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ORIGINAL ARTICLE

PERCEPTION OF WOMEN ABOUT PRENATAL ASSISTANCE PROVIDED IN FEMALE PENAL COLONY

PERCEPÇÃO DAS MULHERES SOBRE A ASSISTÊNCIA PRÉ-NATAL PRESTADA NA COLÔNIA PENAL FEMININA

PERCEPCIÓN DE LAS MUJERES ACERCA DE LA ATENCIÓN PRENATAL EN LA COLONIA PENAL FEMENINA

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ABSTRACT

Objective: investigating the perception of women about prenatal care provided in Penal Colony for Women in Recife. **Method:** a qualitative, descriptive and transversal study. The sample consisted of 14 inmates of the Women's Penal Colony of Recife. Data collection occurred through interviews and was conducted in January 2014. Data analysis was carried out by Content Analysis. The research project was approved by the Research Ethics Committee, CAAE nº 23250213.0.0000.5203. **Results:** there were listed the following categories: Prenatal: informs, prevents, diagnoses and treats the health problems of the fetus and the woman; Poor therapeutic relationship and lack of dialogue: low quality indicators in prenatal in prison unit; and Childbirth: important stage of PN. **Conclusion:** the protagonists revealed failure to exchange information during consultations among professionals and also recognized the importance of prenatal care for a safe childbirth.

Descriptors: Prenatal; Nursing; Prison.

RESUMO

Objetivo: investigar a percepção das mulheres sobre a assistência pré-natal prestada na Colônia Penal Feminina do Recife. **Método:** um estudo qualitativo, descritivo e transversal. A amostra foi composta por 14 reeducandas da Colônia Penal Feminina do Recife. A coleta de dados aconteceu por meio de entrevista e foi realizada no mês de janeiro de 2014. A análise de dados foi realizada pela Análise de Conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE nº 23250213.0.0000.5203. **Resultados:** foram elencadas as seguintes categorias: Pré-natal: informa, previne, diagnostica e trata os agravos à saúde do feto e da mulher; Má relação terapêutica e ausência de diálogo: indicadores de baixa qualidade no pré-natal na unidade prisional; e Parto: etapa importante do PN. **Conclusão:** as protagonistas revelaram falha na troca de informações durante as consultas e entre os profissionais, reconheceram ainda a importância do pré-natal para um parto seguro. **Descritores:** Pré-Natal; Enfermagem; Cárcere.

RESUMEN

Objetivo: investigar la percepción de las mujeres acerca del cuidado prenatal proporcionado en la Colonia Penal Femenina de Recife. **Método:** un estudio cualitativo, descriptivo y transversal. La muestra estuvo conformada por 14 internas de la Colonia Penal Femenina de Recife. La recolección de datos ocurrió por medio de entrevistas y se llevó a cabo en enero de 2014. El análisis de datos se realizó mediante el Análisis de Contenido. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, CAAE nº 23250213.0.0000.5203. **Resultados:** se enumeran las siguientes categorías: Prenatal: informa, previene, diagnostica y trata los problemas de salud del feto y de la mujer; Mala relación terapéutica y la falta de diálogo: indicadores de baja calidad en prenatal en la cárcel; y Parto: importante etapa del PN. **Conclusión:** los protagonistas revelaron la falta de intercambio de informaciones durante las consultas y entre los profesionales, y también reconocieron la importancia de la atención prenatal para un parto seguro.

Descriptores: Prenatal; Enfermería; Prisión.

