



**LIVING AND HEALTH CONDITIONS OF WOMEN ON A FEMALE PRISON UNIT**  
**CONDIÇÕES DE VIDA E DE SAÚDE DE MULHERES EM UMA UNIDADE PRISIONAL FEMININA**  
**CONDICIONES DE VIDA Y DE SALUD DE MUJERES EN UNA PRISIÓN FEMENINA**

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**ABSTRACT**

**Objective:** to investigate living and health conditions of women in a prison unit. **Method:** cross-sectional, epidemiological, descriptive and exploratory study with quantitative approach. The sample consisted of 37 women who were under deprivation regime at the Regional Female Prison of Patos/PB. Data collection was done by interviews, from August to September 2011, which were organized in a *Excel for Windows* spreadsheet. In sequence, the statistical package SPSS Inc. version 18.0 was used for descriptive analyzes. **Results:** life in prison has unique features and the ways this population is confined needs special attention as they are more likely to have increased risks of disease processes. **Conclusion:** the study revealed the existence of many problems affecting the living conditions, access to services and rights for health among the female prison population. **Descriptors:** Drug; Life Conditions; Right to Woman's Health; Prisons.

**RESUMO**

**Objetivo:** investigar as condições de vida e de saúde de mulheres em uma unidade prisional. **Método:** estudo epidemiológico transversal, exploratório-descritivo, com abordagem quantitativa. A amostra foi composta por 37 mulheres que se encontravam em regime de privação no Presídio Feminino Regional de Patos/PB. A coleta de dados foi por meio de entrevista no período de agosto a setembro de 2011, tabulados em planilha do Programa *Excel for Windows*. Em seguida, para as análises, foi utilizado o pacote estatístico SPSS Inc. versão 18.0 para proceder às análises descritivas. **Resultados:** a vida dentro da prisão possui características únicas e a forma como se encontra a população confinada precisa de atenção especial, visto que são mais propensas e têm maior risco para o processo de adoecimento. **Conclusão:** o estudo revelou existência de inúmeros problemas afetando as condições de vida, acesso e direitos à saúde da população carcerária feminina. **Descritores:** Droga; Condições de Vida; Direito à Saúde Mulher; Prisões.

**RESUMEN**

**Objetivo:** investigar las condiciones de vida y de salud de mujeres en una prisión. **Método:** estudio epidemiológico transversal, exploratorio-descriptivo, con enfoque cuantitativo. La muestra fue compuesta por 37 mujeres que se encontraban en régimen de privación en el Presidio Femenino Regional de Patos/PB. La recolección de datos fue por medio de entrevista en el período de agosto a septiembre de 2011, colocados en planilla del Programa *Excel for Windows*. En seguida, para los análisis, fue utilizado el paquete estadístico SPSS Inc. versión 18.0 para proceder a los análisis descriptivos. **Resultados:** la vida dentro de la prisión posee características únicas y la forma cómo se encuentra la población confinada precisa de atención especial, ya que son más propensas y tienen mayor riesgo para el proceso de enfermarse. **Conclusión:** el estudio mostro la existencia de inúmeros problemas afectando las condiciones de vida, acceso y derechos a la salud de la población carcelaria femenina. **Descriptores:** Droga; Condiciones de Vida; Derecho a la Salud de la Mujer; Prisiones.

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## INTRODUCTION

The problem of the prison population in the female context has peculiar aspects that stand out as a serious situation, given that women in this situation, deprived of freedom, present tribulations related to the biogenetic conditions typical of this gender as reconciliation with the fact of being a mother, special care during the prenatal period, pregnancy, delivery and breastfeeding.<sup>1</sup>

With the increasing conquest of space that took place in the twentieth century, women began to be targeted as an important piece in the criminal world, and the most common crime committed by these prisoners in recent years is drug trafficking. In this universe, women play a role of submission to male traffickers. They do tasks such as drug transportation from one place another, with greater vulnerability to punishment and imprisonment. This justifies the increase in the number of women in prisons.<sup>2</sup>

