named: Action Plan "Intervention in the Eleonas-Thebes Women's Detention Center - Dinomachi Program". The program lasted one year and five months. Its results exclusively concern the mental health issues of women-prisoners in the Eleonas-Thebes detention center, which arose after the implementation of telepsychiatry.

2.5. Kethea in Action and KETHEA Prometheus

KETHEA is the largest rehabilitation and social reintegration network in Greece. It has been providing its services to drug addicts and their families since Ithaki, the first Greek therapeutic community, was set up in 1983. Kethea in Action and KETHEA Prometheus in 2021 provided support/care for the health of female prisoners in the Reception and Reintegration Centers for Released Persons in Athens and Thessaloniki.

2.3. The Positive Voice

(a program of weekly meetings)

The Positive Voice is the Association of HIV-positive Greece. The Association was founded in 2009 with the aim of defending the rights of HIV-positive people, tackling the spread of HIV/AIDS, as well as limiting its social and economic effects in Greece. In 2012 and in 2018, the association provided prisoner training sessions on sexual health issues in the women's prisons of Thebes and the Eleonas Prisoner Drug Addiction Center. In particular, small groups of prisoners were formed who voluntarily attend a program of weekly meetings. The subject of the trainings includes the approach of issues related to sexually transmitted diseases, such as HIV/AIDS, hepatitis B and C and the modes of transmission, prevention, treatment and social stigma around these parameters.

2.4. General Secretariat for Gender Equality (GSEI)

2.4.1. Ministry of Health, hospitals, psychotherapeutic units, KEELPNO in collaboration with GYF (2017-2020): Health programs (mental and physical health, dental care, etc.) and free examinations for released women.

2.4.2. Ministry of Justice, Transparency and Human Rights, Detention Centers, Ministry of Health, Hospitals, Psychotherapy Units, OKANA, KETHEA, 18 ANO, KEELPNO, civil society, in collaboration with GIF (2017-2020): Health education programs (information and examinations) – Special programs for prisoners with mental disorders and substance-dependent prisoners.

In conclusion, in Greece there is not an adequate number of programs and initiatives targeting the health of incarcerated women and especially for transmissible diseases. Thus, there is a need for more programs focused on the needs of this population and more specifically for these diseases.

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3. INVENTORY OF EDUCATIONAL EXISTING PROGRAMS IN FINLAND

Health and Wellbeing of Prisoners 2023
The Wattu IV Prison Population Study Finland
Finnish Institute for Health and Welfare
Mika Rautanen, Kennet Harald and Sasu Tyni (eds.)

Results of the Wattu IV Prison Population Study Finland

The results of this study confirmed that prisoners have multiple problems and they are among those who need a lot of social and health care services. Chronic illnesses and the use of health services were more common compared to the entire population, and about a quarter of the prisoners were found to be heavy users of health care services.

As a whole, prisoner health and welfare is poorer than the rest of the population. The need for services before and after the imprisonment period is evident. At the same time, there were emerging opportunities for health promotion and risk prevention. The imprisonment period was seen as an opportunity to identify and utilise these opportunities.

Recommendations for practice and future research

Prison conditions have been found to expose prisoners to infectious diseases if harm
reduction measures are insufficient. The proposed measures aim at improving the health of prisoners and limiting the risk of the spread of infectious diseases in prisons. The prevalence of HIV and chronic hepatitis C infections is significantly higher in prisons than in the population on average, and sharing injection equipment occurs in prisons, resulting in an increase in the risk of the spread of bloodborne infections.
However, prisoners' health can be promoted by reducing the risk of infection and providing
treatment and vaccinations. It is important to provide prison staff and prisoners with training on bloodborne diseases and how they spread. Raising awareness helps avoid risky behaviour and promotes safe practices.

In summary, the health of prisoners, the burden caused by infectious diseases and the spread of infections in prisons can be prevented by various means: training prison staff and prisoners, providing vaccinations, testing, ensuring the availability of clean injection equipment and condoms, and treating infections. Prisons should increase and improve the effectiveness and coverage of these measures proven effective and regularly assess them.