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INTRODUCTION

When it comes to public policy, attention to women's health in Brazil, before the rise of Integral Assistance Program to Women's Health (PAISM), understood the maternal and child group, as has always been the most stressed according to these policies. Thinking about it, the Ministry of Health (MS) created the PAISM, with the purpose of supplying global women's health needs; however, even though the data indicate an increase in demand of women to prenatal, this increase did not result in significant impact on declared maternal deaths.¹⁻³

Seeking a new scenario in the care of women's health, the MoH instituted in 2000, the Program for Humanization of Prenatal and Birth (PHPN), because until then, there was a model that normalized care for pregnant women in Brazil. The program set the number of visits, gestational age of entry, laboratory tests to be ordered and health education actions, and raised the discussion of actions and their conceptual basis in accordance with the models used worldwide.⁴⁻⁶

Thus, assistance to prenatal care is recognized as a component that contributes to reducing maternal and child mortality rates. Although they were created programs aimed at improving assistance to prenatal care, it realized that many women still did not have the collateral to access, especially those who experience the pregnancy and puerperal period in prison, so it was necessary to give greater attention to this group of women.⁴⁻⁶

Recognizing its responsibility to give this need ahead, in 2003 the Ministry of Health, integrated with the Ministry of Justice, establishing the Interministerial Ordinance n.1777, of the National Health Plan for the Prison System (PNSSP); in order to provide comprehensive care to the prison population and guide health practices in the penitentiary system, ensuring the effectiveness of promotion, prevention and comprehensive health care. Among its actions the plan ensures that women have prenatal right, so finding pregnancy. A pregnant woman should be transferred to a prison facility that has medical staff and physical structure for follow-up throughout pregnancy and birth should occur in a hospital unit of the penitentiary system or the public health system.^{6,7}

With all this, the health of women of childbearing situation in the penitentiary system is still not addressed and so in 2009 instituted the Law n° 11942/2009, which ensures the imprisoned mothers and newborn

minimum conditions for assistance. This legislation reaffirms the rights of women in prison and condition of their children and, indispensably, the need for a differentiated and qualified assistance.⁸

In the reality of women deprived of freedom this assistance does not meet the idealized, seen in qualitative exploratory study, conducted by Zampieri and Erdmann in Santa Catarina, pregnant women begin the late prenatal and services do not always meet the minimum set of recommended actions of the Humanization Program of Prenatal and Birth.⁹

Within this context, we tried to answer the following question: Assistance to prenatal care provided in Penal Colony for Women in Recife follows the recommendations of Programs and Plans recommended by MoH? Therefore, we sought to investigate the perception of women about prenatal care provided in Penal Colony for Women in Recife.

Thus, it emphasizes the importance of this study, it seeks to guarantee the rights of both the woman and the child, combined with the understanding of the health issues involved in this context, without losing sight of the quality of care and the principle of complete protection, by which the state must ensure, with absolute priority: the right to life, health and dignity.

METHOD

This is a descriptive and cross-sectional study with a qualitative approach. Qualitative research works with the universe of meanings, motives, aspirations, beliefs, values and attitudes, which corresponds to a deeper space of relationships, processes and phenomena that cannot be reduced to the operationalization of variables.¹⁰

The research scenario was the Women's Penal Colony of Recife known as Bom Pastor (Good Pastor), located in Engenho do Meio neighborhood, west of Recife, Pernambuco capital. The population consisted of 19 women, one of these declined to participate and four were hospitalized to give birth, so the sample of 14 pregnant inmates, who were under the regime for data collection and who agreed to participate voluntarily in the research according to provisions of Resolution 466/12 of the National Health Council/MoH, which rules on research involving humans.¹¹

Data collection was carried out in January 2014 and was only started after the approval of the Ethics Committee of the Caruaruense Association of Higher Education (CAAE: 23250213.0.0000.5203) and occurred through semi-structured interview which combined

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questions closed (or structured) and open, where the interviewees were able to discuss the theme, without answers or conditions preset by the researcher.¹² All interviews were conducted in private atmosphere, after consent, maintaining privacy of research subjects, in addition, they were recorded and transcribed.

