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RESEARCH

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BRAZILIAN WOMEN'S PERCEPTION IN A SITUATION OF DEPRIVATION OF FREEDOM ABOUT THEIR SEXUAL HEALTH

Percepção de mulheres brasileiras em situação de privação de liberdade sobre sua saúde sexual
Percepción de las mujeres brasileñas en situación de privación de libertad sobre su salud sexual

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ABSTRACT

Objectives: to analyze the perception of Brazilian women in situation of deprivation of liberty about their sexual health. **Method:** qualitative study, with 21 women deprived of liberty institutionalized in the public prison of Pitanga-Paraná, Brazil. Data collection was intentional, using a semi-structured interview. The data were analyzed using content analysis, in the thematic modality. **Results:** the compromised sexual health of the women surveyed was related to situations experienced by them, highlighting, conflict in the relationship with their own bodies; precocity at the beginning of sexual activity; susceptibility to the acquisition of sexually transmitted infections mediated by sexual abuse and violence and difficulty of access to the practice of safe sex. **Conclusion:** women in situation of deprivation of liberty make up a vulnerable population for the compromising of their sexual health.

DESCRIPTORS: Sexual health; Women; Prisons.

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RESUMO

Objetivos: analisar a percepção de mulheres brasileiras em situação de privação de liberdade sobre sua saúde sexual. **Método:** estudo qualitativo, com 21 mulheres privadas de liberdade institucionalizadas na cadeia pública de Pitanga-Paraná, Brasil. A coleta de dados ocorreu de forma intencional, sendo instrumento uma entrevista semiestruturada. Os dados foram analisados mediante a análise de conteúdo, na modalidade temática. **Resultados:** o comprometimento da saúde sexual das mulheres pesquisadas foi relacionado a situações vividas pelas mesmas, destacando-se, conflito na relação com o próprio corpo; precocidade no início da atividade sexual; susceptibilidade a aquisição de infecções sexualmente transmissíveis mediada por abuso e violência sexual e dificuldade de acesso para a realização de prática de sexo seguro. **Conclusão:** mulheres em situação de privação de liberdade compõem uma população vulnerável para o comprometimento de sua saúde sexual.

DESCRIPTORIOS: Saúde sexual; Mulheres; Prisões.

RESUMEN

Objetivos: analizar la percepción de mujeres brasileñas en situación de privación de libertad sobre su salud sexual. **Método:** estudio cualitativo, con 21 mujeres privadas de libertad institucionalizadas en la cárcel pública de Pitanga-Paraná, Brasil. La recogida de datos se produjo de forma intencionada, y el instrumento fue una entrevista semiestructurada. Los datos se analizaron mediante análisis de contenido, en la modalidad temática. **Resultados:** el compromiso con la salud sexual de las mujeres encuestadas se relacionó con las situaciones vividas por las mujeres, destacando el conflicto en la relación con el propio cuerpo; la precariedad en el inicio de la actividad sexual; la susceptibilidad a la adquisición de infecciones sexualmente transmisibles mediadas por abuso y violencia sexual y la dificultad de acceso para la realización de prácticas sexuales seguras. **Conclusión:** las mujeres en situación de privación de libertad constituyen una población vulnerable para el compromiso de su salud sexual.

DESCRIPTORIOS: Salud sexual; Mujeres; Prisiones.

INTRODUCTION

More than ten million people are incarcerated around the globe, with the United States of America (USA), China, Russia, India, Thailand, Iran, Indonesia, Turkey, Ukraine, South Africa, Mexico and Brazil being the most prominent countries in terms of prison population; of this total, 6.9% are women.¹⁻² Especially in Brazil, of the 700,000 prisoners, 6.6% correspond to the female prison population.³

With regard to the structure of Brazilian prisons, most are exclusively geared towards the male public, and include overcrowding and difficulty in accessing health care,⁴ which contributes to the worsening of health problems among the female prison population.⁵ This reality has impacted in Brazil the construction of public policies involving prison security and administration, drawing the attention of several state actors and civil society, such as the National Health Plan in the Prison System (PNSSP) and the National Policy for Attention to Women in Situation of Deprivation of Liberty and Egresses from the Prison System (PNAMPE).

