

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

ORIGINAL ARTICLE

DOI: 10.9789/2175-5361.rpcfo.v16.12973

## VULNERABILITY TO THE HUMAN IMMUNODEFICIENCY VIRUS: KNOWLEDGE AND PRACTICES OF WOMEN DEPRIVED OF LIBERTY

*Vulnerabilidade ao vírus da imunodeficiência humana: conhecimentos e práticas de mulheres privadas de liberdade*

*Vulnerabilidad al virus de la inmunodeficiencia humana: saberes y prácticas de mujeres privadas de libertad*

Amanda Sebastiana Lima Correia<sup>1</sup> 

Ana Christina de Sousa Balduino<sup>2</sup> 

Marijany da Silva Reis<sup>3</sup> 

Dathynara da Silva Alves<sup>4</sup> 

Filipe Melo da Silva<sup>5</sup> 

Jailson Alberto Rodrigues<sup>6</sup> 

### ABSTRACT

**Objective:** to analyze the knowledge and practices of women deprived of liberty regarding the transmission of the human immunodeficiency virus. **Methods:** this is a field research, descriptive, with a quantitative approach. Held in the municipality of Picos, located in the state of Piauí. Data were collected in July 2022 at the women's penitentiary. **Results:** seven women in a situation of deprivation of liberty participated in the research. The profile of the women is between 26 and 35 years old, single, brown, complete primary education, a minimum wage, one to two children, self-employed. They presented knowledge about HIV transmission through sex without a condom, by sharing sharp objects. However, they have unprotected sex and exchange objects with people they trust. **Conclusion:** The inmates' knowledge about HIV transmission was verified. However, they demonstrated lack of knowledge about the risk of transmission by sharp objects and unprotected sex with people they trust.

**DESCRIPTORS:** Health risk behaviors; Nursing; Sexually transmitted infections;

<sup>1,2,3,4,5,6</sup> Federal University of Piauí, Piauí, Floriano, Brazil.

Received: 13/10/2023; Accepted: 13/11/2023; Published online: 17/02/2024

**Corresponding Author:** Amanda Sebastiana Lima Correia [amandacorreia@ufpi.edu.br](mailto:amandacorreia@ufpi.edu.br)

**How cited:** Correia ASL, Balduino ACS, Reis MS, Alves DS, Silva FM, Rodrigues JA. Vulnerability to the human immunodeficiency virus: knowledge and practices of women deprived of liberty. *R Pesq Cuid Fundam* [Internet]. 2023 [cited year month day];16:e12973. Available from:

<https://doi.org/10.9789/2175-5361.rpcfo.v16.12973>



## RESUMO

**Objetivo:** analisar o conhecimento e práticas das mulheres privadas de liberdade quanto a transmissão do vírus da imunodeficiência humana. **Métodos:** trata-se de uma pesquisa de campo, descritiva, com abordagem quantitativa. Realizada no município de Picos, situado no Estado do Piauí. Os dados foram coletados no mês de julho de 2022 na penitenciária feminina. **Resultados:** participaram da pesquisa sete mulheres em situação de privação de liberdade. O perfil das mulheres são de 26 a 35 anos, solteiras, pardas, ensino fundamental completo, um salário-mínimo, um a dois filhos, trabalhadoras autônomas. Apresentaram conhecimento sobre a transmissão do HIV por meio do sexo sem preservativo, por compartilhamentos de objetos perfurocortantes. No entanto, realizam o sexo desprotegido e a troca de objeto com pessoas que confiam. **Conclusão:** Verificou-se conhecimento das reclusas sobre a transmissão do HIV. Todavia, demonstraram desconhecimento sobre o risco de transmissão por objetos perfurocortantes e sexo desprotegido com pessoas de sua confiança..