The increase of women in drug trafficking follows a hierarchy. They are easily trapped in descending order of importance in their female function, that is, creatures that become "bushing" (arrested for being present at the scene of crime), "mule" (consumer), "plane" (drug carrier), "steam" (trading small quantities at retail), "accomplice" or "assistant"/"fogueteira (promiscuos)". Even in subordinate position in the drug trafficking system, more recent vigilance of these women in the position of supplier/distributor/dealer/manager/owner of the crack house and cashier/accounter should not be ruled out.<sup>3</sup>

Female Brazilian prisons have problems of overcrowding, lack of physical structure, hygiene, deficient medical care, violence, discrimination, failure of recovery and reintegration of the prison population, lack of policies targeted toward women inserted in the prison system, deteriorating infrastructure, corruption of police itself, sexual abstinence and prejudice related to homosexuality, suicide, presence of toxics, lack of support from government authorities, riots, poor prison management, lack of support from a dignified legislation on rights of the prisoner-citizen, insecurity and lack of qualified personnel for assuring this security. All of this shows that Brazil is destroying any possibility of real chances of recovery of this public.<sup>4-5</sup>

Corroborating these findings,<sup>4-5</sup> a qualitative research carried out in the Female Prison Complex Dr. João Chaves in Natal/RN, Northeast of Brazil, where there were 135

prisoners living in 14 cells including healthy women along with others affected by infectious diseases, found that physical structure conditions were below the standards and overcrowded, constituting a disturbing fact considering the special care required once that these women shared beds, what interferes with the quality of sleep and causes nighttime discomfort, marking the life of prisoners.<sup>6</sup>

The prison system is a set of closed, semi-open and open regime units, divided into male and female units, including so-called penal establishments where persons that have not yet been sentenced are held. This is why the National Penitentiary Department (DEPEN) states that the Brazilian penitentiary system is one of the ten largest in the world.<sup>7</sup>

The closed regime is characterized as a method of maximum to medium security in which convicts are under greater control and surveillance, with activities limited. It is called "penitentiary". People confined there are usually those sentenced to eight years of prison and repeated offenders regardless of the sentence imposed according to the art. 33 of the Penal Code. The semi-open regime is characterized by gradual reintegration of convicts into society and by prevention of relapse into criminal actions. The convict fulfills the sentence without being subjected to the strict rules of the closed regime. Security mechanisms against escapement are not used for them. The convict is forced to work in common with others inside the establishments during the day and at night they go to individual cells or shared dormitories.<sup>4</sup>

The National Council of Justice (CNJ) informs that Brazil has a prison mass of 550,000 people scattered in 27 states. In 1990, there were 90,000 prisoners. The number puts the country in the fourth place among the nations with the highest number of prisoners in the world. Only the United States (2.2 million), China (1.6 million) and Russia (680,000) have more people in their prisons. The Brazilian prison population increased six-fold within only two decades. In the same period, the population of the country increased from 147 million in 1990 to 191 million in 2012. Currently, Brazil reports a rate of 228 prisoners for every 100,000 inhabitants.<sup>8</sup>

Brazilian prisons are more concentrated around urban areas and more populated regions. São Paulo is the Brazilian state with the largest prison population, holding 35% of prisoners of the country. The arrests in Brazil have also increased in the same period, going

from 515 to 548,000, according to data of the Integrated System of Penitentiary Information (InfoPen).<sup>9</sup>

The state of Paraíba has currently 19 prison units, five in the Zona da Mata, eight in the Agreste and Borborema region and six in the hinterland ("sertão"), as well as 64 public jails distributed in the micro-regions. Until January 2014, the prison population in the state was 9,313 inmates, corresponding to 8,750 men and 563 women, and 3,474 of them under provisional closed regime, 4,154 under closed regime, 1,133 under semi-open regime and 552 under open regime.<sup>10</sup>

