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Situação socioeconômica e reprodutiva de mulheres presidiárias
Sociodemographic and reproductive factors of female prisoners
Los factores socioeconómicos y reproductivos de las mujeres presas

Maria Aline Rodrigues Barros¹, Sheyla Dayana Coelho Cavalcanti², Dayze Djanira Furtado de Galiza³, Ana Larissa Gomes Machado⁴

How to quote this article:

ABSTRACT

Objective: To describe the socioeconomic and reproductive profile of female prisoners. Method: The sample consisted of 47 female inmates of penitentiaries and Teresina peaks. For data collection a form prescribed by the researcher was used. Data were collected from July to August 2013, which were tabulated and analyzed using the Statistical Package for the Social Sciences (SPSS) version 20.0. Results: Showed a profile of young, unmarried women, who exercised occupation that required little skill, low education and income. Regarding reproductive health, 42.5% were multiparous, and 40.4% had less than six visits. The abortion rate was high, 42.5%. Conclusion: There was a need to plan educational strategies to prevent injuries to sexual and reproductive health of prisoners, being essential to the development of tactics to break down educational barriers and generate behavior change and promote self-care.

Descriptors: Prisons, Reproductive health, Nursing, Socioeconomic analysis.

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RESUMO

Objetivo: Investigar el perfil socioeconómico y reproductivo de presidiarias.

 Método: Estudio descritivo con abordagem quantitativa realizado com 47 presidiarias de las dos penitenciarias femeninas del Estado del Piauí. La recolección de datos se realizó de julio a agosto de 2013 y se contó con los datos acerca de la situación socioeconómica y sexual. Resultados: Se evidenciaron características como la juventud, la soltería, la ocupación que requiere poca habilidad, el bajo nivel educativo y de ingresos. En cuanto a la salud reproductiva, el 42,5% eran multiparas y el 40,4% no realizaron ninguna consulta de prenatal. A frecuencia de abortos provocados fue de 42,5%. Conclusión: Observó-se a necessidade de planejar estrategias educacionais de promoção da saúde reprodutiva que englobem as peculiaridades sociais vivenciadas.

Descritores: Prisiones, Saúde reprodutiva, Enfermagem, Análise socioeconómica.

INTRODUCTION

Crime has increased in small and large centers of the world and criminals are individuals of different sex, social class, race and religion, forming a prison population at the mercy of a punitive system, which does not always contribute to the recovery and social reintegration of these individuals.

Brazil had 44,230 prisoners more in 2012 over the previous year. According to the 7th edition of the Brazilian Yearbook of Public Security, produced by the Brazilian Forum on Public Security, the prison population in the country jumped from 471,250 at the end of 2011 to 515,480 in the following year, which representing an increase of 9.39%.1

The female population incarcerated consists of young women, socioeconomic and educational lower level, with significant degree of disruption of family ties, high unemployment and prostitution, single or separated, having history of sexually transmitted diseases, coming from urban centers and poor access to health services, have history of involvement with drugs, either for use or trafficking. These data make up a picture of social exclusion that all these women were subjected before entering the prison and that deepens with imprisonment.2

Moreover, the Brazilian women’s prison system has undergone, in recent decades, a considerable increase in the number of attending. Although the number of criminal women is considerably less than the imprisoned men, this number has grown in recent decades.3

The prison setting as a deviant jailing of space and punishment of their crimes has gained ground in the design of the capitalist modern society, in addition to historically disciplinary character of the sentence. This mass incarceration policy reflects, therefore, the consequences of a capitalist society that marginalizes large part of the population: while on the one hand, some has accumulated wealth, on the other, poverty, uncertainty, hopelessness and violence.4

There are still great difficulties in recognizing reproductive and sexual rights of women in society, worsening the containment situation, pregnancy, prenatal, childbirth, breastfeeding, conjugal visits and the separation of mother and baby are still a large problem, particularly for not having their rights respected.4

This reality makes this population vulnerable to STDs/AIDS, unwanted pregnancies, neglect of prenatal care, among others, thus becoming one of the main groups to disseminate these diseases. This further reinforces the need for preventive measures and promotion, especially actions related to sexual and reproductive health, aimed at transforming the reality of this population.