The PNSSP was launched in 2003, with the aim of contributing to the control and/or reduction of the most frequent health problems in the country's prison population, as well as working on the logic of prevention and health promotion.⁶ The PNAMPE, established in 2014, expanded the view of the female prison population, covering the adoption of health standards and procedures in prison appropriate to the specificities of women to issues of gender, age, ethnicity, color or race, sexuality, sexual orientation, nationality, schooling, motherhood, religiosity, physical and mental disabilities, and encouraging the construction and adaptation of prison units for the female public.⁷

It is noteworthy that prison is a place considered favorable to the exposure of physical, psychological risks, transmission of infectious

diseases, and the occurrence of numerous pathologies added to pre-existing ones, this is because it has heterogeneity of population confined in the same space, such as murderers, traffickers, sex workers, and individuals living their own rules, which in the meantime is the vulnerability and compromise of women's sexual health.⁷

It is understood that sexual health integrates physical, emotional, intellectual and social elements of the sexual being, by means that are positively enriching and that enhance personality, communication and love. It encompasses the various possibilities of thinking, feeling and living sexuality, implying the possibility for women to have a safe and satisfactory sex life, to enjoy and express their sexuality in a way free of impositions, violence and discrimination, without risk of sexually transmitted infections (STIs) or unwanted pregnancies.

Ensuring the sexual health of women in situations of deprivation of liberty involves different aspects, such as access to information and a free and responsible decision on whether or not to have children; the exercise of sexuality and reproduction free from discrimination, imposition and violence; the right to safe sex to reduce unintended pregnancy and prevent STIs and AIDS, with access to contraceptive methods and barriers; the right to health services that guarantee privacy, confidentiality and quality care; and the right to sexual and reproductive education.⁸

Research produced in the national and international context, overlapping the incidence and prevalence of STIs among women in situations of deprivation of liberty has pointed out important questions about the possibility of risk behavior involving the sexual health of this specific group.⁹⁻¹⁵

Given this context, it is believed that women in situations of deprivation of liberty in Brazil are a vulnerable population for the compromise of their sexual health. Thus, the objective of this study

was to analyze the perception of Brazilian women in situations of deprivation of liberty about their sexual health.

METHOD

Qualitative study, conducted with 21 Brazilian women in a situation of deprivation of liberty in the Public Prison of Pitanga-Paraná, Brazil. Invitations to women to participate in the research were made by the chief jailer, with subsequent scheduling of a date for data collection.

Inclusion criteria were: women inmates regardless of the time of deprivation of liberty; awaiting trial or not; aged 18 years or over. Women who consented to participate in the study but had some impediment to participate, such as medical care or trial, were excluded.

A semi-structured interview was conducted, covering sociodemographic information (age, color, marital status, education, profession and drug use) and sexual health, involving the understanding of sexuality and information on menarche, sexual orientation, safe sex practices, periodicity of gynecological examinations for the control of STIs and other diseases of the female reproductive system, and access to health care.

The interviews were conducted by the researcher in charge and assistant researchers, and took place in August 2021, with only the researcher and the participant present at the time. They were recorded, carried out at previously scheduled times, according to the availability of the prison routine. Data collection was carried out under data saturation criteria.¹⁶

Data analysis consisted of categorizing the findings of the semi-structured interview. The data were analyzed through content analysis, in the thematic modality.¹⁷

Respecting the confidentiality and anonymity of the participants, each woman investigated was identified by the letters WDL (Woman Deprived of Liberty), followed by numbering corresponding to the number of participants and the order in which the interviews took place. This research complied with Resolution no. 466, of December 12, 2012, of the National Health Council, and the project was sent to the Research Ethics Committee of the State University of the Midwest, and approved under the substantiated opinion number 4,579,936, CAAE: 42896620.4.0000.0106, on March 12, 2021

RESULTS

Twenty-one women in situations of deprivation of liberty participated in the study, mostly in the age group of 20 to 35 years (47.61%), recognizing themselves as white (52.38%), single (57.14%), with up to five years of study (47.61%). A predominant number of women (57.14%) smoked cigarettes; there were those who stated, when still at liberty, to be users of illicit drugs (42.86%), such as marijuana and cocaine, and alcoholic beverages (28.58%). It is noteworthy that 71.42% said they belonged to the formal labor market, involving diversified professional categories, such as lawyer, physiotherapist, cook, merchant, pedagogue, teacher and farmer.

The predominant information in the semi-structured interviews allowed us to elaborate two categories of analysis:

Understanding of sexuality by women in situations of deprivation of liberty.

The women investigated showed that they perceived the meaning of sexuality from different aspects. Most of the time, it was identified as the sexual act itself.

A true love. A business of completing oneself. (WDL5)

Embracing. These things. (WDL17)

I think it's having an active sex life with your partner. (WDL7)

I think it's our sexual experience. (WDL10)

I think it's having a nice sex, we want that too. (WDL20)

Also, involving the meaning of sexuality, pleasure was an approach present among those investigated, although most often related to sexual intercourse.