Prison is considered a place of high risk, mainly due to the heterogeneity of the population confined in the same space. This includes murderers, drug dealers, sex workers, women living their own rules, with consequent greater exposure to physical and psychological risks, transmission of infectious diseases that can be both acquired before coming into prison or inside the prison.<sup>11</sup>

It is observed that health problems arising from the conditions typical of confinement have not been the subject of actions that facilitate the access of people in prison to full and effective assistance. The need of the practice of a public policy of social inclusion for promotion of human rights of persons deprived of freedom points to the importance of reorienting the care model in order to meet the needs expressed by this population. Recognizing its responsibility toward this need, the Ministry of Health (MH), together with the Ministry of Justice (MJ), designed the National Health Plan for the Penitentiary System (NHPPS), which is developed following a health care logic based on the principles of the Unified Health System (SUS).<sup>12</sup>

The NHPPS represents progress for the country to the extent that, for the first time, the population confined in prisons is the subject of a specific policy that allows access to health actions and services aimed at reducing injuries and damage caused by current conditions typical of confinement in which they find themselves. With regard to women's health, the NHPPS aims to deploy actions in 100% of the prison units for early detection of cervical and breast cancer; actions for diagnosis and treatment of STD/AIDS; assistance to contraception, prenatal of low and high-risk and postpartum care; immunization of pregnant women; educational activities on prenatal care, childbirth, postpartum; ensured referral for treatment of women with cervical and breast cancer, and assistance to complications of childbirth.<sup>12</sup>

The assistance to imprisoned woman is a duty of the State aiming to prevent crime and to provide reintegration into society through the implementation of rights of the human person. It is noticeable that access to health care is a right usually overlooked in Brazilian prisons and that should be effectuated so that health care related to imprisoned woman have success.<sup>13</sup>

In view of these considerations, the choice to investigate prisoners rests upon contacts made with the prison population in a research and outreach project developed by the Integrated Faculties of Patos (IFP/PB) with nursing undergraduate students in 2011. Nursing as health science can not remain silent or inactive in face of situations of violation of human rights as in the case of the detainees. The professional can and must invest in the rescue of the human condition of those persons as an ethical imperative for desired institutional changes.<sup>14</sup>

Interest in the subject arose from the concern about the reality of the female prison of Patos/PB. It became evident that the health care and life of the population of the female prison was flawed and deprived of assistance. Women did not receive assistance such as screening test for cervical cancer, clinical breast examination, prenatal and postpartum consultation, chronic diseases, infectious diseases and other health grievances.

At the same time, there was awareness that the role of an educational institution is to contribute effectively to changes or transformations of reality experienced by a particular population group. These concerns constituted the basis for the following questions: what is the reality of the living and health conditions of the inmates of the Regional Prison of Patos/PB? What is the relationship between drug use and health conditions of these women?

This theme is justified by the importance of it for public health in view of the possibility of freedom of incarcerated female population (sick or healthy), but also define sustainable proposals that promote continuity of care for these women. Therefore, the investigation of the living and health conditions of women under imprisonment and the relationship of drug use with health conditions is proposed aiming to contribute to the spread of the theme between the scientific and professional community providers of assistance, in order to serve the population in question.

Importantly, there are few studies approaching the association between health status and drug consumption in the Brazilian

prison population, which shows lack of information and the need for studies in this area. The presente study, thus, contributes to future interventions in the prison system. Bearing this in mind, the following purposes were pursued:

- To describe details of the social and demographic characteristics of incarcerated women in the Female Prison of Patos/PB;
- To investigate the relationship between drug abuse and women's health conditions in this prison unit.

## METHOD

This is an exploratory, descriptive, cross-sectional study with quantitative approach. The setting was in the city of Patos/PB, located in the state of Paraíba 301 km away from the capital, João Pessoa, with road access interconnected throughout the state. According to the Brazilian Institute of Geography and Statistics (IBGE), there was an estimated population of 100,674 inhabitants in Paraíba in 2010.<sup>15</sup>

The location for research was the Regional Female Prison of Patos/PB. The institution was chosen because it is the only one in the municipality available for female offenders, being subordinate to the State Department of Justice and Human Rights, which aims the custody of provisional and convicted prisoners in compliance with custodial sentences, in open, semi-open and closed regime.

