SOCIOECONOMIC AND SEXUAL PROFILE OF INCARCERATED WOMEN
PERFIL SOCIOECONÔMICO E SEXUAL DE MULHERES PRIVADAS DE LIBERDADE
PERFIL SOCIOECONÓMICO Y SEXUAL DE MUJERES PRIVADAS DE LIBERTAD

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ABSTRACT

Objective: to identify the sexual profile of incarcerated women. **Methods:** a quantitative, descriptive, cross-sectional study involving 56 inmates. The collection of data, in the Municipal Chain, contemplated data of sexual characterization. **Results:** evidenced menarche and early sexual activity, little variety of sexual partners in the last six months and low adherence to the use of condoms. Homo / bisexuality and prostitution had a significant frequency. The presence of gynecological complaints was not very expressive. However, the number of women who reported having a colpocytological examination on a yearly basis was significant. **Conclusion:** in view of the vulnerability of incarcerated women, health prevention and promotion strategies, which meet the peculiarities of this population, and the guarantee of access to health services are fundamental for guaranteeing a better quality of life for the women. **Descriptors:** Prisons; Sexual Health; Women's Health; Epidemiology; Population Characteristics; Health Profile.

RESUMO

Objetivo: identificar o perfil sexual de mulheres privadas de liberdade. **Métodos:** estudo quantitativo, descritivo, corte transversal, envolvendo 56 detentas. A coleta de dados, na Cadeia Municipal, contemplou dados de caracterização sexual. **Resultados:** evidenciaram menarca e coitarca precoce, pouca variedade de parceiros sexuais nos últimos seis meses e baixa adesão ao uso do preservativo. A homo/bissexualidade e a prostituição tiveram uma frequência significativa. A presença de queixas ginecológicas foi pouco expressiva. No entanto, o número de mulheres que afirmou realizar o exame colpocitológico anualmente foi significativo. **Conclusão:** diante da vulnerabilidade de mulheres privadas de liberdade, percebe-se que estratégias de prevenção e promoção à saúde, que atendam às peculiaridades dessa população, e a garantia no acesso aos serviços de saúde são fundamentais para a garantia de melhor qualidade de vida dessas mulheres. **Descritores:** Prisões; Saúde Sexual; Saúde da Mulher; Epidemiologia; Características da População; Perfil de Saúde.

RESUMEN

Objetivo: identificar el perfil sexual de mujeres privadas de libertad. **Métodos:** estudio cuantitativo, descriptivo, corte transversal, involucrando 56 detenidas. La recolección de datos, en la Cadena Municipal, contempló datos de caracterización sexual. **Resultados:** evidenciaron menarca y coito precoz, poca variedad de parejas sexuales en los últimos seis meses y baja adhesión al uso del preservativo. La homo / bisexualidad y la prostitución tuvieron una frecuencia significativa. La presencia de quejas ginecológicas fue poco expresiva. Sin embargo, el número de mujeres que afirmó realizar el examen colpocitológico anualmente. **Conclusión:** delante de las vulnerabilidades de las mujeres privadas de libertad, se percibe que estrategias de prevención y promoción a la salud, que atiendan a las peculiaridades de esta población, y la garantía en el acceso a los servicios de salud son fundamentales para la garantía de una mejor calidad de vida de esas mujeres. **Descriptor:** Prisiones; Salud Sexual; Salud de la Mujer; Epidemiología; Características de la Población; Perfil de Salud.

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INTRODUCTION

The increase in crime, experienced in several cities, has been considered a problem and a public health issue, because its consequences compromise several segments of society. Violence is not a recent phenomenon, but with the urbanization process, it has taken increasing proportions.

In Brazil, the main factors related to this phenomenon include socioeconomic inequalities, poverty, low level of schooling, drug use and unemployment. In addition, the ineffective performance of the State, in the peripheral areas of cities, culminates in an increase in crime and, consequently, in the number of arrests.¹

According to the Survey of Penitentiary Information (Infopen) (2014), the total population of the Brazilian prison system in 2014 was 579,781 inmates. Of this total, 542,401 were men and 37,380 women. Although the male population in the contingent of incarcerated persons is expressive, data shows an increase in female delinquency, represented by an increase of 567% of that population in 15 years.²

As for the profile of the woman in the prison setting, the data portrays her as young, black, single, with low socioeconomic level and schooling, and with a history of prostitution. This profile, coupled with poor access to health services, has contributed to the increase in the number of new cases of diseases, especially sexually transmitted diseases.²⁻³

With the increase of the prison contingent, the country is following a scenario of overcrowding of prisons. Current health conditions are still precarious, which is evidenced by the high prevalence rates of diseases, mainly Sexually Transmitted Infections (STIs). The lack of preventive actions, associated to the unhealthy conditions of the cells and the heterogeneity of the inmates, are among the main factors that contribute to this panorama.

