

PANORAMA OF HEALTH CONDITIONS IN A FEMALE PRISON OF NORTHEAST BRAZIL

Panorama das condições de saúde de um presídio feminino do nordeste brasileiro

Panorama general de las condiciones de salud en una prisión femenina del noreste de Brasil

Marianny Moraes de Medeiros¹, Amuzza Aylla Pereira dos Santos², karlayne Reynaux Vieira de Oliveira³, Nathalya Anastácio dos Santos Silva⁴, Jéssica Kelly Alves Machado da Silva⁵, Bárbara Maria Gomes da Anunciação⁶

How to cite this article

Medeiros MM, Santos AAP, Oliveira KRV, Silva NAS, Silva JKAM, Anunciação BMG. Panorama of health conditions in a female prison of northeast Brazil. 2021 jan/dez; 13:1060-1067. DOI: <http://dx.doi.org/0.9789/2175-5361.rpcfo.v13.9962>.

ABSTRACT

Objective: assess the health conditions of a northeastern prison **Methods:** this is a descriptive, exploratory study with a quantitative analysis design, carried out at the Santa Luzia Female Prison, in Alagoas, with 151 women in prison. For data collection, a structured form was used as an instrument. It used descriptive analysis for the distribution of variables. **Results:** women with an average age of 31 years, low education and single. There is an abuse of tobacco, a high prevalence of Sexually Transmitted Infections and high blood pressure. There was a low coverage of health actions. **Conclusion:** thus, the health conditions revealed are important indicators for the implementation of more effective actions for women in prison. In this perspective, the need for the creation, implementation and inspection of public health and social policies aimed at women is highlighted.

DESCRIPTORS: Nursing; Women; Health profile; Prisons.

RESUMO

Objetivo: avaliar as condições de saúde de um presídio do nordeste. **Métodos:** trata-se de um estudo descritivo, exploratório com delineamento de análise quantitativa, realizado no Estabelecimento Prisional Feminino Santa Luzia, em Alagoas, com 151 mulheres em situação prisional. Para a coleta de dados foi utilizado como instrumento um formulário estruturado. Utilizou a análise do tipo descritiva para a distribuição das variáveis. **Resultados:** mulheres com idade média de 31 anos, baixa escolaridade e solteiras. Verifica-se uso abusivo de tabaco, elevada prevalência de Infecções Sexualmente Transmissíveis e hipertensão arterial. Evidenciou-se uma baixa cobertura das

- 1 Nursing Student at the Nursing School of the Federal University of Alagoas - EEN / UFAL. Maceió -AL, Brazil.
- 2 Nurse. PhD in Health Sciences. Professor at the School of Nursing at the Federal University of Alagoas - EEN / UFAL. Maceió -AL, Brazil.
- 3 Nurse, Master, Master's Program in Nursing, School of Nursing, Federal University of Alagoas EN / UFAL, Maceió-AL, Brazil.
- 4 Nursing Student at the Nursing School of the Federal University of Alagoas - EEN / UFAL. Maceió -AL, Brazil.
- 5 Nursing student at the Nursing School of the Federal University of Alagoas - EEN / UFAL. Maceió -AL, Brazil.
- 6 Nurse at Centro Universitário Cesmac. Maceió -AL, Brazil.

ações de saúde. **Conclusão:** desta forma, as condições de saúde reveladas são importantes indicadores para implantação de ações mais eficazes para a mulher em situação prisional. Nesta perspectiva, evidencia-se a necessidade da criação, implementação e fiscalização de políticas públicas de saúde e sociais direcionada às particularidades femininas.

DESCRITORES: Enfermagem; Mulheres; Perfil de saúde; Prisões.