Before initiating the research, this was authorized by the management of the Regional Female Prison of Patos/PB, submitted to Brazil platform and appreciation by the Research Ethics Committee of the Integrated Faculties of Patos (FIP/PB), and registered with protocol 062/2011. Researchers followed the principle of respect for ethical aspects involving human beings addressed in the Resolution nº 466/2012 of the National Health Council-NHC/MH. Thus, the Informed Consent Form (ICF) was designed with proposal in simple and accessible language to the understanding/comprehension of female prisoners, assuring them information about the purpose of the study, freedom to participate in the research, privacy, anonymity as well as the right to withdraw at any stage of this research without harming their image, assistance and safety. Interviews were focused on 37 women who were in regime of deprivation of liberty regarding drug use, living and health conditions in the prison environment, during the period August-September 2011. Interviews occurred in normal

conditions and each inmate took between 20 and 30 minutes to answer the questions.

As there is no health team serving the prison, testimonials of the nurse of the Family Health Unit (FHU) were collected in the unit in order to find out procedures involving the health care of inmates.

Prisoners who were under disciplinary regime were to be excluded (at the time of interview, no one was under this regime). The disciplinary regime involves inmates who somehow infringed the disciplinary rules of the institution and are deprived of socializing in the pavilion, deprived of mobile for some time, depending on the severity of the offense according to provisions of the Law on Penal Execution (LPE).

Data were organized in tables in *Excel for Windows* spreadsheet. Then, the Statistical Package Program for Science (SPSS Inc. Chicago, USA) version 18.0 was used for descriptive analyzes.

## RESULTS

### • Socio-demographic characterization of the prison population

The average age of the 37 interviewed women was 30.97 years  $\pm$  6.96 SD. Their ages ranged from 19 to 45 years and there was predominance of adults between 19 and 29 years old (48.6%); 83.8% were single and 59.5% were brown-skinned. As for education, 13.5% were illiterate and 56.8% had not completed primary school. Most of the prisoners were from surrounding municipalities and other states in Brazil, the others were from the city of Patos/PB. Regarding the occupation/profession before imprisonment, 32.4% were householders and 64.9% had other occupations/professions. As for religion, it was found that prior to imprisonment, 33 had religious practices and 70.3% were Catholic. About sexuality, 89.2% revealed being heterosexual.

In reference to time in prison, 48.6% had less than one year in relation to the condemnation sentence and 67.6% had indefinite time of sentence. With respect to the use of illicit drugs, a total of 35 women were investigated; two of the 37 did not want to respond about the use of drugs. It was identified that 25.7% used crack, 22.9% used cocaine, 34.3% used marijuana, only 2.9% used ecstasy and 25 used cigarettes. The conditions of health of prisoners showed that 13.5% were hypertensive, 10.8% had diabetes mellitus, 10.8% were depressive, 10.8% were suffering from tuberculosis and 10.8% with syphilis.

## DISCUSSION

### • Characterization of sociodemographic data of the population

The young age of the inmates in this study (19-45 years old) corroborates data in literature on the characteristics of the prison population of Brazil. These data have similarity with those found in DEPEN<sup>16</sup> where the majority of incarcerated female population was aged between 18 and 34 years. The study showed that the level of education was a very significant factor. Most prisoners had low level of education with 13.5% illiterates and 56.8% prisoners that had not completed primary school. Regarding marital status, 83.8% are single, similar to what was found in other studies as DEPEN<sup>16</sup> where 29.8% of female prison population was unmarried and 14.6% were living a stable union. These data also corroborates a study carried out at the Female Prison of Maximum Security in the north of São Paulo/SP from March 2003 to December 2004, with 358 inmates, who belonged to the disfavored social groups, low education levels and wages of one or less than one minimum salary, poor education, loss of family affection, physical and sexual violence with a percentage of 52%.<sup>17</sup>