For the female population, this situation is even more worrying. The biological characteristics inherent to gender and the lack of a specific health policy, which meets their peculiarities, make women more vulnerable when compared to the male population.⁴⁻⁵

Given this hostile environment and the difficulties encountered in the prison system, nursing plays an important role in promoting health and preventing injuries. It is these professionals who provide effective and

humane assistance. This results in the improvement of the quality of life of the population deprived of liberty and minimizes the damages brought by the confinement, especially to the female population.⁵

Being confined, the prison population is easily accessible. This group should generate greater interest in research, still scarce, especially those that explore the sexual profile and the health problems that affect women. This population extract still has a great lack of health actions focused on its peculiarities. Thus, these actions become fundamental for the modification of the current scenario.

Therefore, it is expected that this study will allow the development of new research, aimed at the incarcerated female population. By knowing the socioeconomic and sexual profile of this group, it is possible to identify their main vulnerabilities and implement strategies for health promotion, protection and recovery, according to their reality. This contributes, therefore, to the reduction of morbidity and mortality in the group, especially for avoidable causes such as STIs.

OBJECTIVE

- ◆ Identifying the sexual profile of women of women deprived of their liberty.

METHOD

A quantitative, descriptive, cross-sectional study carried out in the Public Chain of the city of Tangará da Serra (MT), with a total population of 56 inmates. Data collection was performed in October 2016, through the application of a structured questionnaire, composed of 27 closed questions.

The studied variables covered socioeconomic information and those related to the sexual history of female inmates. Age, race, religion, origin, schooling, occupation, living conditions, monthly family income, marital status, time and reason for arrest, age of menarche, beginning of sexual practice, number of sexual partners in the last six months, type of sexual partnership, history of prostitution, accomplishment and periodicity of gynecological follow-up. The data were compiled through the program EPI-INFO version 3.5.2 and later organized into tables, using relative and absolute frequencies.

The study integrates the cohort matrix research project "Health Situation of Workers and Internal of a female public chain of Mato Grosso". The research complied with the determinations stipulated by the norms of the National Health Council - Directive and

Regulatory Norms Involving Human Beings - Resolution CNS nº 466/20126. The study was duly approved by the Human Research Ethics Committee of the State University of Mato Grosso under CAAE: 50417815.8.0000.5166 and opinion 1,457,621 / 2016.

RESULTS

The research was conducted in Tangará da Serra (MT), a municipality located in the mid-north region of the state, 214 km from the capital. With 96.932 thousand inhabitants, ⁷ the city houses two public penitentiaries in a closed regime, of which one is destined for female offenders and the other male. The facilities of the female public jail, the

institution under study, have five cells, a classroom, a multipurpose room for workshops, a kitchen, a disused medical / nursing office, a reception, a parlor and a sunbathing area.

Table 1 presents the results of the research. Although not listed, three women who declared themselves to be heterosexual had some homoffective experience. This may be related to eventual homosexuality, as reported by one of the participants. Especially within the prison, women can have this experience in exchange for some kind of favor or good, even if they are not considering homosexuals.

Table 1. Sexual history of female prisoners. Tangará da Serra (MT), Brazil, 2016.

Variables		n	%
Sexual activity	< 13	17	30.36%
	14 to 16	31	55.36%
	17 to 19	8	14.29%
Sexual orientation	Heterosexual	46	82.14%
	Homosexual	6	10.71%
	Bisexual	4	7.14%
Sexual partner	Woman	9	16.07%
	Man	19	33.93%
	Without partner	28	50.00%
Homosexual experience	Before	9	16.07%
	Afters	4	7.14%
	Does not have	43	76.79%
Active sex life in prison	Yes	13	23.21%
	No	43	76.79%
Number of sexual partners in the last six months	0	33	58.93%
	1	17	30.36%
	2	3	5.36%
	3	2	3.57%
	4	1	1.79%
Sexual realtions without protection	Yes	27	48.21%
	No	29	51.79%
Prostitution history	Yes	27	48.21%
	No	29	51.79%
Total		56	100%

Table 2 presents the main gynecological complaints of the incarcerated women.