The knowledge of the reality of this group will provide subsidies for better nursing care for these women who are exposed to various risks. Therefore, this study aimed to investigate the socioeconomic and reproductive characteristics of women in two penitentiaries in the State of Piauí.

METHOD

This is a descriptive study with a quantitative approach carried out in two female prisons of the State of Piauí.

The Women's Penitentiary of Teresina was inaugurated on June 23, 1980, with capacity for 114 inmates. Currently it meets 95 inmates and 76 professionals from different categories.

The Regional Women's Penitentiary of Picos was inaugurated in October 2001, with a capacity of 13 inmates. Currently there are 20 women. It also has 15 professionals who provide health services, security, coordination and institution management.

The population consisted of all women prisoners in the institution during the collection period, with the inclusion criteria to comply with a sentence in a closed system and who is not present at the time of research, aggressive behavior or any other mental or emotional disorder that prevented the interview or to afford inconsistent results with the reality of the institution.
Data collection was carried out from July to August 2013. Structured questionnaire was used, prepared by the researcher who investigated: age, marital status, family income, education, previous occupation, number of pregnancies, births, abortions, reproductive history, conducting prenatal care. Parity was understood as the number of pregnancies resulting in live or stillbirths, being classified like to study: multiparous (1 to 3 previous children) and high parity (4 and more previous children).

Data collection occurred in different ways in the two institutions. The prison in Teresina consists of two buildings (A and B), but the researchers had access only to the Pavilion A, in which 12 individuals were conducted for interviews in the cells. In another pavilion because of the criminal potential of prisoners 35 forms were delivered for the penitentiary agents and there was a return of 15. It is noteworthy that the inmates of this pavilion did not answer some questions of the form because it was drawn up with an appropriate language for the researchers.

In Women's Penitentiary of Picos, the researchers had access to all the unit cells, resulting in a sample of 20 participants, since there were seven beyond its capacity. All women agreed in participating and fulfilled the inclusion criteria of the search.

Data were tabulated and analyzed using the Statistical Package for Social Sciences (SPSS) version 20.0 and the results were discussed according to the literature.

The Ethics Committee in Research of UFPI with CAAE approved the study: 07371412.3.0000.5214. Study participants signed a Consent Agreement and Clarified as recommended by the principles expressed in Resolution No. 466/12 of the National Health Council (CNS).*

RESULTS

The information relating to the age of the participants revealed a young population involved in the world of crime with a mean of 28.3 ± 7.6 years. The age range from 18 to 24 years old showed higher frequency in 31.9% women. Regarding marital status, it was observed that 57.4% were single.

Most participants completed elementary school, 59.6%. Moreover, it was observed that the maximum level of education was high school, 10.6%.

As for family income, 49% of participants had income below the minimum wage although the average was R$ 690.40 ± 2911.30, and 25.5% had income of up to R$ 280.00.

Research related to occupation before imprisonment revealed a female population that performed work as a maid, saleswoman, and hairdresser, among others.