RESUMEN

Objetivo: evaluar las condiciones de salud de una prisión del noreste. **Métodos:** este es un estudio descriptivo, exploratorio con un diseño de análisis cuantitativo, realizado en la Prisión Femenina de Santa Luzia, en Alagoas, con 151 mujeres en prisión. Para la recopilación de datos, se utilizó un formulario estructurado como instrumento. Se utilizó el análisis descriptivo para la distribución de variables. **Resultados:** mujeres con una edad promedio de 31 años, baja educación y solteras. Hay un abuso del tabaco, una alta prevalencia de infecciones de transmisión sexual y presión arterial alta. Hubo una baja cobertura de las acciones de salud. **Conclusión:** por lo tanto, las condiciones de salud reveladas son indicadores importantes para la implementación de acciones más efectivas para las mujeres en prisión. En esta perspectiva, se destaca la necesidad de la creación, implementación e inspección de políticas sociales y de salud pública dirigidas a las mujeres.

DESCRIPTORES: Enfermería; Mujeres; Clase social; Perfil de salud; Prisiones.

INTRODUCTION

The plan for the execution of health programs for the population in prison is of worldwide concern.¹ This population has greater vulnerability as a result of the less favored social condition, imprisonment in unhealthy places and restricted access to health actions. Thus, they are more prone to aggravation of previous health conditions, as well as to the development of new aggravations. This reality is intensified when prison facilities are for women.²

The growth of the female prison population is a global phenomenon, Brazil is the fourth country with the highest number of women prisoners. In the period from 2000 to 2016, this population grew about 656%, while the male prison population grew 293%.³

This growth generates concern, because the Brazilian prison system does not correspond to the adequacy of the physical structure and attention to women's health. They are exposed to several risk factors, resulting from the deficit of care obtained by them and offered incipiently by the system.² In face of this scenario, women in prison have peculiar health-related needs, factors that are aggravated by the history of family violence, maternity, drug use, sexual habits, presence of Sexually Transmitted Infection (STI/HIV/AIDS), among other factors.³

Therefore, greater attention to promoting women's health in prison situations is indispensable, not only because of the higher risks present in the prison environment, but also because of the lack of preventive actions offered by the prison health system to female population, since they should represent a portion of greater interest to health professionals, when directing preventive programmatic actions based on the peculiarities of this population stratum.²

In this perspective, the federal government, through the Ministries of Health and Justice, instituted through the Interministerial Ordinance No. 1777, of September 9, 2003, the Plano Nacional de Saúde no Sistema Penitenciário (PNSSP), which aims at providing integral health care to the Brazilian penitentiary population, ensuring that the right to citizenship is effective from the perspective of human rights.⁴

Thus, care actions aimed at behavioral changes should be the result of dialogue and participation, and the role of health professionals in recognizing the specific needs of each clientele is fundamental, thus promoting health in all their actions.⁵ Considering all the ideas and concerns on the agenda, the following question emerges to guide the research: In what health condition are women in prison?

Given the above, the relevance of this study is justified from the need to discuss how women in prison access health services, their difficulties and challenges in their daily lives, due to the non-existence of such investigations in the municipality of Maceió, allied to the urgency of subsidies for the implementation of effective actions in the health care of women in prison, contributing, therefore, with the implementation of new proposals directed to the promotion of health, prevention and early detection of diseases.

Therefore, the study aims to evaluate the health conditions of a northeastern prison.

METHODS

It is a descriptive, exploratory study with delineation of quantitative analysis. It was carried out from October/2017 to January/2018, at the Estabelecimento Prisional Feminino Santa Luzia (EPFSL), in Maceió, Alagoas. The EPFSL is the only female unit in the state, having the total capacity of 210 vacancies.

Initially, the target population corresponded to 225 women who were detained at the initial moment of the survey. The sample calculation was obtained in the statistical software Open Epi®, considering the 95% confidence interval, 50% prevalence and 5% sample error, totaling 151 subjects.

For the selection of the participants of this study were used as inclusion criteria: being serving time in a closed regime in a minimum time of one month, having the desire to share their experiences of health in the prison scenario and being able to answer the questions and exclusion: women who present some cognitive or behavioral deficit that make it impossible to answer the questions of the survey, through the interview or who did not accept to participate.