Table 2. Gynecological complaints of female prisoners. Tangará da Serra (MT), Brazil, 2016.

Variables		n	%
Perform colpocytological examination annually	Yes	38	67,86%
	No	18	32,14%
Presence of discharge	Yes	10	17,86%
	No	46	82,14%
Amount of discharge	Little	7	12,50%
	Average	2	3,57%
	A lot	1	1,79%
	Does not have	46	82,14%
Appearance of discharge	Yellowish	3	5,36%
	Whitish	7	12,50%
	Doesn't Presents	46	82,14%
Presence of odor	Yes	1	1,79%
	No	55	98,21%
Presents pruritus	Yes	9	16,07%
	No	47	83,93%
Dysuria	Yes	10	17,86%
	No	46	82,14%
Dyspareunia	Yes	5	8,93%
	No	16	28,57%
Does not have active sex life		35	76,79%
Total		56	100%

DISCUSSION

The 56 women who constituted the study population were in an age group ranging from 18 to 59 years, with a mean age of 32.14 years. The group corroborated data from another study, conducted with detainees in the state of Ceará, where the mean age found was 32 years.⁸

Infopen data show that the Brazilian female prison population is young, since 50% of them are between 18 and 29 years old. The information confirms the data found in this research, since 29 (52%) of the reeducandas are in this age group. It is noted that the early insertion of these women into crime may be associated with social determinants such as low income and schooling, among others.^{2,9}

The average time of incarceration found was 2.5 years and the majority of the women in distress in Brazil had an average detention time of less than three years. It is estimated that this is related to the type of offense committed by women, which tend to be milder than those practiced by men.¹⁰

Drug trafficking is one of the main factors responsible for the increase in female delinquency and, consequently, in the number of prisons. According to the Infopen report, women generally assume a supporting role in this crime through transportation and small business.² The survey data revealed a significant percentage of 55.3% of women arrested as a result of this crime.

Another study carried out in Ceará presented a similar percentage of 52.9% for trafficking as a cause of detention. It is

assumed that the main factors for involvement with drug trafficking are the influence of partners, or as a way to obtain income and support the addiction.¹⁰⁻¹

Regarding marital status, the profile of the distressed woman in Brazil shows that the majority are single (57%). This study showed a similar percentage, where 48.2% of the women interviewed revealed this marital status. These data also agree with another study carried out in a penitentiary in Piauí, in 2013, where 57.4% of detainees reported being single. This information suggests that the phenomenon may be associated with the high concentration of imprisoned young women.^{2,9}

As for the color variable of the skin, the predominance was the brown color self-declaration (73.2%), with 12.5% of blacks. The total was 85.7% of black inmates, according to the Brazilian Institute of Geography and Statistics (IBGE), which classifies black and brown people into a large black group.¹² Infopen report data also show the highest proportion of imprisoned black women (67%). The percentage of the black population in this study, however, was even higher, which may be related to the ethnic composition of each region.^{3,10}

Of the total number of detainees, 46 (82.1%) said they practiced some kind of religion, and the evangelical denomination was the most frequent, in a total of 27 women. Some researchers point to increasing evangelization through groups within prison systems as a justification for increasing conversion towards evangelical religions.¹³

However, the study did not allow us to infer whether the data are associated with this justification.

The low educational level was significant, with 33 (51.7%) of the detainees declared to have completed only elementary school. These data corroborate the study of Barros, with 47 prisoners, where 59.6% of them also had complete elementary education. Low schooling negatively interferes with employment opportunities, culminating in increased poverty and underemployment.⁹

When analyzing the type of occupation practiced before the incarceration, it was noticed that the majority of the victims performed functions with low or no remuneration and of little professional qualification. Associated with this condition, the low monthly income becomes a consequence, since 35 (62.5%) reeducandas reported having a monthly income between one and two minimum wages, before the arrest. These characteristics may be associated with an increase in female delinquency, since crime can be seen as a means of economic ascension, or even as the only means to obtain income.^{11,13}