Female prisoner report

A report on the conditions and activities of female prisoners and security

Publication of the Prison and Pro-ba-tion Ser-vice of Finland 4/2020

Kaisa Tammi-Moilanen

Some excerpts from the publication of the Prison and Pro-ba-tion Ser-vice of Finland

Functions and services of female prisoners

In all prison healthcare offices, the greater need of female prisoners for healthcare services was identified, but despite this identification, prison health services were guided by the fact that the prisoner should know how to go to health care with a problem and ask for it services. Female prisoners have as many health problems as incarceration. Healthcare services should be better developed to cover the needs of female prisoners and more accessible.

In prison healthcare, it would be desirable to train and focus more on intimate partner violence, sexual violence, prostitution and the special issues of healthcare for victims of human trafficking, and to review the possibility for female prisoners to access a female doctor or nurse upon request.

Therefore, prisons and prisoner healthcare units should jointly create a model for addressing such themes and sharing information related to the phenomena.

Access to healthcare services for female prisoners

Almost all prison polyclinics recognised the larger healthcare needs of female prisoners, but only a few met those needs. In some places, there was an attitude towards the challenges of female prisoners in the discussions.

A gratifying exception was the desire of the staff of Köyliö, Pyhäselä and Kestilä prison polyclinics to improve health care services for female prisoners. In all polyclinics, the

insufficiency of resources for work with female prisoners was emphasised. In some places, there were requests for training related to the issues of female prisoners.
In the polyclinics of Hämeenlinna prison and the Vanaja ward, as well as in the prison hospital, the health problems of female prisoners were clearly best known and they were also prepared to respond to them within the framework of resources.
In the discussion with the third sector entities, it occurred that too often women's illnesses remain untreated during imprisonment. Big problems were also seen in the civilian side's medical care's ability to understand the needs of access to health care of women with criminal backgrounds.

Inventory of educational existing programs in Finland

Programs for female prisoners

Almost all programs used in prisons are designed for male prisoners, both in Finland and in other countries. Of the programs used in prisons in Finland, only three programs have had women prisoners as their starting point: Vinn, Voiva ja Akka-ryhmä.

3.1. VINN program (is a motivational and discussion program for women)

VINN program is a motivational and discussion program for women that was developed in Norway in the early 2000s group program, which can however also be implemented as individual discussions. The program can be described as a life management inventory.

3.2. VOIVA (is a female-sensitive group discussion program aimed at Romani culture)

VOIVA is a female-sensitive group discussion program aimed at Romani culture. The program is based on the model of dialogic learning and cultural equality.

3.3. AKKA (is a group-based, structured discussion program for female prisoners who have experienced intimate partner violence)

AKKA is a group-based, structured discussion program for female prisoners who have experienced intimate partner violence, built over a long period of development.

Conclusion

Based on a literature review which was conducted for the Inventory of educational existing programs for women involved with the Criminal Justice System, we can state that special programs related to the HE4Her project's purpose, are not available in Finland.

We thoroughly studied the two aforementioned specific publications concerning the health care conditions in Finnish prisons, from which it occurred that there is not enough knowledge of female prisoners' needs. The need for further specific training concerning female prisoners' health care issues was clearly highlighted. Additionally, it emerged that too often women's illnesses remain untreated during imprisonment and thet problems were also seen in the civilian side's medical care's ability to understand the needs of access to health care of women with criminal backgrounds.

Consequently, the health educational product which will be created comes to a need and fills an existing knowledge gap of women with criminal backgrounds as well as of the professionals working with them.

4. INVENTORY OF HEALTH EDUCATION PROGRAMS IMPLEMENTED IN PRISONS IN TÜRKIYE

This inventory has been prepared to present, in a comprehensive manner, the health education programs that are directly implemented in penal institutions in Türkiye. The programs aim to meet the psycho-social support needs of prisoners, especially children, adolescents and women prisoners, to raise awareness in the field of reproductive health and sexual health, and to support their reintegration into society.

