



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

SEXUAL PROFILE OF FEMALE PRISON INMATES

PERFIL SEXUAL DE PRESIDIÁRIAS

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ABSTRACT

Objective: To identify the sexual profile of female prison inmates. **Methods:** This quantitative, descriptive, cross-sectional study included female inmates from two Brazilian prisons. Data were collected through an interview based on a questionnaire. The responses were tabulated, analyzed in SPSS (version 20.0), and presented in tables. **Results:** The median age of participants was 13 years, and 47.1% were single. 57.5% had had menarche at age 13-16-years-old, 57.4% reported the onset of sexual activity at 13-15-years-old, and 78.7% were heterosexuals. As for their sexual partners, 48.9% were prison inmates, 59.5% had tattoos, and 42.5% used drugs. The most commonly used drug was crack (30.5%). **Conclusion:** The study sample evidenced an early onset of sexual intercourse and a history of prostitution. Moreover, their partners had risk factors that increase women's vulnerability to several diseases, especially sexually transmitted infections (STI). **Descriptors:** Prison; Sexuality; Women.

RESUMO

Objetivo: identificar o perfil sexual de presidiárias. **Método:** estudo quantitativo, descritivo, transversal, com as mulheres reclusas em duas penitenciárias. O instrumento para a coleta de dados foi um questionário, preenchido durante entrevista. Os dados foram posteriormente tabulados, analisados no programa SPSS (versão 20.0) e apresentados em tabelas. **Resultados:** verificou-se que a idade mediana foi de 13 anos. 47,1% das participantes eram solteiras, 57,5% tiveram menarca aos 13-16 anos, 57,4% iniciaram a vida sexual entre 13-15 anos, 78,7% eram heterossexuais. Em relação às características dos parceiros sexuais, 48,9% eram presidiários, 59,5% possuíam tatuagens e 42,5% eram usuários de drogas. A droga mais usada foi o crack (30,5%). **Conclusão:** Evidenciou-se prematuridade na ocorrência da primeira relação sexual e histórico de prostituição. Além disso, os parceiros apresentaram fatores de risco que aumentam a vulnerabilidades das presidiárias a várias doenças, principalmente as IST. **Descritores:** Prisão; Sexualidade; Mulheres.

RESUMEN

Objetivo: identificar el perfil sexual de presidiarias. **Métodos:** Se realizó un estudio cuantitativo, descriptivo, transversal con una muestra constituida por mujeres reclusas de dos cárceles. Los datos se recolectaron a través de entrevistas que se orientaron a partir de un cuestionario; estos fueron posteriormente tabulados, analizados con el software SPSS (versión 20.0) y presentados en tablas. **Resultados:** Las presidiarias presentaron una edad mediana de 13 años. El 47,1% eran solteiras; el 57,5% tuvieron menarca a los 13-16 años de edad; el 57,4% iniciaron su vida sexual a los 13-15 años de edad; y el 78,7% eran heterossexuales. El 59,5% de los parceiros sexuales de las presidiarias tenían tatuajes, el 48,9% eran presidiarios y el 42,5% eran usuarios de drogas. Se encontró que la droga más usada es el crack (30,5%). **Conclusión:** Se evidencia la precocidad de la primera relación sexual, historial de prostitución y parceiros con características que aumentan la vulnerabilidad de las mujeres frente a varias enfermedades, principalmente las infecciones sexualmente transmisibles. **Descritores:** Prisión; Sexualidad; Mujeres.

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INTRODUCTION

The health status of prison inmates in Brazil is alarming. Urban violence increases every day, associated with the increase of the prison population; however, prison capacity remains the same, causing overpopulation and thus favoring various pathologies.¹

Although this problem has been recognized, it is difficult to approach, because the implementation of health care programs to prison inmates faces many obstacles, such as the existence of different health problems according to the characteristics of the prison population; deviations between expected and real capacity for health care provision; differences in the availability and qualification of health care team members; and the relationship between the prison and Unified Health System's hierarchy.²

Although the intention of law is to prevent crime and ensure a return to social living, the precarious life conditions of prison inmates become an obstacle to this endeavour and to people's access to effective and comprehensive health care.³

Preserving health during imprisonment is considered to be a way of respecting the inmate's dignity and her right to prison health care. Inmates in closed prisons have not only duties, but also rights, namely the right to health care, and material, legal, educational, social and religious assistance.⁴

Women's biological characteristics make them more susceptible and vulnerable to sexually transmitted infections (STI) than male inmates.⁵

Inmates' right to health is not only based on legal and normative frameworks. Most prison inmates are culturally, socially and sometimes even physically more fragile and vulnerable and, consequently, more prone to illness than free people. Although it is their human right to have their dignity respected,⁴ in practice this right is rarely exercised. Female inmates live in precarious conditions and intimate visits are not authorized in all institutions - or, when they are, they are scheduled fortnightly or monthly.