The low compliance in breast self-examination was significant, with only 28 (50%) reporting doing so. The lack of knowledge about the correct technique for self-examination is still one of the main obstacles. This makes health education actions and the guarantee of access to health services fundamental for the modification of this panorama.¹⁴

The early onset of observed sexual practice corroborates data from the study conducted in a female penitentiary in Aquiraz (CE), where 45.8% of women started this practice before age 15. This may be associated with poor access to health services, even before incarceration. In this case, strategies to promote sexual and reproductive health should be addressed more effectively, especially with the adolescent population. These strategies may be a determining factor for the resolution of the gynecological-obstetric history of this population.¹¹

In this study, women who declared themselves homosexual and bisexual totaled 10 (17.81%). Another study carried out with 155 prisoners revealed that 23.2% of them considered themselves homosexuals and this percentage rose to 36.8%, when added to the bisexual population.

It is noted that heterosexual behavior still prevails within prisons, but homosexual practice has become common, especially

among women. This is because they require a higher affective relationship when compared to males. If homosexual practice begins after imprisonment, this usually occurs for the better coping of women to prison and for the preservation of affections.^{4,15}

Homosexual behavior can still be considered a risk factor for the transmission of sexually transmitted infections. This is because sexual practice among women, as well as the sharing of erotic objects and other sexual practices, is generally not considered a means for the transmission of diseases. This behavior may be associated with the lack of perception of their vulnerabilities, since the transmission of STIs is usually related to the male figure and not to the contact between women.^{4,16}

The low adherence to condom use during sex was significant, with only 29 (51.79%) of the women reporting using it. Non-use of condoms occurs both at the time of intimate visits and in sexual intercourse that occurs within the cells. Some of the major barriers related to the use of condoms are the lack of knowledge about their importance and correct use, homosexuality and trust in the sexual partner. Factors such as restriction to the use of the preventive method by some of the subjects and difficulty of access to the condom inside prisons also contribute to this picture.¹⁶

The history of prostitution was also relevant, with 27 women (48.21%) saying they had already done so. However, these numbers could be higher, since many do not consider the exchange of sex to obtain some good, as a form of prostitution. In addition, the shame in admitting such behavior may have inhibited some accounts.¹⁷

Therefore, risky behaviors such as homosexuality, sexual intercourse without a condom, history of prostitution and poor access to health services are associated with the greater vulnerability of the distressed woman in acquiring or transmitting some type of STI.¹⁶ Thus, measures such as greater accessibility of condoms, and especially guidance on proper use, and awareness of the importance of condom use are key strategies for the most effective reduction in the number of cases of STIs in this population.^{16,18}

Regarding the history and gynecological complaints, the number of women who underwent colpocytological examination annually was significant. Some reported, however, changes such as presence of discharge, which ranged from white to yellowish. Some discharge had the presence of

pruritus and odor, suggestive of candidiasis and bacterial vaginosis.¹⁹

The colpocitological examination should be performed annually, as recommended by the Ministry of Health. However, this is not the reality in Brazilian penitentiaries, since the examination is not normally available in the prison units. Access to health services is a civil right, contemplated in the Penitentiary System National Health Plan in the PSNHP. The program was created in 2003 to regulate access to health actions and services of the prison population and aims to reduce diseases and injuries caused by incarceration. Access to these services, however, is still deficient or even inexistent.^{14,19}

Unhealthiness, overcrowding of cells and the lack of availability of materials for the personal hygiene of prisoners are some of the problems commonly found in the Brazilian prison scene. These factors contribute to the increase in diseases.

The availability of toiletries is often the responsibility of the victim. This makes the menstrual period especially challenging for many women. Without having someone outside the penitentiary who can provide these materials, they substitute absorbents even for crumbs of bread, during the menstrual period.²⁰

This is also the reality of the study site, as there are no materials available for intimate hygiene, which should be provided by family members on weekly visits. This becomes one of the challenges to those who do not have contact with relatives due to the distance from the home. In this case, the distressed will only have access to these materials, if they are assigned or marketed within the chain. During the interview, there were reports of three women, who had sex with other inmates in exchange for these products. The fact was characterized as their first homosexual experience.

CONCLUSION

The socioeconomic profile studied is a portrait of the distressed woman in Brazil, who is young, single, of low schooling and monthly income, usually detained by drug trafficking. Lack of proper education negatively interferes with employment opportunities. This makes the practice of delinquency a form of complement or even the only means of obtaining income, which also generates an increase in the number of arrests.