Data analysis was performed by means of Content Analysis (CA), proposed by Bardin, which is a set of methodological tools that constantly improves and apply to diverse speeches mainly in the social sciences, with well-defined objectives and serves to reveal what is hidden in the text, by message decoding.¹³

RESULTS

Recognizing pregnant women: the study was conducted with the participation of fourteen mothers private from freedom. The ages ranged between 18-34 years old, the predominant education was incomplete primary education and three had not completed secondary school. Regarding the marital status, thirteen were single and only two married. Regarding the parity, two were primiparous while twelve were multiparous, of which two had been through more than one pregnancy in prison. Importantly, the occupation of these women when they were released, three exercised housewives activity, two were prostitutes, a waitress, a maid, two day laborers, an attendant of telemarketing, an itinerant worker, a shoe rack, one wagon driver and operator of supermarket.

The interviews allowed moments of reflection about the importance of conducting prenatal. Analyzing the content of the speeches it can be constructed three categories:

Prenatal: informs, prevents, diagnoses and treats health problems of the fetus and the woman.

From the speeches were identified that pregnant women believe that prenatal care is a time where they will have the fetus's health status information as well as have knowledge of their own health. So we realize that the importance of prenatal care is related to the reduction of maternal and child morbidity and mortality, as shown by the following statements:

For thus, we know more of the diseases that agent has that can pass to the baby and can now fight through prenatal care. Because when we do not, you just know you have the disease when the baby is born. (Camellia)
It is important right? know how much weight he's, whether he's healthy; to see what it ta

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need if' re in trouble. I like to follow. (Azalea)

For me it is important to do because it is good for children's health and for my health as well. (Begonia)

For me, the importance is great because so much takes care of my health as the baby. (Camellia)

You learn whether he will be born tired, it will not. If he developed completely or if he has not developed. (Grass Pink)

To get all the care the child needs. To avoid certain types of diseases. Making prenatal already discovered during pregnancy, right?! So much to children as to mother, right? (Daisy)

To know if your child all right, to know if you have any problems during pregnancy. Because if you already have how to prevent, right? (Iris)

Pregnant women also have addressed in their speeches about the importance of adhering to the therapeutic regimen in order to ensure the health of the fetus, understanding that drugs such as folic acid and ferrous sulphate prevents possible malformations and diseases that can affect the fetus.

Health is when one takes all types of remedies that person is to take in pregnancy. I take ferrous sulfate ferrous acid. (Begonia)

You have to take medication to hold the baby. You have to take ferrous sulfate you need. Always have medication that needs to develop, all that. (Amaryllis)

Another evidence of this study was that pregnant women mentioned the importance of laboratory tests as a means of diagnosis for harm to mother and child health and from that ensuring treatment for possible pregnancy complications that may occur, thus causing the birth of a healthy child as well not to bring health risks to the mother.

Exams and ultrasound. So, what is most important to me is just that. (Dahlia)

To know how my daughter yeah, if it okay if' re living [...] just know that she's alive because it moves a lot, if not, I would not know. And if you are sick, he cares, right? It is important to have ultrasound, listening to the heart. (Hydrangea)

To're doing the right tests. It is good both for the baby as for us, right? (Iris)

Poor therapeutic relationship and lack of dialogue: low quality indicators in the prenatal unit in the prison. Main indicators of low quality prenatal come to poor therapeutic relationship and the failure to exchange information between health professionals within the prison unit. For pregnant women of this study a quality prenatal care, it should be accomplished by providing an active listening of women, questions of clarification and

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information about what will be done during the consultation and the measures to be adopted.

Lavender says the prison unit there is no prenatal care properly, it compares the extramural prenatal experienced in another pregnancy:

[...] we should have a prenatal care a little more, so right [...] every pregnancy has to be accompanied by prenatal, how we do right in street [...] (Lavender)

Prenatal held inside the prison unit reported by pregnant women which is not correct as regards the delay in consultations, procedures that are not made, and the guidelines are not passed, the professionals who do the consultations, among others.