Thus, greater attention to the promotion of inmates' health should be paid not only because of the greater risks to which they are exposed in prison, but also because the preventive strategies offered by the prison health care system, especially those associated with sexual and reproductive health, are still in a relatively primitive stage of development and mostly don't contribute

to the development of healthier behavioral changes.⁶

Both female-only and mixed-gender prisons should take into account the unique peculiarities of providing health care to this population, according to the guidelines and principles for women's health care within the Unified Health Systems (SUS).⁷

Given the above, there should be greater investments in health promotion and awareness about the risks of acquiring STIS/HIV, so that preventive measures such as the use of condoms are taken routinely.

OBJECTIVE

- To identify the sexual profile of female prison inmates.

METHODS

This quantitative, descriptive, cross-sectional study was conducted between July 2013 and March 2014 at two female prisons in the State of Piauí (PI), Teresina, Brazil. One prison is located in the city of Teresina (PI) and has a capacity of 114 prisoners, while the other is located in Picos (PI) and has places for 13 inmates.

The study population was composed of all registered female inmates of both prisons at the time of the study. Inclusion criteria were: serving their sentence in a closed regime and having no aggressive behavior or any other psychological or emotional disorders that would prevent interview completion or deliver results that are not consistent with the reality of the institution. Thus, the total sample was made up of 47 female inmates: 27 from the prison in Teresina and 20 inmates from the prison in Picos, which exceeded its capacity by seven inmates.

The data were collected through structured and individual interviews conducted in the inmates' cells. During the interviews, the main researcher was accompanied by a prison officer.

The questionnaire included data on sociodemographics and sexual history. The following variables were addressed: age, marital status, education, family income, occupation, menarche, onset of sexual activity, type of sexual partnership, number of partners and their characteristics, sexual behavior, number of sexual partners in the last 3 months, history of prostitution, frequency of intimate visits, history and type of STI, and treatment performance.

The data collected were tabulated, analyzed using Statistical Package for Social

Sciences (SPSS) version 20.0 and presented in tables with absolute and relative frequencies.

This study was approved by the Research Ethics Committee of the Federal University of Piauí (UFPI), opinion number 345.434. All participants gave written informed consent, according to Resolution number 466/12 of the National Health Council⁸, which deals with research involving human subjects. Women were told they had the right to leave the study at anytime and that their responses would be confidential and anonymous.

RESULTADOS

Thirty-nine point four percent of the participants were aged 18-24 years. More than half of the sample (56.1%) reported a monthly income of up to one time the national minimum wage.

47.1% were single and 59.6% had completed primary education. The highest level of

education achieved by participants was secondary education (10.6%).

46.8% were domestic workers. Our results show that the study population had low-paid jobs and low professional qualification. It is worth mentioning that those participants who had worked as domestic workers had exercised this profession before the law that required it to be registered in the employment record book, the payment of a minimum wage and that ensured that all rights provided by law are granted. Before this law, employers were allowed to pay whatever they thought right.

The inmates' sexual history was based on the data shown in Table 1.

Table 1. Inmates' sexual history. Picos and Teresina (PI), Brazil, 2013/2014.

Variables (n=47)	n	%	
Menarche			
10 -12 years	15	31.9	Mean: 11.64
13 -16 years	27	57.5	Median: 13.00
Not reported	5	10.6	SD: 4.275
Age at onset of sexual intercourse			
≤ 12 years	6	12.7	Mean: 13.40
13 -15 years	27	57.4	Median: 14.00
16 -18 years	11	23.4	SD: 3.916
Not reported	3	6.3	
Type of partnership			
Stable	25	53.2	
Unstable	10	21.3	
No partner	12	25.5	
Number of partners in the last three months			
None	14	29.8	
One	31	66.0	
Two	02	4.3	
Sexual orientation:			
Heterosexual	37	78.7	
Homosexual	02	4.3	
Bisexual	1	2.1	
Not reported	7	14.9	
History of prostitution	12	25.5	
Duration of prostitution			
15 years	1	2.1	Mean: 0.66
2 years	4	8.5	Median: 0.00
1 year	3	6.4	SD: 2.268
3 months	1	2.1	
Not reported	3	2.1	

Most participants (57.5%) had had their menarche at 13-16 years. Only 4.3% had had their menarche before the age of 11 years. The youngest age of menarche was 10 years and the oldest was 16 years.

57.4% initiated sexual activity early (at age 13-15 years). Two participants had their first sexual intercourse at age 9, even before their menarche.

As for the reported number of sexual partners in the last three months, 66% had only one partner and 4.3% had two. 53.2% reported being in stable sexual partnerships.

It should be noted that, due to the fact that only one of the institutions authorized intimate visits, not all women who had partners had had sexual intercourse in the previous three months. 78.7% were heterosexual.

Only 25.5% of participants had already worked as sex workers. 8.5% had worked as prostitutes for two years, while 2.1% had been in the profession for 15 years.

As for their sexual partners, 48.9% were prison inmates, 59.5% had tattoos, 10.6% were sex professionals, 10.6% were homosexual or

bisexual, and 42.5% used drugs. The most commonly used drug was crack (30.5%). These characteristics make this group vulnerable to STI, however, only 10.6% had

had STIs. In addition, the only STI reported was syphilis and 100% of cases had been treated.