The data collection was carried through in the period of October/2017 to January/2018. It was used a structured form with open and closed questions, divided in three groups: Sociodemographic data (age, race/color, schooling, marital status, naturalness), gynecological-obstetric data (menarche, children, abortion, sexual orientation), health conditions, life habits and risk behaviors (smoking, alcohol use, illicit drugs use, sleep pattern, use of psychotropic, monitoring of the Psychosocial Attention Center), health assistance (health actions, multiprofessional care, evaluation of the resolution of the main complaint, evaluation of health professionals, frequency of access to health services).

The data were collected at EPFSL's visitation center, as this was the only place that provided more privacy for the re-educated women to respond to the interview without having to be escorted by prison guards. The dynamics of the interview took place as follows: in cell order, they were lined up in the corridor and called individually to the visitation area.

The process of data validation by double typing was carried out in two spreadsheets and with the help of the Statistical Package for the Social Sciences (SPSS), version 20.0. The data were organized and descriptive analysis was performed for the distribution of variables. The results were organized in table format, using the software EXCEL® (Microsoft Office).

This research follows all the ethical concepts of the resolution 466/2012, of the National Health Council, as the evaluation and opinion of the Committee of Ethics in Research of the Federal University of Alagoas (CEP/UFAL), under CAAE n° 57990816.7.0000.5013, on March 17, 2017. Thus, the study was developed and the participants involved in the research were clarified as to the purpose of the research. The participants of the study signed the Termo de Consentimento Livre e Esclarecido (TCLE), which informed the objectives of the research and ensures the anonymity of the participant.

RESULTS

Socioeconomic characterization

Among the 151 women in prison, the average age was 31, with a minimum of 18 and a maximum of 66. Most are from Alagoas (136; 90.07%), from the interior of the state (119; 79%), self-declared brown (105; 69.54%), single (103; 68.21%), did not complete elementary school (54; 46.36%). Most of them (106; 70.19%) developed labor activities before committing the crime, and the following were cited: day laborers, manicures, hairdressers, waitresses, cooks, manicures, salespeople, farm laborers, shellfish workers, and drivers Table 1.

Table 1 - Characteristics of women in prison according to socio-demographic variables. Maceió/AL, 2018.

Characteristics	N(151)	(%)
Age		
From 18 to 29 years	88	58,28%
From 30 to 39 years	29	19,21%
From 40 to 49 years	19	12,58%
From 50 to 59 years	12	7,95%
> 60 years	3	1,99%

Characteristics	N(151)	(%)
Race/Color		
Black	21	13,91%
White	25	16,56%
Brown	105	69,54%
Schooling		
Illiterate	7	4,64%
Incomplete elementary school	70	46,36%
Complete Elementary School	21	13,91%
Incomplete High School	26	17,22%
High School Complete	22	14,57%
Incomplete Higher Education	3	1,99%
Complete Higher Education	2	1,32%
Civil Status		
Divorced	1	0,66%
Widow	9	5,96%
Married	38	25,17%
Single	103	68,21%
Naturality		
Maceió	57	37,75%
Other municipalities of Alagoas	79	52,32%
Other states	15	9,93%

Gyneco-obstetric characterization

As for the gyneco-obstetric profile, all the participants had already started their sex life. The average age of the menarche was 12.7 years, ranging from 9 to 19 years; in the sex district a doctor was obtained from 14.5 years, ranging from 10 to 26 years. The majority (113; 74.83%) reported having children, the first pregnancy occurred 15 to 18 years (52; 45.6%), had on average 3.36 pregnancies, ranging from 1 to 17; mean 0.6 abortions, ranging from 1 to 8. Regarding sexual behavior, (107; 70.86%) affirming to be heterosexual Table 2.

Table 2 - Gynecological and obstetric variables of women in prison in Alagoas. Maceió/AL, 2018.