According to literature, a study conducted in a police station of Belo Horizonte/BH with 77 women aged between 18 to 42 years with imprisonment from one to 36 months, from August 2004 to July 2005, showed that there is a relationship between marital status and type of crime committed. Usually, married women or those in common-law marriage say they were arrested because of the relationship with his companions or due to trafficking or domestic violence and single women, in general, are arrested by use/trafficking of drugs and crimes against public properties.<sup>18</sup>

Poor level of education has an implicit negative impact on employment opportunities, increasing poverty and the practice of informal employments. The involvement of young women with poor level of education in crime is a product of limited opportunities since childhood. Entering the world of crime is envisioned as a way to rapid economic rise and self-assertion in society. Based in the peculiarities of imprisoned women described in this study, we assumed that they were in unfavorable social and economic situation typical of this context and this confirms that these prisoners can become prone to commit crimes due to social and economic difficulties given that very often

they are the financial providers of the household and the only one responsible for the children. These statements agree with a study with a Group of Women from in a Prison Unit in Rio de Janeiro/RJ in August 2005 about female criminality which states that the leave of mates breaks the bond with the family because of the suffering caused by stigma, increase the responsibility of the older children who begin to take care of the house and younger siblings, as well as concern that the prisoner has with that the children or family member may enter in the world of crime.<sup>19</sup>

With regard to origin, 70.2% of incarcerated women were from surrounding municipalities. This finding can be explained by the fact that Patos/PB belongs to a pole region of Paraíba hinterland and has an establishment for the female prison, unlike the others that because of being small, has no prisons and offer only police stations and, thus, these women need to be transferred to Patos/PB.

The predominance of Catholic religion was significant in this study (70.3%). This may be linked to the performance of the Prison Pastoral activity in the locus an existing entity in Brazil coordinated by the Catholic Church keen to work with social issues, especially with the implementation of assistance to prisoners. This fact corroborates the study of a Female Prison of Maximum Security in the north of São Paulo/SP showed that religiosity plays an important role in the lives of prisoners and that somehow softens its suffering.<sup>17</sup>

Most of prisoners respond for crimes of drug trafficking, theft, murder and robbery. It is important to mention that factors such as lack of legal and qualified judicial assistance and occurrences as bad behaviour in the prison context are relevant to longer sentences. The imprisoned situation of women in relation to trials and definitions of situation presents differences when compared to men, as identified in the Penitentiary Census of 2012, where the female prison population waits for more than a year in police stations and jails to finally reach definitive prisons, what can cause illness by waiting, stress, insecurity, as well as family abandonment.

### • Characterization of the sample according to drugs use

Regarding the drug use, most interviewed inmates reported tobacco use and alcohol consumption associated with other illegal drugs, more specifically, crack, cocaine, marijuana and ecstasy. From a legal

standpoint, drugs are categorized as licit (legal) or illicit (illegal) and their production, trade and consumption have variations. Legal drugs such as alcohol and tobacco are sold freely, with restriction for minors in the case of alcohol. Among the drugs classified as medicines, some have restricted and controlled marketing (tranquilizers, morphine, antidepressants, appetite suppressants etc.). The trade and consumption of drugs classified as illegal, as in the case of cocaine, crack, heroin, ecstasy, LSD, among others, are acts considered in court as illegal, and people involved with those are subject to penalties imposed by law for global legal ordinances with repressive and legal-punitive police apparatus to restraint the use, taking into account these cause a high degree of physical and/or psychological dependence.<sup>20</sup>

In a research carried out in Brazil with prisoners, 98% of respondents reported having used drugs throughout their lives, and a significant relationship between drug use and high-risk behavior with respect to HIV/AIDS was evident.<sup>21</sup>