The talks this next pregnant emphasizes the absence of dialogue between health professionals during the period that perform prenatal, what counts as a negative point, as shown in the following speech:

[...] I'm not sure how many months I'm. One says one thing; another says something else [...] (Lavender)

The lack of such dialogue among health professionals in prenatal consultations can often interfere with the quality of care within the prison unit, for when pregnant women are not assisted by the same professional at every visit, they are repeated many information or are passed inconsistent information, which are not consistent with what is happening right now.

Pregnancy is surrounded by many changes and each woman goes through this period in a unique way. Some of these changes may generate fears, doubts, or simply curious to know what happens to their body so that these transformations occur in a natural way the professional should establish a horizontal relationship where woman and professional performed exchange of experiences, this attitude does not found in the scenario of this study according to the speech of Hydrangea:

[...] all I know is she's alive because she move it, otherwise, I wouldn't know [...] (Hydrangea)

The low quality of prenatal care within the prison unit refers rightly failure to exchange information during consultations. It is noticed that not all pregnant women are receiving information during their prenatal consultations, given these important and often are not offered, how about symptoms of pregnancy, modifications and care of the body, because although not a first pregnancy a woman needs to learn and specific care, since every pregnancy is unique, as is clear in the speech that pregnant:

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[...] Because I smoke a lot, and I don't know how she is, I don't know what size is that the weight weighing. I feel much difficulty to walk and it hurts a lot the column; I'm not sure how many months I'm [...] (Lavender)

Childbirth: important stage of PN

Prenatal monitoring involves a set of care measures and actions that contribute to the reduction of complications during pregnancy, childbirth and postpartum. However, it is also the time where women have greater fear, because it is an unknown time, for many may be associated with death and major complications to the health of mother and child binomial. Gardenia to her perception on the implementation of prenatal care is concise in saying that it is important for monitoring the birth labor.

[...] what is most important to me is just that, and the monitoring of birth labor, right? (Dalia)

DISCUSSION

There was found in the speeches of pregnant women, very often, that prenatal care is extremely important as it will prevent possible injuries, but to be effective and actually prevent possible diseases he must have the appropriate number of queries in addition to their beginning should be as early as possible as early as the first trimester of pregnancy. The same was observed in the study we found that the prevalence of underweight by number of prenatal appointment stating that the prenatal control, according to recommendations from official bodies, should start early, and have universal periodic coverage, be integrated with other preventive and curative, and be seen a minimum of six visits.¹⁴

Confirming above, the cross-sectional study found that the prevalence of pregnant women with current Pap test found that 70% to 80% of pregnant women have lesions in the cervix in stage I, while non-pregnant only 42% of diagnoses are made at this stage. Thus, pregnancy is an excellent opportunity for prevention of cervical cancer, as part of prenatal routine inspection of the cervix, the Pap test collection (when the last examination has been held for 36 months or more) and bimanual palpation, as well as recommended by WHO and the Ministry of Health of Brazil.¹⁵

And to prevent, as well as the prenatal unveiled pregnant women, will also diagnose and treat diseases that affect not only the fetus over the mother also. Kilsztajn et al points out that specifically, prenatal care allows diagnosis and treatment of numerous complications during pregnancy and the

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reduction or elimination of risk factors and behaviors that can be corrected.¹⁶

The participants in this study reported that prenatal care is a moment of dialogue, where they will have information about their health and their child. Thus they feel safe because they believe that doing the proper care that health professionals guide, will have a free pregnancy complications, culminating in the birth of a healthy child. We can see this same need in a qualitative study that says health as a right to break away from the paternalistic vision, and point to the dialogue, socialization of knowledge and practices between health professionals and clients both in the prevention, treatment cures.¹⁷

Failure to exchange information among professionals influence as low quality indicator in the prenatal unit in the prison, as demonstrated in the women's discourse during the interviews, they cite the fact never be served by the same health professionals in consultations prenatal care within the prison unit. This shows according to Ribeiro qualitative study the need and the importance that a woman must be accompanied by the same health professionals throughout their prenatal care, as it brings more security for them. This will create a link with the professional, having the freedom to share their fears and anxieties, which will facilitate the conduct of consultations. In addition, prenatal becomes more information-rich and less repetitive.¹⁸