**DESCRITORES:** Comportamentos de risco à saúde; Enfermagem; Infecções sexualmente transmissíveis;

## RESUMEN

**Objetivos:** analizar los saberes y prácticas de mujeres privadas de libertad sobre la transmisión del virus de la inmunodeficiencia humana. **Métodos:** se trata de una investigación de campo, descriptiva, con enfoque cuantitativo. Realizado en el municipio de Picos, ubicado en el estado de Piauí. Los datos fueron recolectados en julio de 2022 en la penitenciaría de mujeres. **Resultados:** siete mujeres en situación de privación de libertad participaron de la investigación. El perfil de la mujer es entre 26 y 35 años, soltera, morena, primaria completa, salario mínimo, uno a dos hijos, cuenta propia. Presentaron conocimientos sobre la transmisión del VIH a través del sexo sin preservativo, al compartir objetos punzocortantes. Sin embargo, tienen relaciones sexuales sin protección e intercambian objetos con personas de confianza. **Conclusión:** Se verificó el conocimiento de los internos sobre la transmisión del VIH. Sin embargo, demostraron falta de conocimiento sobre el riesgo de transmisión por objetos punzantes y sexo sin protección con personas de confianza.

**PALABRAS CLAVE:** Comportamientos de riesgo para la salud; Enfermería; Infecciones de transmisión sexual.

## INTRODUCTION

As a serious public health problem, the Human Immunodeficiency Virus (HIV) is responsible for causing serious dysfunction of the human immune system and, in its advanced stage, manifests Acquired Immune Deficiency Syndrome (AIDS). It results in the appearance of opportunistic diseases and neoplasms, causing deaths in the population.<sup>1</sup> In 2021, there were approximately 38.4 million people living with HIV worldwide and 650,000 AIDS-related deaths.<sup>2</sup>

HIV can be transmitted through sex without a condom, sharing syringes, contaminated blood transfusions, vertical transmission and unsterilized sharps.<sup>3</sup> Treatment is carried out using antiretroviral therapy (ART), which has a significant impact on improving the quality of life and life expectancy of people diagnosed with the infection.<sup>1</sup> In addition, prevention actions and policies such as post-exposure prophylaxis (PEP), condom distribution and the identification of key and priority populations play a fundamental role in reducing morbidity and mortality.<sup>4</sup>

Among the individuals belonging to the key population are people deprived of their liberty, a group that has gained prominence due to the high prevalence of HIV infections in the world, with infection rates higher than the general population.<sup>5</sup> Incarcerated individuals are population segments that deserve special attention, since they are more fragile and vulnerable to HIV/AIDS, due to the issues surrounding the

prison system itself, which tends to offer greater exposure to physical and psychological risks to these individuals.<sup>6</sup>

Although the prison system is seen as a predominantly male space, the rates of crimes committed by the female population are constantly rising, which has changed the Brazilian prison scenario, since over the years women have become increasingly active in society, especially with regard to participation in crime.<sup>7</sup>

Data from the National Penitentiary Information Survey (INFOPEN) shows that between 2000 and 2016, the rate of imprisonment of women increased by 656% in Brazil. In the first half of 2017, the number of women imprisoned in Brazil was 3,828,000.<sup>8</sup>

The prison system is overloaded, with unhealthy cells, a lack of assistance with basic needs and health care specific to women's needs.<sup>9</sup> However, incarcerated women have drawn attention to the need for health care.<sup>10</sup> Although women deprived of their liberty for judicial reasons have their right to come and go temporarily suspended, their right to health, as well as the other fundamental rights provided for in the Federal Constitution, must be respected and guaranteed.<sup>11</sup>

In this scenario, deprivation of liberty can lead the population deprived of liberty (PPL) to restrictive conditions of space, mental and social organization, leaving them predisposed to risk conditions for various infections, such as HIV.<sup>12</sup> Presenting the importance of health professionals in providing guidance and information on HIV to imprisoned women elucidates the importance of a real praxis among a

public that is naturally socially and programmatically vulnerable. Observing the lack of nursing guidance aimed at reducing the vulnerability of these imprisoned women, the aim was to analyze the knowledge and practices of women deprived of their liberty regarding the transmission of the human immunodeficiency virus.