Authors found in their studies that 85% of incarcerated women were using multiple substances one month prior to imprisonment. The data show the prevalence of psychoactive substances prior to imprisonment and do not reveal the consumption rates within the prison.<sup>22</sup> It is understood that the use of illicit drugs refers mainly to the period prior to imprisonment, because access to illicit drugs is made difficult during the incarceration. Legal drugs such as tobacco are left accessible, corroborating this research, where respondents said they did not make use of illegal drugs from the moment of detention for fear of legal consequences that could affect on time of imprisonment and/or deprivation of certain benefits/norms given in the penitentiary. However, among the 35 women interviewed, 30 reported already having used marijuana, cocaine, crack and ecstasy out of prison.

The high prevalence of incarcerated women who use illegal drugs is related to another study in United States<sup>23</sup>, which mentions that 70% of prisoners were dependent on illicit drugs, 80% were involved with psychoactive substances and alcohol and half of the sample was under the influence of psychoactive substances or alcohol at the time of the crime, and some of prisoners had committed the crime to buy these drugs. This fact is confirmed by another author that associates substance dependence with involvement in crime or prostitution to support themselves, early exposure to

problems with psychoactive substances due to family relationships, former prisonization history, psychotropic prescription and mental health problems.<sup>24</sup>

Among the legal drugs, tobacco was stood out among interviewed prisoners, in cigarette form. A total of 67.6% prisoners are smokers. This finding is highlighted by a study developed at the Female Penitentiary Madre Pelletier in Porto Alegre/RS with 31 women considered in closed regime from November to December 2009.<sup>20</sup> Tobacco consumption is an expanding habit among the female population. The prison environment influences the use of substance characterized as lawful in the prison system, with main justifications based on ease of access, as a replacement for consumption by the possibilities it offers to ease symptoms of anxiety, loneliness and fear caused by the process confinement.<sup>25</sup>

#### • Characterization of the sample according to health conditions

As for health issues, there is no medical care offer, psychological or any other health professional service, no pharmacy or infirmary in the female prison of Patos/PB. In cases of emergency, inmates are forwarded to the Regional Hospital. During incarceration, 33 prisoners needed medical assistance, but this does not mean they received it. They complained that, for lack of treatment in prison, consultations are scheduled in health units or taken to hospital in emergencies, not to mention that sometimes the family manage to schedule private consultation but these women do not receive the necessary health care due to lack of vehicles and escorts to conduct them.

It was asked about knowledge on health services offered by the prison institution and 89.1% prisoners said they had no knowledge of these services, justifying their inexistence. There are, however, palliative remedies available; there is no monitoring for hypertension, diabetes and tests of paramount importance as preventive routines. However, there is care in cases of emergency. Deficiency of access to health services by this incarcerated population only contributes to the emergence of new cases of disease. Corroborating this research, a study conducted in western Bahia with incarcerated women regarding health care offered in prison, 63.64% prisoners said they had never received any care and, in the six preceding months, 36.36% confirmed this care, 75% for routine exams and 25% for cardiovascular emergencies.<sup>26</sup>

Another descriptive qualitative research developed in the Female Prison Complex Dr. João Chaves in Natal/RN in the city of Natal/RN, in the Northeast Region Brazil, from August to September 2011, with 135 prisoners distributed in 14 cells showed that the inmates did not have their rights assured, noting that the right to health was ignored, deficient and precarious, and in some occasions, the indispensable assistance did not occur, becoming this a serious public health problem.<sup>6</sup>

The result of this data is contrary to the Federal Constitution (FC) and to the Law on Penal Execution (LPE) of 1984 in Brazil in its article 14 that deals with the health care of prisoners and hospitalized, given that the detainees have right to health, education, work, leisure, security, social security, protection of motherhood, childhood and assistance to the abandoned. When prisoners enter into the prison, they are subjected to tests in order to diagnose possible infectious diseases, receive proper healing treatment and dispose of daily visit of a doctor until recovery, in the attempt to preserve their health and the health of other prisoners. This right is often not observed in Brazilian prisons, which corroborates the presente study.<sup>12,27</sup>