Gynecological and obstetric variables	N (151)	%
Menarche		
09 - 11	25	16,56%
11 - 15	118	78,15%
15 - 18	5	3,31%
Doesn't remember	3	1,99%
First sex		
10 - 14	79	52,32%
14 - 18	58	38,41%
18 - 22	7	4,64%
> 22	1	0,66%
Doesn't remember	6	3,97%
Children		
No	113	74,83%
Yes	38	25,17%
Abortion		
No	109	72,19%
Yes	42	27,81%
Sexual behavior		
Heterosexual	107	70,86%
Homosexual	6	3,97%
Bisexual	38	25,17%

Health condition related to life habits and risk behaviors

When asked about the existence of past comorbidities, (49; 32.45%) she mentioned having one to three. The high prevalence of STI (25; 51.02%) and hypertension (23; 46.93%) was highlighted. Among the STIs cited are: genital herpes (4%), Acquired Immunodeficiency Syndrome (AIDS) (4%), Human Papilloma Virus (HPV) (20%), syphilis (72%).

Table 3 presents the prevalence of indicators related to lifestyle and health behaviors. It is observed that (91; 60.26%) make use of tobacco, 67 (44.37%) made use of alcohol before the prison situation, (63; 41.72%) used or used illegal drugs, (22; 14.57%) performed follow-up at the Centro de Atenção Psicossocial (CAPS), (56; 37.09%) make use of psychotropic drugs, (104; 68.87%) refers to altered sleep pattern.

Table 3 - Life habits and risk behaviors reported by women in prison. Maceió/AL, 2018

Variables	N(61)	%
Smoker		
No	60	39,74%
Yes	91	60,26%
Etilist		
No	84	55,63%
Yes	67	44,37%
Use of illicit drugs		
No	88	58,28%
Yes	63	41,72%
Altered sleep pattern		
No	47	31,13%
Yes	104	68,87%
Make use of psychotropic		
No	95	62,91%
Yes	56	37,09%
He was accompanied at the Center for Psychosocial Attention		
No	129	85,43%
Yes	22	14,57%

Condition of health care in prison situation

Table 4 shows that (119; 78.81%) reported having performed from one to three complementary diagnostic tests, (76; 29.57%) participated in health education activities, (96; 37.35%) performed a rapid test for STI, (91; 77.31%) obtained access to test results and continuity of care.

Of the health actions referring to women's health, colpocitology exams (62; 96.88%) and a vaginal culture (1.56%) were performed in the EPFSL Ready Care Unit. Extramuros to the prison system was performed a pelvic ultrasound. Most of the health education activities were related to women's health issues.

Regarding health care by the multiprofessional team, the highest number of care reported was provided by the (129; 25.49%) nurse, followed by the social worker (104; 20.55%). And a smaller amount of care (71; 14.03%) by the dentist, followed by (87; 17.19%) by the doctor.

Table 4 - Health actions promoted by EPFSL for women in prison, 2018.

Variáveis	N	%
Health actions		
Quick Test	96	37,35%
Health Education	76	29,57%
Gynecological exams	64	24,90%
Laboratory tests	11	4,28%
Image exams	10	3,89%
Total	257	100%
Multi-professional service		
Social Worker	104	20,55%
Dentist	71	14,03%
Nurse	129	25,49%
Doctor	87	17,19%
Psychologist	115	22,73%
Total	506	100%

In the evaluation of women in prison regarding health care received, (60; 39.74%) they evaluate professionals' care as good, (116; 76.82%) they hardly mention being assisted by the health team Table 5.

Table 5 - Evaluation of the re-educated women regarding health care provided by the staff of the Santa Luzia Prison unit. Maceió/AL, 2018.

Variables	N(151)	%
Evaluation of the resolution of the main complaint		
Satisfactory	47	31,13%
Not satisfactory	104	68,88%
Evaluation of health professionals' care		
Very good	17	11,26%
Good	60	39,74%
Regular	48	31,79%
Bad	25	16,56%
No answer	1	00,66%
Frequency of access to health services		
Always	16	10,60%
Rarely	116	76,82%
Never	19	12,58%

DISCUSSION

According to data from the Departamento Penitenciário Nacional (DEPEN), the socio-demographic profile of women in prison in Brazil corroborates the one found in the study, since the majority of the female population living deprived of their freedom are young, black, have incomplete primary education and are single.³