## METHODS

This is a descriptive field study with a quantitative approach. It was carried out in the municipality of Picos, in the state of Piauí, Brazil. The city has a single women's penitentiary, which houses women from all over the macro-region. It covers 577.284km<sup>2</sup> with an estimated population of 78,627 people. It borders the municipalities of Sussuapara, São José do Piauí and Geminiano.<sup>13</sup>

The data was collected in July 2022 at the Adalberto de Moura Santos Women's Penitentiary. At the time, there were twenty-six incarcerated women, eight of whom were released to take part in the research. However, only seven accepted. The inclusion criteria were that they were serving a sentence in a closed regime, had a history of good behavior and were over 18 years of age. Exclusion criteria were being in other prison regimes, such as the semi-open regime, diagnosed mental illness and a history of physical violence against other inmates.

The questionnaires for data collection were administered in a cell, with one inmate at a time, under the watchful eye of the prison guard. The researchers remained outside the cell for clarifications and questions. The self-administered data collection instrument (questionnaire) and the Free and Informed Consent Form (FICF) were handed out in two copies, one for the inmate and one for the researcher. The study participants were informed about the objectives of the research, for which the instrument took around 25 minutes to complete.

Once the questionnaire had been completed, the data analysis was divided into three stages. Stage I - The data was grouped to produce a clear and objective summary of the results in a Microsoft Excel 2018 spreadsheet. Stage II - Percentages were calculated from the absolute values. Stage III - The data was organized into tables for better visualization by the researcher and application of descriptive statistical procedures.

The research was carried out respecting all ethical precepts in order to comply with the norms and guidelines for research involving human beings, in accordance with Resolutions 466/2012 and 510/2016, following bioethical benchmarks such as: autonomy, beneficence, non-maleficence, justice and equity.<sup>14,15</sup> The study was approved by the Research Ethics Committee of the Federal University of Piauí, with opinion 5.290.641.

## RESULTS

Seven women in situations of deprivation of liberty took part in the study. With regard to sociodemographic data,

there was a predominance of women aged between 26 and 35, three (42.9%) and 36 and 45, three (42.9%), three (42.9%) were single and seven (100%) were brown. In terms of the inmates' level of education, three (42.9%) had completed elementary school, as shown in Table 1.

The family income of these women was predominantly up to 1 minimum wage, four (57.1%). Of these, four (57.1%) reported having 1 to 2 children. When asked about their occupation before being confined in prison, four (57.1%) were self-employed, as shown in Table 1.

**Table 1** - Sociodemographic characteristics of women deprived of their liberty. Picos, PI, Brazil, 2022

FEATURES	n	%
<b>Age group</b>		
18-25	1	14,3
26-35	3	42,9
36-45	3	42,9
<b>Marital status</b>		
Married/stable union	2	28,6
Dating	2	28,6
Single	3	42,9
<b>Race/color</b>		
White	0	0
Brown	7	100
Indigenous	0	0
Black	0	0
<b>Education</b>		
Illiterate	1	14,3
Elementary school incomplete	2	28,6
Complete primary education	3	42,9
High school incomplete	1	14,3
Completed high school	0	0
Higher education	0	0
<b>Family income</b>		
None	2	28,6
Up to 1 minimum wage	4	57,1
1 to 2 minimum wages	1	14,3

2 to 3 minimum wage	0	0
Above 3 minimum wages	0	0
<b>Number of children</b>		
None	1	14,3
1 to 2 children	4	57,1
3 to 4 children	2	28,6
5 to 6 children	0	0
more than 6 children	0	0
<b>Occupation</b>		
Household	2	28,6
Self-employment	4	57,1
Signed employment	1	14,3
Maid	0	0
Others	0	0

**Source:** Prepared by the author, 2022

When asked about their knowledge of HIV transmission, seven (100%) of the women deprived of their liberty said they knew about the risk of transmission during sexual intercourse (vaginal, oral or anal) without condoms. However, when asked about the possibility of transmission using condoms during intercourse, six (85.7%) said that transmission did not occur (Table 2).