4.1. Sexual Development and Education Module (Parent Program)

Program Name: Sexual Development and Education Module – "*Annemleyim*" Project Parent Sessions

Implementing Institution: "*Annemleyim*" Project in cooperation with the Ministry of Justice, Directorate General of Prisons and Detention Houses

Target Group: Convicted/remand mothers in penal institutions (especially those with children aged 0–6)

Purpose:
• For mothers to gain knowledge, awareness and skills regarding the sexual development characteristics of children aged 0–6
• To develop awareness of privacy education in children
• To strengthen correct parenting approaches that support sexual development
Duration and Structure:
• Consists of 4 sessions, with a total duration of approximately 3.5 hours
• Each session is allocated to a different theme
Content and Sessions:

Session: Sexual development and its importance, the formation of sexual identity
• Activities: I Know My Gender, Can It Change? My Gender Does Not Change, Weaning

Session: Sexual development milestones between 0–72 months, the role of the adult
• Toilet training, peer play, body exploration, sexual identity development

Session: Sexual education in children
• Correct timing, scientific terminology, the role of the parent, healthy communication methods

Session: Privacy education and interactive activities
•The Importance of Privacy, Good Touch Bad Touch, Taking Without Permission, Finger Family, Whose Is This?
•Concepts conveyed to children include the body's private areas, obtaining consent, setting boundaries, and respect for others' belongings.

Methods and Techniques Used:
• Lecture, Q&A, discussion, case study, educational games, video and drama techniques
• Materials: Finger puppets, A4 paper, tape, string, socks, "good touch bad touch" video, consent video for children

Evaluation:
• Participant expectations are collected at the beginning of the session; at the end, gains are evaluated with the "Find Your Match" game.
• Reinforcement is provided through homework that participants will carry out with their children.

Highlights:
• It is a parent-based sexual education program prepared specifically for prisoner mothers.
• Emphasis on being a family role model is at the forefront to support children's healthy sexual identity development.
• The theme of privacy and bodily integrity is addressed with a focus on preventing abuse.
• Practical examples of games and activities that participants can use with their children are provided.

4.2. ADOREP: Reproductive Health and Sexual Health Education Program for Adolescents in Difficult Circumstances

Implementing Institutions:
• Republic of Türkiye Ministry of Health, Türkiye Reproductive Health Program
• Yeniden Health and Education Association (Y-ÇEV)
• Foundation for the Freedom of Children (ÇYÖV)
• Implemented with the financial support of the European Union.

Target Group:
• Adolescents living in difficult circumstances (youth in penal institutions, street-living children, youth in need of protection).
• Both female and male adolescents.

Purpose:

• To provide adolescents with accurate information on reproductive health, sexual health and healthy relationships.
• To eliminate misconceptions and myths.
• To support adolescents in developing safe sexual behaviors.
• To contribute to the prevention of unintended pregnancy and sexually transmitted diseases.

Duration and Structure:

• A modular training program structured around different themes.
• Mandatory topics: hymen, sexual intercourse, pregnancy, childbirth, contraception methods, sexually transmitted diseases, sexual abuse.
• Each module is adapted to the adolescents' age, developmental level and needs.

Content:

Adolescence and Emotional Change: Emotional and physical changes during adolescence, love, friendship and identity development.

Sexual Development: Bodily changes in males and females, sexual arousal, masturbation and debunking myths.

Sexual Organs and Reproduction: Hymen, penis, ovaries; the process of sexual intercourse.

Pregnancy and Childbirth: Union of egg and sperm, signs of pregnancy, fetal development and the birth process.

Contraception Methods: Birth control pill, intrauterine device, condom, emergency contraception; inadequacy of incorrect methods (e.g., withdrawal).

Unintended Pregnancy and Abortion: Legal framework, early intervention, abortion under healthy conditions.

Sexually Transmitted Diseases: HIV/AIDS, Hepatitis B, syphilis, gonorrhea, warts, herpes; symptoms and prevention methods.

Sexual Orientation: Heterosexuality, homosexuality, bisexuality; that orientation is natural and no one's orientation can be forcibly changed.

Sexual Abuse: Sexuality cannot be based on coercion; harassment/rape is a crime; ways to seek help.

Healthy Sexuality and Safe Behavior: Protection, staying sober, seeking professional help, avoiding violence, establishing safe relationships.