### Table 1 - Prisoners’ socioeconomic data in Piauí. Picos-PI, 2013

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>15</td>
<td>31.9</td>
</tr>
<tr>
<td>25-29</td>
<td>13</td>
<td>27.6</td>
</tr>
<tr>
<td>30-34</td>
<td>11</td>
<td>23.4</td>
</tr>
<tr>
<td>35-45</td>
<td>08</td>
<td>17.0</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>27</td>
<td>57.4</td>
</tr>
<tr>
<td>Married</td>
<td>08</td>
<td>17.0</td>
</tr>
<tr>
<td>Common-law marriage</td>
<td>08</td>
<td>17.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>02</td>
<td>4.3</td>
</tr>
<tr>
<td>Widow</td>
<td>02</td>
<td>4.3</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not literate</td>
<td>02</td>
<td>4.3</td>
</tr>
<tr>
<td>Incomplete primary education</td>
<td>05</td>
<td>10.6</td>
</tr>
<tr>
<td>Complete primary education</td>
<td>28</td>
<td>59.6</td>
</tr>
<tr>
<td>Incomplete high school</td>
<td>07</td>
<td>14.9</td>
</tr>
<tr>
<td>Complete high school</td>
<td>05</td>
<td>10.6</td>
</tr>
<tr>
<td><strong>Family income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1 Wage</td>
<td>23</td>
<td>49.0</td>
</tr>
<tr>
<td>1 to 3 Wages</td>
<td>04</td>
<td>8.5</td>
</tr>
<tr>
<td>&gt;3 Wages</td>
<td>01</td>
<td>2.1</td>
</tr>
<tr>
<td>Not mentioned</td>
<td>19</td>
<td>40.4</td>
</tr>
<tr>
<td><strong>Previous occupation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maid</td>
<td>22</td>
<td>46.8</td>
</tr>
<tr>
<td>Salesperson</td>
<td>03</td>
<td>6.4</td>
</tr>
<tr>
<td>Hairdresser</td>
<td>02</td>
<td>4.3</td>
</tr>
<tr>
<td>Not mentioned</td>
<td>05</td>
<td>10.6</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>31.9</td>
</tr>
</tbody>
</table>

*Minimum Wage in 2013: R$ 678,00

About reproductive status, it was observed that 42.5% were multiparous prisoners. As for the realization of prenatal care, more than half 59.6% had appointments during pregnancy, but 40.4% did not have appointments. Regarding the number of abortions, the highest frequency was 42.5% caused.
**DISCUSSION**

The analysis of demographic data revealed a young population, similar to data from the National Penitentiary Department from 2008 to 2009, in which the prison population of Brazil had presented this age group, confirming the profile of young women in crime.

The average age was lower than those obtained in studies conducted in Rio de Janeiro where the trapped sample was 559 and the other with 36 prisoners of the women’s prison of State of Ceará in which they identified an average age for women to 32, 9:32 years-old, respectively.

These data have demonstrated the very early inclusion of these women in crime, a factor that may be related to various social problems such as poverty, lack of quality education, employment opportunities, among others.

As for the marital status of the participants, it was observed that 57.4% were single, making the most frequent marital status, corroborating the study in Brasília in which the percentage of unmarried women was 65.4% and clashing another search held in Goiás that detected the married percentage of unmarried women was 65.4% and clashing.

In a study conducted in Rio de Janeiro there was a high abortion rate for unmarried women or those in common-law marriage. The chance to practice abortion was three to four times greater for these women if it is compared to married ones.

The fact that many women do not have steady partners can increase vulnerability to STDs, abortions, among others. So there is need to work health education, which approach this issue about how to avoid, prevent and treat and encourage the promotion of health.

In addition, data on the educational level showed that 59.6% of female prisoners completed primary school and that the maximum level of education did not go beyond a high school degree, contradicting the findings of another survey conducted in Rio de Janeiro with 2,039 inmates in which 125 detainees were women and 62.1% of them had only incomplete primary school.

This may be directly related to the fact that they were arrested because of low education do not provide many job opportunities, consequently low wage, contributing to the entry of these women into the world of crime, and resulting in difficulty of access to important information, related mainly to the promotion of their health.

In this regard, the low educational level interferes negatively on employment opportunities, increasing poverty and the practice of underemployment. Thus, the involvement of women with little education in crime is therefore envisioned as a way to rapid economic rise.

The information from this study - related to family income - have showed that 49% of the sample have monthly income less than minimum wage and who performed work with little professional expertise before the arrest.

The financial situation of these women prisoners is lower when compared to other research that involved 86 reeducating people serving sentences in semi-open regime of the State of Goiás and showed that the predominance of 58.6% participants had a family income of three minimum wages.

The banalization of violence, lack of access to education, basic survival resources, high rates of unemployment, underemployment, and the breakdown of interpersonal relationships are some factors that can be considered inducers of female crime, or have large share of responsibility for the entry of women into the world of crime and consequently in prisons, these factors were demonstrated in this research.

In the analysis on reproductive health, 40.4% of inmates did not received prenatal care and 34.0% had less than six appointments. This is discordant of congener research in which 71.1% of the sample did six or more prenatal appointments.