With regard to HIV transmission through sharing sharp objects (needles, syringes, piercings) used by another person with the AIDS virus, all of them said there was a risk of transmission. However, they reported that there was no transmission in relation to sharing objects such as glasses, shared with people living with HIV. With regard to living in the same cell as other women diagnosed with HIV/AIDS, six (85.7%) said there was no risk of transmission (Table 2).

When asked about exchanging sharp objects (pliers, needles, piercings) with inmates they trust, four (57.1%) of them said that they do exchange objects. However, all the detainees said they did not exchange with women detainees they did not trust.

When asked about their steady partner not wanting to use a condom during sex, six (85.7%) of the inmates said that they don't continue to do so. And when it came to having intimate visits with partners they had recently met, all of them said they did not have sex (Table 3).

The inmates also unanimously stated that they don't use female condoms, but they all agreed that using them is not just a male responsibility. Five (71.4%) also reported that they do not use condoms in all sexual relations and that they recognize the possibility of contracting HIV/Aids in prison (Table 3).

**Table 2** - Knowledge of women deprived of their liberty about HIV/AIDS transmission. Picos, PI, Brazil, 2022

<b>KNOWLEDGE ABOUT HIV/AIDS TRANSMISSION</b>	<b>n</b>	<b>%</b>
<b>Sexual intercourse (vaginal, oral or anal) without a condom</b>		
Yes	7	100
No	0	0
<b>Sexual intercourse (vaginal, oral or anal) with a condom</b>		
Yes	1	14,3
No	6	85,7
<b>Sharing objects (needles, syringes, piercings) used by another person with HIV/AIDS</b>		
Yes	7	100
No	0	0
<b>Drinking from an infected person's glass</b>		
Yes	1	14,3
No	6	85,7
<b>Living in the same cell as another inmate with HIV/AIDS</b>		
Yes	1	14,3
No	6	85,7

**Source:** Prepared by the author, 2022

**Table 3** - Vulnerable practices of women deprived of their liberty regarding HIV/AIDS transmission. Picos, PI, Brazil, 2022

<b>VULNERABLE PRACTICES</b>	<b>n</b>	<b>%</b>
<b>Do you exchange pliers, needles, piercings or other sharp objects with inmates you trust?</b>		
Yes	4	57,1
No	3	42,9
<b>Do you often share nail clippers, needles, piercings and/ or other sharp objects with inmates you do NOT trust?</b>		
Yes	0	0
No	7	100
<b>If your partner doesn't want to use a condom during an intimate visit, do you continue with the sexual act?</b>		
Yes	1	14,3
No	6	85,7
<b>During an intimate visit, your new partner doesn't want to use a condom, so do you continue with the sexual act?</b>		
Yes	7	100
No	0	0
<b>Do you use female condoms?</b>		
Yes	0	0
No	7	100
<b>Is condom use only a man's responsibility?</b>		
Yes	0	0
No	7	100
<b>Do you use condoms in all sexual relations?</b>		
Yes	2	28,6
No	5	71,4
<b>Do you have the possibility of becoming infected with HIV in prison?</b>		
Yes	5	71,4
No	2	28,6

**Source:** Prepared by the author, 2022

## DISCUSSION

The women deprived of their liberty in this situation are young brown women, single and with completed secondary education. Similarly, a study carried out in the Women's Penal Colony in the city of Recife, Pernambuco, identified young brown women, but with complete or incomplete primary education.<sup>16</sup> In the state of Acre, the women imprisoned are also single, brown, but with incomplete secondary education.<sup>17</sup> In the women's prison in João Pessoa-PB, the level of education differs from this study, with a predominance of women with complete primary education.<sup>18</sup>

It is important to emphasize that young people who are socially vulnerable are more susceptible to entering the world of crime. Consequently, precarious employment, low salaries and a low level of schooling are factors that make it possible for young people to engage in illegal activities.<sup>19</sup>