This way, the partnership between MJ and MH instituted in 2003 the NHPPS in order to organize the access of prison populations deprived of freedom under state guardianship to SUS health actions. In 2005, the Ministry of Education and Culture (MEC) includes this system in its schedule with the Program Educating for Freedom (PEF).<sup>12,27</sup>

The issue of health within the prison system is dramatic, as there is no established policy for assistance to prisoners. The situation is even more serious for women, there is no specific policy to assist the woman, considering her a subject of rights inherent to their status as human beings and particularly the specific issues arising from gender.<sup>12</sup>

In the study developed in Porto Alegre, over 50% of participants had severe symptoms of depression. When the person is under imprisonment, this lives with social disadvantages predisposing to depressive behavior exacerbated by the prison environment.<sup>29</sup>

Medicines used in the prison unit include antihypertensive, antidiabetic, psychotropic drugs, antibiotics and tuberculosis treatment. These drugs are related to the exposed reality according to the type of disease they have. The results of a current assessment show that there is no important frequency for any co-

morbidity concerning the entire group of studied women, indicating that there is no a kind of common disease among prisoners. However, diseases more often present under confinement are taken into account.

Among health problems triggered in women that use drugs are tuberculosis, hypertension, diabetes, complications in pregnancy, childbirth and postpartum, psychiatric disorders, physical and sexual violence, STDs especially AIDS, gynecological and circulation disorders, as well as damage to life such as breakdown of family ties, unemployment, social marginalization and material losses.<sup>30</sup>

The assistance to imprisoned woman is duty of the State, aimed at preventing crime and providing the process of integration into society through the implementation of the rights of the human person. Little respect for the right of access to health care in Brazilian prisons is evidenced and this must be effected so that the care toward imprisoned woman is successful.<sup>13</sup>

### • Characterization of the sample according to the relationship between health and drug use

The study identified crack consumption by 75% of the diabetics and the trend of consumers of this drug is to die usually victim of homicide or affected by AIDS, with higher mortality rate than the population. What is observed among the scientific community is that the use of crack persists in Brazil despite the serious problems it causes to those who consume it, problems such as delinquency, crime and physical and psychological effects that are devastating. The crack also decreases the immune defenses and exposes the user to risk contexts and behaviors. A significant association between marijuana use and infectious and contagious diseases is noted. The health of marijuana-dependent individuals is vulnerable and fragile. Thus, the analysis of collected data suggests that there is a relationship between marijuana use and infectious and contagious diseases.<sup>31</sup>

Study conducted in the United States revealed that, regarding the physical health, inmates have far higher rates than the general population of certain illnesses, especially HIV, at a rate five times higher than the general population, hepatitis C reaching 25% and other infectious and contagious diseases resulting from risky behavior by the use of drugs.<sup>32</sup>

In the face of what was exposed, the prison population is part of a vulnerable group with health problems, threatened both by confinement and by damage caused or favored by drugs such as marijuana that has short-

term effects on memory and on the ability to concentrate. In long-term, here are harmful physical effects, especially to throat and lungs.

● **Characterization regarding physical structure of the prison and the daily life of imprisoned women**

The prison daily life assumes specific characteristics when impose on individuals a different life that they had before the imprisonment and that brings as a consequence strategies to survive the prison routine permeated by rules clearly defined in the hierarchical system, one that establishes standards of living in naturally hostile environment.

The physical space of the prison unit becomes the house of individuals and their coexistence is determined by the relations established by the prison system. The Regional Female Prison of Patos/PB, also known as Female Prison Jose Americo, was founded in 1955, with capacity to host 60 inmates distributed in 13 cells, initially intended to be a jail for men and women. In September 2007, the Penitentiary of Maximum Security Procurador Romero Nóbrega was inaugurated and it was intended to be a male prison. This way, the Regional Prison of Patos/PB became responsible for imprisoning women and, during weekends and holidays, some cells are designed to accommodate men who are under open and semi-open regime.