Pleasure in having security with the sexual partner. (WDL2)

I think it is the question of pleasure during sex. (WDL11)

It's feeling pleasure from having sex. (WDL15)

I think it's not just sex. It's also about accepting yourself, feeling pleasure. (WDL16)

I think it's relating to others and to ourselves. (WDL21)

The relationship with and acceptance of one's own body was the subject of implicit understanding about its relationship with the term sexuality. Some women showed that they liked their body image. Others showed conflict with the body they see in the mirror.

I like my body, I always have. (WDL2)

I like my body, I never had a problem with it. (WDL 6)

I learned to like myself. (WDL 15)

I have always liked and valued myself. (WDL 18)

I don't like my body at all. (WDL4)

It's difficult, I don't like it and I can't accept myself. (WDL7)

There are days when I don't accept my body. But we keep fighting (WDL 10)

The term sexual orientation, as a meaning of sexuality, was also present among the reports of the women investigated.

Sex. Also, if I like a woman or a man. (WDL1)

I think it has to do with sexual choice. Things like that. (WDL9)

It is noteworthy that many respondents stated that their sexual orientation was heterosexual, and only a few bisexual and homosexual.

Because I like men and women, there is always a judgment. (WDL 17)

I like women. (WDL12)

The occurrence of suffering from sexual violence was among the reports of the women investigated.

I have experienced pain and discomfort, often because I did not want to. (WDL 2)

I was kidnapped, and every day the man raped me. (WDL11)

Sometimes we end up doing it because the boyfriend wants it and forces it. (WDL7)

My first time was totally forced. (WDL13)

Vulnerability to STIs and access to sexual health care for women in detention.

It is noteworthy that of the group investigated, only three women underwent gynecological evaluation in a period of less than one year, five women never underwent gynecological cancer prevention, this same number being those who used some type of contraceptive method, and six claimed to have already had an STI.

I caught syphilis from my ex-husband. (WDL12)

I still feel bad and dirty from syphilis. (WDL 11)

Since I caught this disease I have never been the same. (WDL 21)

Access to sexual health care was an explicit theme among the respondents. Women emphasized the difficulty of accessing health care.

You have to keep insisting, if not, they don't care." (WDL 1).

It takes a long time. We can't even get medicine. (WDL 6)

The doctor comes when you ask, and then if you need it, he does the tests. (WDL 9)

You have to be almost dead for someone to see you. (WDL 12)

Also, access to condoms for use in sexual relations seemed not to be very easy among the women investigated.

They never talked about it with us. (WDL 2)

Yes, they gave it to us after we had seen the doctor. (WDL 5)

I never saw them distribute it. (WDL 8)

We sometimes receive from relatives who send things. (WDL 21)

DISCUSSION

Sexuality is one of the dimensions of being, that is, each person has a sexual identity that integrates it, involving in addition to the physical body, feelings, life history, customs, culture and affective relationships.⁹ As identified among the women in this study, people commonly associate sexuality with the sexual act and/or genitals, considering them as synonyms.

Vulnerability related to women's sexual health involves a diversity of elements, be they biological genital, such as exposure to STIs and unwanted pregnancies, as well as social, being

coercion, violence and discrimination, which interfere with how women can express and enjoy their sexuality.⁹

Although sex is one of the important dimensions of sexuality, sexuality encompasses much more than sexual activity, and is not limited to genitality or a biological function responsible for reproduction. Sexuality involves feeling pleasure, and pleasure refers to any experience that makes a person feel good.¹⁸ It is emphasized that pleasure is closely related to value, desire and action, being interconnected to sexuality through the empiricism experienced by the person, as specific sensations interconnected to sexual experiences, safety, relationships and care.⁹

In this study, the relationship with and acceptance of one's own body was implicitly understood in relation to the term sexuality. A study conducted with 149 women deprived of liberty in a prison in the city of Natal, Rio Grande do Norte, showed how complex the issue of body image and the ideal body reference in the prison environment is.¹⁹

The body image or body schema is the mental representation of one's own body and the way it is perceived by the individual includes not only what is perceived by the senses, but also the ideas and feelings regarding one's own body, largely unconscious. The body has its own unique language, carries stories, experiences, and marks, deals with normative and constant hormonal changes and body patterns. However, some culturally constructed characteristics of the female body, such as the extent to which it has been sexualized since childhood, make it difficult for women to accept.¹⁹