The sum of black and brown women is equal to (126; 83.45%), representing almost the entire sample. Like the findings of this study, the National Penitentiary Information Survey also shows that racial issues are correlated with discussions of deprivation of liberty and public security, since the proportion of blacks and mulattoes in the prison system is 63.64%, while in society at large it is 55.4%.³ Thus, the data raise the question of criminalization is directly linked to racial discrimination and the resulting inequalities.⁶

With regard to the marital situation, the result of the study carried out in a female penitentiary in the State of São Paulo is similar to that found in the present work, since it points out that more than half of the re-educated women are single. During the interviews, women in prison felt insecure when answering about their marital status, this fact is due to the abandonment of the partners they lived with before the sentence was served, so the result of the questioning is directly linked to the feeling of insecurity regarding the marital situation at that time.⁷

Most women come from within the state, however, the capital of Alagoas is a center for female imprisonment. In small municipalities, these women remain in prison in police stations until they are transferred to EPFSL. This condition is also evidenced in a study carried out with women in prison at the Patos/PB Regional Women's Prison, since there is only one female unit in the Sertanejo region of Paraíba.⁸

Before imprisonment, most women exercised professions that did not require professional qualification and with little remuneration, reverberating for the low school level. Corroborating this finding, the study carried out at the Women's Criminal Institute of the State of Ceará describes that the majority of women have a low level of education and a consequent predominance of low-skilled occupations and proportional wages.¹

The gynecological-obstetrical history of women in prison reveals the occurrence of early sex, related to this fact is the high incidence of the first pregnancy between the ages of 15 and 18. The findings corroborate the gynecological and obstetric investigation of the study conducted in a Female Penal Set in the city of Salvador/BA, in which the initiation of sexual activities occurred at an average age of 14 and consequently a high rate of pregnancy at an early age.⁹

The percentage of abortions in the present study differs from the results found in a study conducted with women incarcerated in the Feminine Penal Institute of the State of Ceará, since the data showed that more than half (248; 43.6%) of the women incarcerated had suffered at least one abortion, whereas the data in the present study reveals a lower

percentage of abortions (41; 27.81%), however it consists of a relevant amount. Faced with the findings, the need for health actions to examine the gynecological and social conditions that motivated the significant abortion rate is evident.¹

A smaller percentage of women claim to have bisexual and homosexual behavior. Among the majority who declared heterosexual behavior, the response to the questioning did not coincide with reports that they had already become involved with other women in a temporary situation during confinement. Obtaining data on sexual orientation and sexual activities in prison is difficult and delicate because of the fear of being stigmatized.⁷

Homosexual behavior in prison is a reason for the need for both sexual and emotional satisfaction in order to reduce the loneliness, sadness, and neediness experienced in a process of imprisonment and abandonment by partners and family members.¹⁰

The invisibility of lesbian women's health should be emphasized, which implies that their specific needs are not met. The deficit in the care of these women in the health services is due to the lack of management by professionals to correctly guide them on health in sexual behavior and the limited amount of screening and diagnosis of STIs.¹¹

The data show that (22; 14.57%) have a history of mental health problems and were followed up in Centers of Psychosocial Attention. Studies show that there is a high prevalence of women with serious mental problems prior to imprisonment, citing traumas associated with a history of physical and sexual abuse, depression and substance abuse.¹³⁻¹⁵

Another mental health problem signaled is the altered sleep pattern as a result of seclusion. This condition of sleep disorders (insomnia and hypersomnia) are negative factors linked to mental health, since sleep interferes with mood, memory, reasoning and quality of life; and hypersomnia is present in 10% to 20% of depressive patients.¹⁶

Due to the need to regulate sleep patterns, escape from the reality of seclusion, and minimize the symptoms of depression and anxiety, coupled with nonexistent mental health services and inadequate treatment by medical professionals and correctional staff, these women resort to indiscriminate use of psychotropics, smoking behavior, and illicit drug use, the latter is not authorized in the prison establishment.⁸

