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NOTE PREVIEW ARTICLE

HEALTH BEHAVIORS: SEXUAL LIVES OF WOMEN DEPRIVED OF FREEDOM COMPORTAMENTOS DE SAÚDE: VIVÊNCIAS SEXUAIS DAS MULHERES PRIVADAS DE LIBERDADE COMPORTAMIENTOS DE SALUD: EXPERIENCIAS SEXUALES DE LAS MUJERES PRIVADAS DE LIBERTAD

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ABSTRACT

Objective: to identify health behaviors adopted in sexual experiences of women deprived of liberty. **Method:** a descriptive study, with a qualitative approach, based in the theoretical framework Theory of Basic Human Needs. Data will be produced through semistructured interview and consultation of medical records. Then, data will be analyzed and categorized in blocks according to the Bardin Content Analysis Technique. Participants will be prisoners who had or have adopted health behaviors in sexual experiences in a women's prison from February to June 2017. The study has Certificate of Presentation for Ethical Appreciation number 57828516.0.0000.5013. **Expected results:** this research intends to enter into this universe in which women are incarcerated and perform or not health behaviors when experiencing sexual experiences in this scenario, seeking to contextualize the evidence with the current situation of the female population. **Descriptors:** Prisons; Women's Health; Sexuality; Healthy Behaviors; Nursing.

RESUMO

Objetivo: identificar comportamentos de saúde adotados nas vivências sexuais das mulheres em privação de liberdade. **Método:** estudo descritivo, com abordagem qualitativa, ancorado no referencial teórico Teoria das Necessidades Humanas Básicas. A produção de dados será pela técnica de entrevista semiestruturada e consulta aos prontuários. Esses dados serão analisados e categorizados em blocos de acordo com a Técnica de Análise de Conteúdo de Bardin. As participantes serão presidiárias que adotaram ou adotam comportamentos de saúde nas vivências sexuais no Estabelecimento Prisional Feminino, no período de fevereiro a junho/2017. O estudo tem como número CAAE: 57828516.0.0000.5013. **Resultados esperados:** pretende-se adentrar neste universo em que as mulheres se encontram em situação de encarceramento e realizam ou não comportamentos de saúde ao experienciar as vivências sexuais nesse cenário, buscando contextualizar as evidências com a atual situação da população feminina. **Descritores:** Prisões; Saúde da Mulher; Sexualidade; Comportamentos Saudáveis; Enfermagem.

RESUMEN

Objetivo: identificar comportamientos de salud adoptados en las experiencias sexuales de las mujeres en privación de libertad. **Método:** estudio descriptivo, con enfoque cualitativo, basado en el referencial teórico Teoría de las Necesidades Humanas Básicas. La producción de datos será por la técnica de entrevista semi-estructurada y consulta a los prontuarios. Esos datos serán analizados y categorizados en bloques de acuerdo con la Técnica de Análisis de Contenido de Bardin. Las participantes serán presidiarias que adoptaron o adoptan comportamientos de salud en las experiencias sexuales en el Establecimiento de Prisión Femenino, en el período de febrero a junio/2017. El estudio tiene como número CAAE: 57828516.0.0000.5013. **Resultados esperados:** se pretende entrar en este universo en que las mujeres se encuentran en situaciones de encarceramiento y realizan o no comportamientos de salud al vivir las experiencias sexuales en ese escenario, buscando contextualizar las evidencias con la actual situación de la población femenina. **Descriptor:** Prisiones; Salud de la Mujer; Sexualidad; Comportamientos Saludables; Enfermería.

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INTRODUCTION

Until the middle of the 18th century, forms of punishment were cruel and inhuman, and deprivation of liberty was not used. As Brazil did not have a criminal code until 1830 and was still considered, at that time, a Portuguese colony, it was submitted to the Philippine ordinances. Crimes and penalties in Brazil included death, deportation to the galleys and to other places, corporal punishment (whipping, mutilation, burns), confiscation of property, fine and even penalties such as public humiliation.¹

Studies have disseminated that female prison universe has always been treated as a "less important issue" and in quantitative terms the number of men is very significant, and prisons are an eminently masculine space. However, this should not be a reason to disregard policies aimed at caring for women in prison.²

Over the years, the Brazilian prison system has presented a lower female population; however, the growth of this number, when compared to the male population, is significant and deserves attention. Statistical data show that the Brazilian male prison population grew by 130% between 2000 and 2012, while the female prison population grew by 256% in the same period, and between 2000 and 2014 it increased from 5,601 to 37,380 women imprisoned, placing Brazil in 5th place in the ranking of the countries with the highest female prison population.³⁻⁴

Considering the described aspects, unfortunately, the female prison population does not receive the necessary attention and their needs are neglected, like the experience of sexuality.⁵ Discourses relate sexuality to reproductive and biological function, and even though the sexual act represents a relevant dimension of sexuality, its meaning still remains unique, namely sexual intercourse. Despite of this, common sense has difficulty in separating them, since an erroneous or limited understanding can reflect in the experience of sexuality.⁶⁻⁷

Studies claim that because of the repression of sexuality, which still occurs in modern times, women, even those in re-education process, think of sexuality only as being associated with sexual activity and reproduction, and that some prisoners were still able to express what they understood about sexuality, including love, affection and understanding in their speeches.⁸

Thus, this fact still leads to a reflection about the assertion that the Brazilian state

profoundly harms the innumerable rights of imprisoned women, from the most essential ones, such as the right to life and health, to those that are part of the social reintegration policy that includes work, education and the preservation of family ties and relationships. Incarceration may enhance the negative effects for women in relation to the context of family ideation and future expectations, especially in relation to gestation, representing considerable disadvantages experienced by this population of women.⁹⁻¹⁰