Method:
• Audio-visual materials (slides, videos, diagrams)
• Group discussions, Q&A, interactive activities
• Role-play and case examples
• Discussion of myths and misconceptions

Evaluation:
• Conducted by measuring participants' level of knowledge at the beginning and end of the training.
• During the training, the participation, questions and feedback of the youth are taken into account.

Highlights:
• It is one of the most comprehensive reproductive/sexual health programs for adolescents.
• It was developed especially for youth living in disadvantaged and closed institutional conditions in Türkiye.
• It presents direct, clear and scientific information against misconceptions.
• It adopts a holistic approach by addressing taboo topics such as abuse, substance use and sexual orientation.

4.3. ARDIÇ Psychosocial Support Program: Reproductive and Sexual Health Module

Implementing Institution: Developed for adolescent detainees and convicts under the coordination of the Republic of Türkiye Ministry of Justice, Directorate General of Prisons and Detention Houses.

Target Group:
• Adolescent detainees and convicts aged 15 and over in penal institutions (both girls and boys).
• Group capacity: Maximum 40 people.

Purpose:
• To explain that sexuality can be experienced in a healthy and conscious manner.
• To move away from misconceptions (myths) and break taboos about sexuality.
• To instill awareness of gender equality, healthy relationships and safe sexual behavior.
• To prevent unintended pregnancy and sexually transmitted infections (STIs).
• To support adolescents' emotional, psychological and social development.

Content and Themes:

Adolescence Period and Emotional Changes
Physical and emotional changes, peer relationships, identity development.
Sessions “What is happening to me?”, “What are liking and love?”

Sexuality and Common Misconceptions
Masturbation, hymen, menstruation, penis size, the “manhood” myth, myths about menstrual blood.
Introduction to sexual organs and their functions.

Pregnancy and Birth
The process of sexual intercourse, how pregnancy occurs, fetal development.
Contraception methods (birth control pill, intrauterine device, condom, morning-after pill).
The medical aspect and legal framework of abortion.

Sexual Problems
In males: Erectile problems, premature/delayed ejaculation. In females: Vaginismus, sexual aversion, difficulty reaching orgasm, painful intercourse.

Sexually Transmitted Infections (STIs)
HIV/AIDS, Hepatitis, syphilis, gonorrhea, warts and herpes.
Modes of transmission and prevention methods (especially condom use).

Sexual Orientation and Identity
Heterosexuality, homosexuality, bisexuality, transsexuality.
Curiosity in adolescence, types of orientation and awareness against stigma.

Media and Sexuality
Differences between pornography and real life.
Misrepresentation of sexuality in the media and its effects.

Recommendations for Healthy Sexuality
Be prepared, care, seek help, do not hit, do not transmit, protect yourself, see a doctor, stay sober, consult, talk.
Developing awareness against abuse and forced sexual intercourse.

Methods and Techniques:
- Slide presentations and short films
- Group discussions, Q&A sessions
- Role-play and scenario analysis
- Interactive activities based on debunking myths

Evaluation:
• At the end of each seminar, feedback is gathered with the question “What stayed in your mind?”
• The awareness participants develop against misconceptions is evaluated.
• Situations that may require referring participants to the psychosocial service are also monitored.

Highlights:
• The program offers adolescents age-appropriate, clear and direct sexual health education.
• It is notable for addressing especially taboo topics (masturbation, menstruation, hymen, sexual orientation).
• Within the framework of psychosocial support, it aims to reintegrate youth who are at risk of offending back into society.

4.4 ARDIÇ Psychosocial Support and Intervention Program – Sexual Offence Module

Implementing Institution:

• Republic of Türkiye Ministry of Justice, Directorate General of Prisons and Detention Houses
• UNICEF technical support, European Union financial support
• Developed within the scope of the “Justice for Children Project,” prepared in 2004–2007 and revised in 2014–2015.

Contributors: Psychologists, social workers and experts working in penal institutions; university academics provided consultancy.

Target Group
• Adolescent detainees and convicts (both girls and boys) who have committed a sexual offence or are at risk of doing so.
• Youth who have committed violent sexual offences, who admit the offence, or who have been convicted by court decision.