The prison has cracks, holes, infiltration, drips and hydraulic and electrical installations are still the same since 1955. There are electrical wires exposed and water leaks through the building. The surveillance of inmates is made by three prison officers. Internal security is done by prison guards and the outdoors security and escort is done by military police with the help of prison guards.

With respect to working conditions and professional training, five prisoners work in the kitchen, three in cleaning and two in the craft as a form of sentence remission. The sun bath is done every day and lasts 2 hours. Intimate visits happen inside the cells, every eight days, though only a minor number of prisoners receive this visit.

Intimate visit is a prisoner right conferred in most Latin American countries. Rio de Janeiro/RJ, Federal District by the time of 1924, was the first state to give such a right for incarcerated women that were civilly married and had good behavior. In 1929 the civil marriage requirement was no longer necessary and, in 1933, that kind of visit was extended to provisional detainees. For

women, the conjugal visit was regulated for the first time in 1999 and until the present year, not all prisons have adhered to respect for this right. Brazil assures this right to prisoners of both sexes gathered in prisons through Resolution nº 01 of March 30, 1999 of the National Council of Criminal and Penitentiary Policy - NCCPP and regulated more recently on December 27, 2001 by the Secretariat of Penitentiary Administrations.<sup>33</sup>

Most women interviewed in the present survey receive visits from family and/or friends (72.9%), but only 8% receive visits of boyfriends or husbands and 11% are visited at least once a month by their mothers, children, brothers and sisters. Companions who continue to visit the imprisoned woman are rare. The abandonment by men may be linked to the bureaucracy to get permission to enter these institutions, the embarrassment experienced during inspections and/or replacement of the partner, usual beginning new families - exempting from the responsibility for the former family. The absence of the family, colleagues and relations with the outside world influence on the daily lives of these women by the situation of abandonment, giving rise to depression and other illnesses such as mental, skin, lung and gynecological disorders.<sup>34</sup>

Finally, the challenge for this situation in prisons consists in organization of health care toward prisons, with adoption of management mechanisms contemplating actions to guarantee the constitutional rights of prisoners. It is recommended that municipal and state managers expand the quantitative and qualitative assistance to incarcerated women with promotion of follow-up in the care of affective, integral, humanitarian and resolving actions to this population.<sup>35</sup>

CONCLUSION

The analysis of present data allowed the identification of issues related to the sociodemographic profile, living and health conditions of women in the prison system in a municipality of Paraíba hinterland. It was possible to detect the relation between use of drugs and health conditions of women under private imprisonment.

The study revealed the existence of numerous problems that closely affect the conditions of access to health and the right to health of the female prison population. Considering the women's observations, it can be stated that the rights and opportunities in the prison context of the female prison of Patos/PB are not different from that found in the current system. Rights are not always

guaranteed but often violated with regard to health, education and adequate housing.

Access to health services for the incarcerated population in prisons is a dramatic issue, and particularly in the case of women prisoners, the situation is more serious due to the fact of the absence of public policies that consider the incarcerated women as individuals with rights attached to their status as human beings, that is, there is no established policy for assistance to women prisoners.

Another aspect highlighted during the survey was the use rates of licit and illicit psychoactive substances among women and its relationship with health. In this sense, it is believed that more accurate and scientifically proven studies require more complex measurement methods that may elucidate solutions to avoid commitments to the health of the population user of drugs. The great challenge is to institute preventive policies for the population at higher risk of contact with drugs that should include social and occupational rewarding alternative programs.

It is expected that this segment of the population be studied by the academy so that together, managers and scientific community contribute to the implementation of targeted and operated public policies that address the specific characteristics of this population. Although the system is in a pitiful situation, the government has enough resources to repair the prison norm in order that these people under punitive situation are recognized and return to their rehabilitation.

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