There is a low morbidity rate, however, one must consider the non-recognition of the diagnosis or the possibility of real conscious omission. The research developed in a female penitentiary in the city of São Paulo corroborates the circumstance that occurred in the study, in which 58 women claimed to be carriers of IST, however a higher percentage was expected. The possibility that the data were under-reported was considered due to the feeling of embarrassment when responding on an issue stigmatized by the population.⁷

The high prevalence of STI-infected women in prison units is significant, since they are places of confinement that

contribute to the increase of these infections, since in these institutions they present difficulties in carrying out prevention and promotion actions in relation to these illnesses.¹⁰

The PNSSP insists that health care for the population deprived of their liberty should be at a basic care level, and when the number exceeds 100, care should be provided in a Health Center within the prison environment. Access to other levels of health care is agreed upon and defined within each state.¹²

Therefore, since the female population in detention exceeds this amount, the EPFL has a 24-hour Emergency Care Unit, with a minimum health team, including a doctor, nurse, five nursing technicians, social worker, psychologist and dentist. The access to medical specialties and exams is done abroad, so they are articulated with a network through the Sistema de Regulação⁹ (SISREG) to obtain the vacancies to the state and municipal health services. Another crucial issue for the fluency of the health service is the difficulty of police escorts to refer patients in medium and high complexity.¹⁷

Regarding the specific health actions of basic care developed by the health team, the results were unsatisfactory, due to the lack of health education activities, rapid tests for IST and gynecological exams. Considering the complementary diagnostic exams, it showed a small amount of laboratory and imaging exams.

Of the specific actions in the area of women's health, the data demonstrate a low coverage of gynecological preventive exams and the inexistence of mammography, a worrying fact because it puts a good part of them out of the screening program for breast cancer and cervical cancer that must be implemented early, especially in women who are more susceptible to STIs. Therefore, women's specific health care rights are being neglected, which are guaranteed by PNAME¹⁸ and the Brazilian Constitution.

It is evident that most health care is provided by the team nurse. The expansion of nursing assistance is due to the professional developing more activities as a member of the basic attention team, the nurse develops activities both in the individual and collective scope, aiming from health promotion and prevention of diseases, to assistential actions.¹⁹ A question that deserves to be highlighted is the low number of medical consultations. This is largely due to the stigma related to the prison population, in addition to low salaries and working conditions.²⁰

The Lei de Execução Penal (LEP) advocates for free and free health for subjects in detention during the process of imprisonment.⁴ However, the study reveals that most re-educated women have not had their health problem solved and have access to health services made difficult. This index is explained by the lack of autonomy to perform health actions by the staff in the penitentiary system, since the permanent presence of the penitentiary agent during the care overvalues security and discipline to the detriment of health.¹⁹

The study conducted in prison units in Cuiabá/MT reported that prison guards are important mediators for access

to health services, since they are the ones who remove from the cell, accompany and return from care and in eventual periods of hospitalization.²¹

In relation to the assistance offered, it is evident that basic care is being transformed into prompt emergency care and for the dispensing of medication, mainly painkillers and psychotropics. The primary actions of basic care in prison health units are moving away from prevention and health promotion strategies.²²

CONCLUSION

The present study identified that women living in the prison system have the following epidemiological profile: young, brown, with low schooling, who live underemployed. This population has and maintains high risk for comorbidities such as STI and hypertension, requiring adequate health services that act in prevention, promotion and treatment. The right to clinical and laboratory exams presents great obstacles due to the lack of police escort to transport the re-educated women to the reference health services, offered by the Unified Health System.

The study also showed poor conditions in health care. This situation occurs due to limited access to care, and is justified by the need for security in keeping the re-educandas incarcerated, in addition to the low coverage of complementary diagnostic exams. Thus, health care happens in an emergency and restricted to medication administration.

Thus, health in the female prison presents a situation of negligence in face of the specific demands of women in this context, because the increase in the incidence of aggravation due to the absence of prevention, promotion and health treatment actions of this population causes inconveniences to the quality of assistance.