Purpose
• To instill awareness of sexual offence behaviors.
• To teach the legal and psychosocial consequences of the offence.
• To change misconceptions and debunk myths.
• To develop empathy and instill the victim’s perspective.
• To reduce the risk of reoffending.
• To equip participants with healthy communication and safe behavior skills.

Content and Themes

Types of Sexual Offences: Rape, incest, paraphilias, child pornography, sexual relations with minors, forced intercourse.

Paraphilias: Exhibitionism, fetishism, frotteurism, pedophilia, sadism, masochism, transvestic fetishism, voyeurism, as well as special types such as necrophilia, zoophilia, telephone scatologia.

Risk Factors: Conduct disorder, traumas, intellectual disability, substance use, antisocial personality disorder.

Individual Counseling:
•Children who admit their offence and who are unaware of the offence are included in the program.
•Those with psychosis, severe intellectual disability or severe aggressiveness are not suitable.
• Prerequisite: Participation in reproductive health education.

Legal Information: Addressed through story-based discussions within the scope of TPC 103 (child abuse), TPC 104 (sexual intercourse with a minor), TPC 134–135 (privacy of private life).

Abuse Discussions: Addressing the question “what is and is not abuse?” through real-life case examples.

Working with Misconceptions: Discussing statements such as “Even if a woman does not want it, she likes being forced.”

Developing Empathy: Writing from the perspective of the victim and the victim’s family; story-based activities.

Preventing Reoffending:
•Emotion–thought–behavior model.
•Identifying and preventing risky situations.
•Suppression and redirection techniques (sports, masturbation, leaving the environment).

Communication Skills: Stating requests, compromise, expressing thanks, healthy communication.

Methods and Techniques
• Group work and individual interviews
• Role-play, story analysis, drawing activities

• Misbelief forms, empathy exercises
• Psycho-education, Q&A, discussion

Evaluation and Support

• Participants' motivation for change and their awareness regarding offence behaviors are measured through interviews.
• Behavioral and cognitive changes are evaluated at the end of the program.
• Families are informed and included in the process.
• Institution staff are also informed on avoiding discrimination and on safety measures.

Highlights

• It is one of the first structured intervention programs in Türkiye specifically for sexual offence behavior.
• It places special emphasis on developing empathy and debunking myths.
• It includes risk analysis and preventive strategies aimed at preventing the recurrence of sexual offences.
• The program offers a holistic intervention by being implemented at both individual and group levels.

Evaluation and Conclusion

The health education programs implemented in penal institutions in Türkiye demonstrate a structured and multi-dimensional approach to addressing the psycho-social, reproductive, and sexual health needs of incarcerated populations. Each program targets specific groups—mothers with children, adolescents in difficult circumstances, or juveniles convicted of sexual offences—ensuring that the content is age-appropriate, context-specific, and responsive to the vulnerabilities of participants.

The parent-focused module strengthens the role of incarcerated mothers as primary caregivers, equipping them with knowledge and tools to foster healthy sexual development and privacy awareness in their children. ADOREP provides adolescents in disadvantaged settings with comprehensive reproductive and sexual health education, directly confronting myths and taboos while empowering youth to adopt safe behaviors. The ARDIÇ reproductive health module extends this approach by offering structured education to incarcerated adolescents, addressing both biological processes and sensitive topics such as contraception, abortion, sexual orientation, and sexual problems. Finally, the ARDIÇ sexual offence module goes beyond education by serving as an intervention program; it focuses on risk reduction, myth correction, empathy development, and communication skills as part of a broader rehabilitation strategy.

Collectively, these programs highlight a consistent emphasis on myth-busting, prevention, and empowerment, while simultaneously integrating legal, medical, and psychosocial dimensions. Their implementation in prisons contributes not only to the

individual rehabilitation of inmates but also to public health and social reintegration outcomes.

In conclusion, the inventory reveals that Türkiye has developed a set of innovative and adaptable programs that balance health promotion with behavioral intervention. While challenges remain in terms of consistent implementation, evaluation, and scaling across different institutions, the foundation established by these programs represents an important step toward aligning the Turkish correctional system with international standards in prisoner health education and rehabilitation.

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