The lack of information exchange among women and health professionals who perform prenatal has also aggravating the poor quality of service within the penitentiary cited by pregnant women, which, according to the study by Silva, descriptive and exploratory held in the city of Tocantins the quality of prenatal care is guaranteed also for the information and guidance provided during consultations and not only by the number of queries.¹⁹ For quality care and preparing the mother, leading her to make information recognize that the changes occurring in their body and the complications which could suffer as well as the necessary care that must have, are essential to experience a gestation peaceful and healthy way.²⁰

For this attention to prenatal care within the prison is qualified and humanized should exist in these consultations pipelines host as active listening of these women and educational activities in groups or individually.²⁰ Health care professionals cannot become silent with respect to prenatal care, it is necessary to encourage the active participation of pregnant women to occur

exchange of knowledge between them. A targeted pregnant becomes an ally to the success of pre-natal and consequently to experience a healthy pregnancy and postpartum.²⁰

Health education has an important role and should be part of that pre-natal care, through it is occurring the exchange of experiences and knowledge between the professional and the pregnant woman and it is from there that we promote understanding of gestational process.²⁰ For it is during prenatal consultations, that the information on the different experiences should be exchanged among women and health professionals. It is necessary that the health sector is open to social change and meet more broadly its role as educator and health promoter.²¹

Women who experience prenatal care within the prison unit are some difficulties and always refer to the care they were out of that place, in several speeches they expressed about certain behaviors that are adopted in consultations outside the prison unit and they feel missing, they consider each pregnancy to be unique.

Prenatal care is to evaluate and monitor the health of the mother and fetus and its development in full (physiological, social, psychological, cultural and spiritual), identifying risk factors that may change the normal course of pregnancy and give reference opportunity for high-risk monitoring in order to ensure an early intervention. To be able to be assisted fully, prenatal care should start early, with the preferred contact in the first month of pregnancy, be regular, attending a pre-set number of queries, completeness, contemplating actions for prevention, promotion, recovery and rehabilitation, and have broad coverage, be it inside or outside the prison unit.²⁰

According to the exploratory and descriptive study of qualitative approach conducted in the Paraiba Assistance Foundation - Brazil; by Costa, this study corroborates the findings of this research revealed the importance of prenatal monitoring and ensuring safe delivery. To achieve good development of labor, it is essential to physical and emotional well-being of the mother, therefore, favors the reduction of risks and complications. To this end, family support, ensuring women's right to privacy, security and well-being, combined with a humanized and quality care during childbirth, transform the moment of birth in one.²²

Under the same optics there was conducted a study of qualitative approach, with nurses in a Family Health Strategy in Minas Gerais and

confirmed the findings of this study, that attention to prenatal offers primarily from the incorporation of warm pipes and has the fundamental objective of avoiding the performance of unnecessary interventions and provide the end of pregnancy the birth of a healthy child.²³

CONCLUSION

Discussing the activeness of prenatal care in the Brazilian prison system is an abstruse task, because this universe is preserved forgotten for public health policies and academic discussions. Still, this study provided an opportunity for the visibility of design that every pregnant woman holds on the importance of conducting prenatal behind bars.

The protagonists of the study revealed that occurs late in the consultations, failure to exchange information during the same, poor therapeutic relationship and failed exchange of information among health professionals within the prison unit. Still, they recognized the importance of carrying out the laboratory tests, the adherence to the treatment regimen and the importance of prenatal monitoring for safe birth. They conclude that received prenatal care in the prison system is not correct.

From the speeches of these women, it appears that prenatal actions carried out in the prison system of Recife are in violation with the minimum set of actions recommended by the PHPN that regulates prenatal care for pregnant women and at PNSSP, which provides comprehensive care to the prison population and ensures women the right to realization of prenatal care, soon is discovered the pregnancy and violates Law 11942/2009.

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