The weaknesses mentioned above also interfere with the profile and sexual health of

these women, the early onset of their sexual practice, the history of prostitution, the low adherence to breast self-examination and the use of condoms during sexual practices. The deficiency in knowledge and access to health services interferes negatively in the empowerment of women in the care of their own health. Consequently, diseases with preventable causes, such as STIs, reach this population more easily.

The data from the study also suggest the need to implement educational, preventive and therapeutic strategies during the period of imprisonment of these women. Due to unhealthy conditions of coexistence, this population is more susceptible to illness, when compared to the general population.

It is perceived that the fragility of Brazilian public policies generates failures in the guarantee of a quality education, of housing, of work, among others. This precariousness contributes to the growing socioeconomic profile of inmates. Thus, it is essential to identify the peculiarities of these women, especially in relation to the main pathologies that affect them. With this, it will be possible to implement preventive and health promotion activities, specific to the needs encountered. These actions will prevent the spread of diseases among distressed women and the external population, thus guaranteeing their better quality of life.

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REFERENCES

1. Chagas CAN, Silva CN, Silva JMP. Território, Produção do Espaço e Violência Urbana: uma leitura geográfica dos homicídios na região metropolitana de Belém. In: VII Congresso Nacional de Geógrafos: Anais do VII Congresso Nacional de Geógrafos; 2014 [Internet]. Vitória: AGB; 2014 [cited 2017 Aug 25]. p. 1-7.

Available from:
http://www.cbg2014.agb.org.br/resources/ais/1/1404308058_ARQUIVO_ArtigoCompletoCBG_ClayChagas_.pdf

2. Ministério da Justiça (BR), Departamento Penitenciário Nacional. Levantamento nacional de informações penitenciárias INFOPEN mulheres [Internet]. Brasília: Ministério da Justiça, 2014 [cited 2016 Sept 10] Available from:

<http://www.justica.gov.br/noticias/estudo-traca-perfil-da-populacao-penitenciaria-feminina-no-brasil/relatorio-infopen-mulheres.pdf>

3. Vasconcelos CTM, Coelho CF, Cunha DFF, Aquino PS, Anjos SJSB, Pinheiro AKB. Prevention of cervical cancer: the prison as a health promoter space. *Rev Eletrônica Gestão Saúde* [Internet] 2013 [cited 2017 Oct 20];4(3):972-84. Available from:
<http://www.repositorio.ufc.br/handle/riufc/6760>

4. Ribeiro SG, Lessa PRA, Monte AS, Bernardo EBR, Nicolau AIO, Aquino PS, Pineiro AKB. Gynecologic and obstetric profile of state imprisoned females. *Texto contexto-enferm*. 2013 Jan/Mar;1(22):13-21. Doi:
<http://dx.doi.org/10.1590/S0104-07072013000100002>

5. Costa ES, Santos JDM, Rocha MRC, Viana LMM, Oliveira DM, Silva BJC, Lira APS. Incarcerated women: profile, sexuality and knowledge on sexually transmitted infections. *Rev Uningá* [Internet]. 2017 Apr/June [cited 2017 Dec 14];52(1):23-8. Available from:
https://www.mastereditora.com.br/periodico/20170504_223633.pdf

6. Ministério da Saúde (BR), Conselho Nacional de Saúde. Resolução n. 466 de 12 de dezembro de 2012: diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos [Internet]. Brasília: Conselho Nacional de Saúde; 2012 [cited 2017 Aug 25]. Available from:
http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html

7. Ministério do Planejamento, Orçamento e Gestão (BR), Instituto Brasileiro de Geografia e Estatística. Censo demográfico: 2016 [Internet]. Rio de Janeiro: IBGE; 2016 [cited 2016 Dec 11]. Available from:
<http://cidades.ibge.gov.br/xtras/perfil.php?codemun=510795>

8. Anjos SJSB, Ribeiro SG, Lessa PRA, Nicolau AIO, Vasconcelos CTM, Pinheiro AKB. Fatores de risco para o câncer de colo do útero em mulheres reclusas. *Rev Bras Enferm*. 2013 July/Aug; 66(4):508-13. Doi:

<http://dx.doi.org/10.1590/S0034-71672013000400007>

9. Barros MAR, Cavalcanti SDC, Galiza DDF, Machado ALG. Sociodemographic and reproductive factors of female prisoners. *J Res Fundam Care Online*. 2016;8(4):4980-5. Doi: 10.9789/2175-5361.2016.v8i4.4980-4985

10. Souza C, Santos HA. Mulheres no cárcere: um estudo sobre o perfil socioeconômico das apenadas de uma unidade prisional do Rio Grande do Norte. In: *I Jornada de Gênero e Diversidade Sexual: Anais II Jornada de Gênero e Diversidade Sexual*; 2016 [Internet]. Buenos Aires: Facultad de Trabajo Social; 2016 [cited 2017 Aug 21]. Available from:
<http://sedici.unlp.edu.ar/handle/10915/57111>

11. Nicolau AIO, Ribeiro SG, Lessa PRA, Monte AS, Ferreira RCN, Pineiro AKB. A picture of the socioeconomic and sexual reality of women prisoners. *Acta Paul de Enferm*. 2011;3(25):386-92. Doi:

<http://dx.doi.org/10.1590/S0103-21002012000300011>

12. Ministério do Planejamento, Orçamento e Gestão (BR), Instituto Brasileiro de Geografia e Estatística. O sistema classificatório de “cor ou raça” do IBGE [Internet]. Rio de Janeiro: IBGE; 2003 [cited 2017 Dec 10] Available from:
http://www.ipea.gov.br/portal/images/stories/PDFs/TDs/td_0996.pdf

13. Scherer ZAP, Scherer EA, Nascimento AD, Ragozo FD. Sociodemographic profile and penal history of the prison population at a female penitentiary in the interior of São Paulo State. *SMAD Rev Eletrônica Saúde Mental Álcool Drog* [Internet]. 2013 [cited 2017 Dec 13];7(2):55-62. Available from:

http://pepsic.bvsalud.org/pdf/smad/v7n2/en_02.pdf

14. Agnolo CMD, Belentani LM, Jardim APS, Carvalho MDB, Pelloso SM. Profile of women deprived of liberty in the countryside of paraná, brazil. *Rev Baiana Saúde Pública* [Internet]. 2013 Oct/Dec [cited 2017 Nov 12];37(4):820-34. Available from:
<http://files.bvs.br/upload/S/0100-0233/2013/v37n4/a4480.pdf>

15. Francisco RS. Female homosexuality: the case of the Carlos Tinoco da Fonseca female prison in Campos dos Goytacazes, RJ. *Rev Vértices*. 2015;17(1):7-21. Doi:
<http://dx.doi.org/10.19180/1809-2667.20150001>

16. Nicolau AIO, Pinheiro AKB. Sociodemographic and sex determinants of knowledge, attitude and practice of women prisoners regarding the use of condom. *Texto*

contexto-enferm. 2012 July/Sept ;3(21):581-90. Doi: <http://dx.doi.org/10.1590/S0104-07072012000300013>

17. Fernandes MA, Moura FMJSP, Bezerra MM, Alencar NES, Lima FFF, Ibiapina ARS. Sexually transmitted diseases: convicts' feelings. Rev Interdisc [Internet] 2015 [cited 2017 Nov 19];8(3):162-168. Available from: https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/548/pdf_246

18. Bispo TCF, Oliveira CAD, Ferreira Neto EA, Carvalho ER, Lino NN, Santos SM. Sexual and reproductive health in the context of prison: experiences of prisoners of Salvador-Ba. Rev Enferm Contemp. 2016 July/Dec;4(2):109-20. Doi: <http://dx.doi.org/10.17267/2317-3378rec.v4i2.747>

19. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Controle dos Cânceres de colo do útero da mama [Internet]. Brasília: Ministério da Saúde, 2013 [cited 2017 Nov 19]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/control_canceres_colo_uterio_2013.pdf

20. Carvalho MLB, Freitas LDA. As faces e os disfarces dos presídios femininos: violações x direitos. In: XII Seminário Nacional Demandas Sociais e Políticas Públicas na Sociedade Contemporânea: Anais do XII Seminário Nacional Demandas Sociais e Políticas Públicas na Sociedade Contemporânea; 2016 [Internet]. Santa Cruz do Sul: UNISC; 2016 [cited 2017 Aug 25]. Available from: <https://seminarionacional.eventize.com.br/>

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