Young, black/brown women from lower social classes characterize the Brazilian female prison population. Their involvement in the world of criminal practices is largely associated with drug trafficking, in other words, secondary and passive activities.<sup>20</sup>

Female criminality is associated with low socio-economic indicators. Knowing the epidemiological profile is therefore an opportunity to draw up prevention, promotion and health recovery strategies based on the needs of the target population.<sup>21</sup>

There were women with incomes of up to one minimum wage, one to two children and who were self-employed. The same phenomenon was observed by Costa (2017) in the state of Piauí. In her study, it was observed that the prison population interviewed was made up of "housewives" or self-employed workers. The total family income of these women differed slightly, with 41.4% earning between 1 and 2 minimum wages.<sup>22</sup>

The emergence of women in the labor market is evolving in Brazil. In the past, women were restricted to caring for the home and the family bed. In the current context, they play the main role in supporting their offspring. However, there are inequalities in participation, salary levels and quality of access to the job market compared to men. This leads them to seek self-employment.<sup>23</sup>

In the interior of Bahia, all of the female inmates worked before committing their crime. 71.4% were included in the category of service workers, which includes domestic workers, day laborers, manicurists, hairdressers, waitresses, butlers and cooks.<sup>24</sup>

With regard to maternity data, other researchers have disagreed with this study. Their findings show that 46.3% of women have four children or more. They also provided data on the start of sexual life, where 73.2% of the participants started before the age of 16. It is worth noting that 36.6% of these women had their first sexual intercourse before the age of 13.<sup>25</sup>

Here, the participants demonstrated their knowledge of the ways in which HIV is transmitted and the importance of using condoms during sexual relations. This is also shown by a study carried out in the Parintins-AM Prison Unit, in which the women briefly certified their knowledge of AIDS and its dynamics.<sup>26</sup>

In this scenario, they give credence to the importance of knowledge as a weapon in the prevention of HIV/AIDS, as well as other sexually transmitted infections. The findings show that not knowing what AIDS is more than doubled the chance of infection compared to those who knew about the disease. In addition, a lack of knowledge about condom use was also associated with a greater chance of STIs.<sup>27</sup>

Inmates showed risky practices as a result of misinformation regarding the care they take when sharing sharp objects with inmates they trust. These practices were also seen in another study. Vale, Carvalho and Pereira (2016) demonstrate the risky behaviors that are committed inside prisons, such as sharing non-sterile sharps (knives, needles, pens and nail pliers) between individuals. In addition to unprotected sexual practices during intimate visits.<sup>28</sup>

These practices were also observed in the women's penitentiary located in Teresina-PI, where the inmates participating in the study in question adopted risky behavior when it came to sexual relations with their current spouse. This is because even a stable or long-term relationship can pose risks for the transmission of STIs.<sup>29</sup>

In another study carried out in a prison in Teresina-PI, the women had sex with only one partner and infrequently used condoms. In this context, the history of condom use prior to incarceration influences the conduct taken during intimate relations with their partners in prison. The research shows that women trust their fixed partners, based on the belief that they are not at risk of acquiring HIV or other STIs.<sup>30</sup>

## CONCLUSION

The study revealed a profile of women in situations of deprivation of liberty who are mostly young, single, brown and have completed elementary school. They have a family income of up to one minimum wage, one to two children and are self-employed.

Women prisoners are aware of the risk of unprotected sex. However, they are not aware of the risk of transmission through sharp objects and unprotected sex with people they trust. Their lack of knowledge about the possible forms of transmission within the prison predisposes women to greater vulnerability to HIV.

At the end of the study, we realized that the unavailability of a minimum number of women inmates in the prison and the fact that these women were not released to a reserved place, as recommended by the study, was the main limitation. Since the administration of the prison system had demanded that the inclusion criteria and data collection

metrics be adapted to what was ethically and academically appropriate. However, it is hoped that the results presented can contribute to reflecting on health care for incarcerated women, as well as giving visibility to the issue and the public, so that women can have guaranteed sexual health and new research can continue to be carried out.

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