Therefore, the health conditions revealed are important indicators for the implementation of more effective actions for women in prison situation. In this perspective, the need for the creation, implementation and inspection of public health and social policies directed to women's particularities is evidenced. Furthermore, it is important to engage professionals who work in direct care to these people, to perform actions on prevention and treatment of illnesses, which allow for improvement in health conditions during imprisonment.

FOMENT

Conselho Nacional de Desenvolvimento Científico e Tecnológico- CNPQ.

REFERENCES

1. Macena RH, Borges KMO, Vasconcelos TB, Arruda GMMS. Ética, violência e a garantia do direito à saúde. Editora FAMPER, 2018.
2. Valim EMA, Daibem AML, Hossne WS. Atenção à saúde de pessoas privadas de liberdade. Revista bioética (Online). [Internet]. 2018 [acesso em 8 de abril 2020]; 26(2). Disponível: <https://doi.org/10.1590/1983-80422018262249>.

3. Ministério da Justiça (BR). Levantamento Nacional de Informações Penitenciárias, atualização junho de 2017 [Internet]. Ed. Brasília: Ministério da Justiça; 2019 [acesso em 15 de novembro 2020]. Disponível em: <http://depen.gov.br/DEPEN/depen/sisdepen/infopen/relatorios-sinteticos/infopen-jun-2017-rev-12072019-0721.pdf>.
4. BRASIL. Lei nº 7.210, de 11 de julho de 1984. Dispõe sobre o objeto e da aplicação da Lei de Execução Penal. Câmara dos Deputados. 2008. [acesso em 26 de junho 2020]. Disponível em: <https://www2.camara.leg.br/legin/fed/lei/1980-1987/lei-7210-11-julho-1984-356938-veto-30543-pl.html>.
5. Mota A, Marinho MGSM, Schraiber LB. Educação, medicina e saúde: tendências historiográficas e dimensões interdisciplinares. Santo André, SP: UFABC; 2018.
6. Wacquant L. A raça como crime cívico. Sociologia: Revista da Faculdade de Letras da Universidade do Porto. [internet]. 2017 [acesso em 26 de junho 2020]; 15. Disponível em: <https://ojs.letras.up.pt/index.php/Sociologia/article/view/2380>.
7. Bezerra RCC, Fernandes RAQ. Social and health profile of female inmates in São Paulo city prison. Perspect. medicas. [Internet]. 2015 [cited 2019 nov 15]; 26(2). Available from: <https://www.redalyc.org/articulo.oa?id=243242711004>.
8. Alves ESRC, Davim RMB, Monteiro e Oliveira LF, Rodriguez SRC, Nóbrega ME, Torquato JA. Living and health conditions of women on a female prison unit. Rev. enferm. UFPE on line. [Internet]. 2016 [cited 2019 nov 15]; 10(3). Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/11046/12452>.
9. Santos HPS, Gazineu RC, Bispo TCF. Women in prison situation experience for assistance received in cycle gravid puerperal. Rev. enferm. Contemp. [internet]. 2017 [cited 2019 nov 15]; 6(2). Available from: <http://dx.doi.org/10.17267/2317-3378rec.v6i2.1291>.
10. Oliveira KRVD, Santos AAPD, Silva JMDO, Sanches METDL, Albuquerque JDM, Moraes MM. Comportamentos de saúde nas experiências sexuais de mulheres em situação de cárcere. Rev. Bras. de enferm. [internet]. 2019 [acesso em 08 de abril 2020]; 72. Disponível em: <http://dx.doi.org/10.1590/0034-7167-2018-0092>.
11. Ministério da Saúde (BR). Relatório da oficina de atenção Integral à Saúde de mulheres lésbicas e bissexuais: relatório da oficina [Internet]. ed. Brasília: Ministério da Saúde; 2014 [acesso em 15 de novembro 2019]. Disponível em: https://bvsmms.saude.gov.br/bvs/publicacoes/mulheres_lesbicas_bissexuais_direitos_saude.pdf.
12. Ministério da Saúde (BR). Plano Nacional de Saúde do Sistema Penitenciário [Internet]. ed. Brasília: Ministério da Saúde; 2005 [acesso em 15 de novembro 2019]. Disponível em: http://bvsmms.saude.gov.br/bvs/publicacoes/cartilha_pnssp.pdf.
13. Mignon S. Health issues of incarcerated women in the United States. Cienc. saúde colet. [internet]. 2016 [cited 2020 apr 08]; 21(7). Available from: <https://www.scielo.br/pdf/csc/v21n7/1413-8123-csc-21-07-2051.pdf>.
14. James D, Glaze L. Mental health problems of prison and jail inmates. Office of Justice Programs. [internet]. 2016 [cited 2020 nov 15]. Available from: <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>.
15. Santos MV, Alves VH, Pereira AV, Rodrigues DP, Marchiori GRS, Guerra JVV. Saúde mental de mulheres encarceradas em um presídio do estado do Rio de Janeiro. Texto & contexto enferm. [Internet]. 2017 [acesso em 8 de abril 2010]; 26(2). Disponível em: <https://doi.org/10.1590/0104-07072017005980015>.
16. Couto C, Sardinha LS, Lemos VA. Relações entre sono e aprendizagem em adolescentes. Diálogos Interdisciplinares. [internet]. 2018 [acesso em 08 de abril 2020]; 7(4). Disponível em: <https://revistas.brazcubas.br/index.php/dialogos/article/view/584>.
17. BRASIL. Portaria 487/2017-SERIS. Regulamenta a execução da política estadual de atenção às mulheres em situação de privação de liberdade e egressas do sistema prisional. Secretaria de Estado de Ressocialização e Inclusão Social: Boletim interno. 2017. Disponível em: <http://www.seris.al.gov.br/area-do-visitante/portarias>.
18. Ministério da Saúde (BR). Portaria Interministerial nº 210, de 16 de janeiro de 2014 [Internet]. ed. Brasília: Ministério da Saúde; 2014 [acesso em 15 de novembro 2020]. Disponível em: <https://www.saude.gov.br/acoes-e-programas/pnaisp/legislacao>.
19. Barbosa ML, Medeiros SGD, Chiavone FBT, Atanásio LLD, Costa GMC, Santos VEP. Acciones de enfermería para las personas privadas de libertad: una scoping review. Esc. Anna Nery Rev. Enferm. 2019 [acesso em 8 de abril 2020]; 23(3). Disponible en: <http://dx.doi.org/10.1590/2177-9465-ean-2019-0098>.