Recognitions of women's sexual rights still find obstacles in face of society in general, since such a position implies legitimizing sexuality and behaviors that require not only a set of legal norms, but also social awareness, jurisprudence and public policies implemented by the State that emphasize and reverberate individual autonomy, self-determination, privacy, intimacy, freedom, integrity and pleasure. The inclination for choices that promote forms of sexual expression in a safe manner and free of discrimination, coercion and violence; however, such obstacles are intensified with the situation of imprisonment.¹¹

From this perspective, the invisibility of this issue still permeates the scientific evidence, especially when the group in question includes homosexual women, as their particularities are not taken into account and treatments are ineffective. In the prison setting, this factor is even more aggravating, since the number of women who establish homosexual relationships is significant; it is a circumstantial behavior understood as a strategy to confront reclusion, triggered by dependence and loneliness.¹²⁻¹³

Identifying health behaviors in the sexual experiences of women deprived of liberty may allow that issues related to promotion, prevention and appropriate treatment to these women are included in the women's assistance program on a regular basis, considering subjective factors that may be interrelated, but that are neglected during imprisonment.

This possible reformulation can offer the emotional support necessary to women in prison, stimulating self-care with quality and the care provided in a comprehensive way.

In view of the above, this study aims to identify the health behaviors adopted in the sexual experiences of women deprived of liberty.

METHOD

This is a descriptive study with a qualitative approach, using the Theory of Basic Human Needs of Wanda de Aguiar Horta for analysis. This theoretical reference was chosen because the human being has basic human needs, among them psychosocial and psychobiological needs, which have varied characteristics resulting from the interaction between internal and external environment. These interactions can generate states of equilibrium and imbalance with time and the space.¹⁴

The scenario of this research will be the Santa Luzia Female Prison (EPFSL), located in Maceió-AL. Currently, the active population of this prison is composed of 205 women, among them convicted and provisional prisoners.¹⁵ Such a choice is justified because there is only one prison in the Alagoas State that is capable of sheltering imprisoned women. In this same environment, there are women who have already received conviction and are in a closed regime, and, in greater quantity, there are those awaiting trial. These women stay imprisoned because there are no other temporary prisons, and because of rare cases of imprisonment as a protection measure.

Data will be collected in the first half of 2017, between the months of February and June. Participants in this study will be women in prison who adopted or adopt health behaviors in sexual experiences during imprisonment at EPFSL. Women who have some cognitive or behavioral deficit diagnosed that makes it impossible to answer the research questions through interview will be excluded.

Data collection will be performed in two phases. In the first phase, the interview technique will be used through the application of a semistructured questionnaire composed of three thematic axes: 1. Identification data (age, schooling, marital status, occupation, race, time of confinement); 2. Personal, gynecological and obstetrical antecedents (smoker, use of alcohol, menarche, first sexual relation, use of contraceptives, age of first pregnancy, Pap smear, current identification of gynecological signs and/or sexually transmitted infections); 3. Sexual behaviors (number of partners and sexual relations, gender, adoption of health behaviors, motivation, signs and symptoms during sexual intercourse). The second phase will consist of consulting the medical records of the interviewed women.

The approach phase will be previously agreed with the nurse in service. Since the

detention facility does not have a sufficient number of penitentiary agents to carry out the displacement of the imprisoned women, interviews will take place in the moments of medical appointment inside the rooms of the Health Department of the detention facility, respecting the days of attendance that happens once a week in the institution. Interviews will not be recorded due to superior orders, aiming to guarantee the security of the prison. This fact will not prevent the capture of the most relevant information and speeches, which will be registered in the same interview material.

Data will be analyzed in three phases: pre-analysis, exploration of the material and treatment of results, and then categorized in thematic blocks according to the Content Analysis Technique.¹⁶ After analyzing the data, the records will be archived, guaranteeing security and reliability to the participants, and complying with legal requirements.

Women will be clarified about the purpose of the research. Those who agree to participate in the study will sign the Informed Consent Form (ICF) in two copies, according to Resolution No. 466/12 of the National Health Council. Even after signing the ICF, the woman may withdraw from her participation at any time in the study, without any loss or damage of any kind. The research project was sent to the Secretariat of Social Reintegration and Social Inclusion of Alagoas State, and received a favorable opinion. The research project was also sent to the Ethics and Research Committee (CEP) of the Federal University of Alagoas/UFAL, by the Brazil Platform, for appreciation, and was approved under Certificate of Presentation for Ethical Appreciation No. 57828516.0.0000.5013.

EXPECTED RESULTS

This study intends to enter into this universe in which women are in a situation of imprisonment and perform or not health behaviors when experiencing sexual experiences in this scenario, seeking to contextualize the evidence with the current situation of the female population in general.

The expected impacts are directly related not only to the work of professionals who are involved in health care, but also to managers, in their different spheres, to seek significant and effective changes in the programs and policies that involve the health of women in situations of vulnerability in order to guarantee equity and comprehensiveness of care.

Therefore, as a consequence of these possible positive changes, women who currently face sexual experience in a prison setting would benefit not only with objective and curative actions, but could receive care focused on promotion, prevention, early diagnosis and regular treatment. They would also take advantage in subjective issues often neglected in everyday practice, but which produce deleterious and interrelated effects on the full state of physical, mental and social well-being that constitutes the definition of health.

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