In addition to pleasure, sexuality is related to the direction of people's desire, that is, where a person directs their sexual desire. This direction involving sexual desire is defined as sexual orientation, which is the identity that is attributed to someone depending on the direction of their sexual conduct or attraction. Thus, when the person is directed towards someone of the same sex, it is called homosexual orientation; and, if on the contrary, towards someone of the opposite sex, it is called heterosexual; and if by both sexes, bisexual.²⁰

The term sexual orientation, as a meaning of sexuality, was also present among the reports of the women surveyed. It is noteworthy that many respondents stated that their sexual orientation was heterosexual, and only a few bisexual and homosexual. A study conducted in Brazil corroborates this finding.²¹

Sexuality has always been an issue that has aroused doubts and curiosity among people, mainly involving how people relate, with whom they relate and what attracts them, what is the object of their desire and sexual maturity. Sexual maturity in women is associated with menarche, usually occurring in the age range of 10 to 12 years, most commonly before the age of 15. Due to its association with femininity and fertility, the onset of menstruation in some cultures is surrounded by taboos and meanings that impact women's lives.⁹

It is noteworthy in the group investigated that there were women who claimed to have already suffered sexual abuse. This type of sexual violence can cause serious physical and mental effects, both in the short and long term. In addition to affecting the physical and mental health of the victims, it affects society as a whole, since sexual violence against women can limit their decisions and, consequently, affect their full potential for professional development.²¹

Corroborating these findings is a study in which the mark of sexual violence among women deprived of liberty was evident, whether in their life trajectory, in the period of adolescence and childhood that comprises life before incarceration, and even after prison as victims of police security.⁹ In this sense, it is possible to perceive that in the case of sexual violence among women deprived of liberty, there is a relationship between victimization and entry into the prison system.

Sexual violence is any sexual act or attempt to obtain a sexual act, as well as unwanted sexual comments, or any other form of sexuality using coercion.^{9,22} It can be practiced by anyone, regardless of the relationship with the victim, and in any setting, including home and work.⁹ Above all, sexual violence against women is a major vulnerability factor for compromised sexual health.²²

Regarding the impairment of the sexual health of the women investigated, the reports involving the acquisition of STIs stand out. These findings are related to studies produced in Brazil,^{9,13,15,18} in the United States of America;¹² and Bolivia.¹⁴

Vulnerability to STIs in the female prison population due to the specific situation imposed by prison confinement is a fact, both from a biological point of view, taking into account physical sexual contact between partners; as well as epidemiological, which involves the lack of knowledge about the form of transmission of STIs, and the non-periodicity in monitoring gynecological examinations. Above all, the unsanitary conditions in which the confined population lives make them more susceptible to illness when compared to the general population.¹³

The female prison population requires special attention with regard to their sexual health. This is because many of the women have already experienced prostitution, violence and drug abuse, and therefore carry with them the physical and psychological consequences of a life exposed to risk factors and vulnerabilities.²¹ In this sense, sexual health care for women in situations of deprivation of liberty must take into account all the social and cultural singularity experienced by them.

The difficulty of access to sexual health care was an explicit theme among the women investigated. A study conducted in Brazil corroborates these findings.¹⁸ It can be understood that the sexual health of the women under study is neglected.

Access to condoms for use in sexual relations seems to be something not very easy among the investigated women. It should be noted that some studies have shown similar results.²²⁻²⁵

In view of the vulnerabilities to STIs of women in situations of deprivation of liberty, it is important to implement strategies to promote sexual health in prisons, which include effective preventive practices such as condom supply and health education on their proper use.²⁴

It is understood that the implementation of the sexual rights of women in situations of deprivation of liberty still seems to be a challenge. Although health rights for women are the same as for men, women rarely have equal access to these rights. This is because prison systems have been designed primarily for men, who make up more than 95% of the prison population, with the result that prison structures, rules and procedures often do not meet the needs of this specific group. On the other hand, most women do not have an approach and/or link with health services in periods prior to in-

carceration; consequently, they have little idea of their health status and may be less aware of the importance of preventive care for the adoption and/or maintenance of healthy lifestyle habits.⁹

FINAL CONSIDERATIONS

This study confirmed the initial premise that motivated it, identifying that women in situations of deprivation of liberty make up a vulnerable population for the impairment of their sexual health.

Although the health condition of Brazilian women in situations of deprivation of liberty has been legislated since 2003, the full guarantee of comprehensive sexual health care for this specific group still seems to be a challenge. And to overcome it, it is essential that these women have decent conditions and opportunities for health promotion and education, as well as care within the principles guaranteed by public policies, accessibility, integrality, resolubility and humanization of health care.

Given the relevance of the results of this study, the small number of participants in the research was considered a limitation.

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