According to the Low-risk Prenatal Care Manual, despite the significant reduction in infant mortality in Brazil in recent decades, neonatal deaths indicators showed a decrease less than what was expected. A significant number of deaths is still part of the social and health situation of our country. Such deaths still occur from preventable causes, particularly with regard to the actions of health services and, among them prenatal, childbirth and the newborn care.

Prenatal care is very important for women during pregnancy, particularly for inmates, which often did not seek health services before they are in prison. This query is a time when the professional can detect any complications, and thus reduce rates of maternal and perinatal mortality.

According to the National Health Plan for the Prison System, the Ministry of Health ensures the inclusion of the prison population in the Unified Health System. Among the strategic areas of focus is the Women’s Health that provides for prenatal the control of cervical and breast cancer, thus ensuring the commandment laid down in the constitution.

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**Table 2 - Reproductive situation of prisoners in Piauí, Picos-Pi, 2013**

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>%</th>
<th>Average: 1,43</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nº of children</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiparous</td>
<td>20</td>
<td>42,5</td>
<td>Median: 1,00</td>
</tr>
<tr>
<td>High multiparous</td>
<td>5</td>
<td>10,6</td>
<td>DP: 1,70</td>
</tr>
<tr>
<td>Not mentioned</td>
<td>22</td>
<td>46,8</td>
<td></td>
</tr>
<tr>
<td>Pre-natal appointments</td>
<td>28</td>
<td>59,6</td>
<td></td>
</tr>
<tr>
<td>&lt;6 appointments</td>
<td>16</td>
<td>34,0</td>
<td></td>
</tr>
<tr>
<td>&gt;6 appointments</td>
<td>12</td>
<td>25,5</td>
<td></td>
</tr>
<tr>
<td>Did not have</td>
<td>19</td>
<td>40,4</td>
<td></td>
</tr>
<tr>
<td>Abortion</td>
<td>34</td>
<td>72,3</td>
<td></td>
</tr>
<tr>
<td>Induced</td>
<td>14</td>
<td>29,8</td>
<td></td>
</tr>
<tr>
<td>Caused</td>
<td>20</td>
<td>42,5</td>
<td></td>
</tr>
<tr>
<td>Not mentioned/no abortion</td>
<td>13</td>
<td>27,6</td>
<td></td>
</tr>
</tbody>
</table>
that health is a fundamental right of every human being and state duty.

Another worrying fact was the frequency of abortions, which corresponded to 72.3% and 42.5% of them caused. These are similar to other research, which investigated through in-depth interviews the termination of pregnancy on the biographical trajectories of 31 women and 28 men. The 31 female testimonies congregate 116 pregnancies, whose developments were induced abortions (71), stressing that both in women as in men’s statements, abortion as the outcome of pregnancies is twice the number of live births18.

The findings reinforce the need for educating the population, especially women, about the importance of the use of contraceptive methods, especially condoms, which besides preventing unwanted pregnancies, and also protects against STD. It should also be clarified that abortion both spontaneous and provoked can have serious complications such as infection, peritonitis, septicemia, sterility, among others.

CONCLUSION

The studied prisoners’ socio-demographic profile has pointed to a majority of young, single women with low education and family income. Given the unfavorable situation presented by the prisoners, there was the need to plan educational strategies for reproductive health promotion covering the experienced social peculiarities.

As for reproductive data, it was noticed that most do not have access to prenatal care, which increases the chances of these women have complications like abortions. This reinforces the need for these women to have more access to health services and quality. The nurse as a health educator must seize this moment of seclusion and implement educational groups, condom distribution, with the participation of the same, through dialogue, answering questions and thus promoting self-care.

The present study had as main difficulty the criminal potential of some prisoners, for this we could not get a higher number of participants.

It is hoped that the research will contribute to the formulation of strategies to promote sexual and reproductive health of women prisoners to preserve their autonomy and enable them for self-care. The knowledge of the situation experienced in women’s prisons by health professionals, especially by nurses, provides important information for the development of educational strategies with greater reach and effectiveness.
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