Table 2. Characteristics of inmate partners. Picos and Teresina (PI), Brazil, 2013/2014.

Variables (n=47)	n	%
Tattoos and/or piercings	28	59.5
Drug user	20	42.5
Drug used		
Marijuana	4	9.4
Crack	13	30.5
Cocaine	03	7.0
Prison inmate	23	48.9
Sex professional	5	10.6
Homosexual/bisexual	5	10.6
History of STI	5	10.6
Type of STI (n= 5)		
Syphilis	5	10.6
Treated	5	10.6
Does not have these characteristics	19	40.4

DISCUSSION

Prison confinement conditions are a determinant of physical and mental well-being for inmates. When they come into prison, they usually have health problems, addictions and mental disorders that are gradually worsened by the housing, eating and health conditions that exist in these institutions.⁹

We found that most participants had had menarche at age 13-16-years-old. The early onset of menstrual cycles was also found in a study¹ in which 57.2% of participants had had menarche at age 10-13 years.

Thus, according to a study¹⁰, the beginning of adolescence is marked by the first menstruation and the mother-daughter communication at this point in time should be seen as an opportunity to share values and knowledge about preventive behaviors, as studies show that women who talked about menstruation with their mothers before menarche were less likely to become pregnant during adolescence. This shows the importance of the role played by family.

In addition, we found that participants had had an early sexual debut, as 57.4% had had their first sexual encounter at age 13-15 years. The median age of sexual debut was 13.4 anos (range 9 to 18 years). This finding is similar to the results of a previous study⁷ conducted in the State of Ceará with 36 prison inmates. It found that 66.6% of participants had had their sexual debut before 15 years of age.

Thus, it becomes clear that girls should be exposed to sexuality education before their sexual debut, because many of the women who have their sexual debut as adolescents, without any previous guidance, end up exposed to various types of risks, especially

STIs and unwanted pregnancy. Therefore, sexual and reproductive health should be taught to girls as soon as possible.

As for the type of sexual partnership, 53.2% had stable sexual relationships and 25.5% had no partners. .Of those who reported having sexual partners, 66% only had had sexual intercourse with one partner in the last three months and 78.7% had had heterosexual coitus. It should be noted that, due to the fact that only one of the institutions authorized intimate visits, not all women who had partners had had sexual intercourse in the previous three months.

The finding on the number of stable partnerships is similar to that of a previous study¹¹ on the socioeconomic and sexual profile of prison inmates in Ceará, in which 55.5% of participants reported having this type of relationship.

Unfortunately this type of partnership does not reduce the incidence of sexually transmitted infections. The illusory belief that love protects people in stable partnerships against STIs/HIV has caused an increase in the number of cases of AIDS among women in permanent relationships. Thus, regardless of the number and type of sexual partners, the use of condoms in all sexual encounters is essential to prevent sexually transmitted infections and break the epidemiological chain of transmission.¹¹

Only 25.55% of participants had already worked as sex workers. Of these, only one participant had been working as a prostitute for 15 years, while the others had been in the profession for 3 months to 2 years. This finding differs from a study¹² conducted in Fortaleza with 155 female prison inmates which found that 34.2% of participants had a history of prostitution.

Due to poverty, lack of education and other circumstances, many women become involved in prostitution as a way of supporting themselves. They often enter the world of crime, especially drug trafficking, to increase their incomes and pay for their addictions, or are influenced by their partners, since the study showed that 48.9% of participants had partners who were in prison.

Moreover, participants' partners showed characteristics that increase the exposure of these women to diseases: 48.9% were prison inmates, 59.5% had tattoos, 10.6% were sex professionals, 10.6% were homosexual or bisexual, and 42.5% used drugs. This evidences the risks to which these women are exposed - such as syphilis, which was reported by 10.6% of the inmates.

Only 10.6% of participants reported having homosexual or bisexual contacts before prison. A study⁵ conducted with 290 female prison inmates in São Paulo found that all participants had already had sexual intercourse at least once, and that, prior to prison, 5% had had sexual encounters with females, while 3% had had sexual encounters both with males and females. None of the participants reported regularly using condoms or having ever used them when having sex with other women.

These results stress the importance of providing health education (especially about STIs) to these women, because many of them were not aware of their vulnerability and therefore did not use condoms in all sexual encounters.

The National Health Plan in the Prison System¹³ highlights the premise that prison inmates, no matter the nature of the crime committed by them, remain entitled to the same fundamental rights as all human beings, especially the right to enjoy the highest standards of physical and mental health. Prison inmates are deprived of their liberty, not of their rights as citizens

CONCLUSION

The inmates' sexual history showed that they had had an early sexual debut. Moreover, their partners had risk factors that increase women's vulnerability to several diseases, especially STIs.

Because prison inmates are confined to a specific place in space, they are more accessible targets of health education programs that are conducted by health professionals - especially nurses - to treat and prevent diseases according to the individual characteristics of this population.

Thus, educational strategies need to be developed to prevent sexual and reproductive health problems in female inmates, removing educational barriers to promote behavioral change and self-care.

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Submission: 2017/03/21

Accepted: 2017/09/12

Publishing: 2017/10/01

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