20. Soares Filho MM, Bueno PMMG. Demografia, vulnerabilidades e direito à saúde da população prisional brasileira. *Ciênc. Saúde Colet.* [internet]. 2016 [acesso em 8 de abril 2020]; 21. Disponível em: <http://dx.doi.org/10.1590/1413-81232015217.24102015>.
21. Padilha WS, Barsaglini RA. Saúde como direito: aparatos legais e estrutura da atenção no sistema prisional de mato grosso. *Rev. Direitos Trabalho e Política Social.* [Internet].; 2018 [acesso em 15 de novembro 2019]; 4(7). Disponível em: <http://www.revista91.hospedagemdesites.ws/index.php/rdtps/article/view/136/91>.
22. Graça BC, Mariano MM, Gusmão MAJ, Cabral JF, Nascimento VF, Gleriano JS, et al. Difficulties of women deprived of liberty in accessing health services. *Rev. bras. promoç. saúde.* [Internet]. 2018 [cited 2019 nov 15]; 31(2). Available from: <https://pdfs.semanticscholar.org/002a/6f755e03a8acdcbad1c45340d25063cac8e0.pdf>

Received in: 20/04/2020
Required revisions: 31/10/2020
Approved in: 01/12/2020
Published in: 01/07/2021

Corresponding author

Marianny Moraes de Medeiros

Address: Universidade Federal de Alagoas - UFAL, Escola de Enfermagem e Farmácia, Av. Lourival Melo Mota, s/n, Tabuleiro do Martins, Maceió - AL, Brazil

Zip code: 57.072-900

Email address: marianny.medeiros.moraes@gmail.com

Disclaimer: The authors claim to have no conflict of interest.