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REPRESENTATIONS OF INCARCERATED WOMEN ABOUT PRISON MANAGEMENT REPRESENTAÇÕES DE MULHERES ENCARCERADAS SOBRE GESTAR NA PRISÃO REPRESENTACIONES DE MUJERES ENCARCELADAS SOBRES GESTAR EN LA CÁRCEL

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ARSTRACT

Objective: to understand the social representations of pregnant and puerperal women imprisoned about gestating while living in Colonial Penins. Method: this is a qualitative study, based on the theoretical and methodological reference of the Social Representations, with 19 women incarcerated in Colonial Penins. As a data collection instrument, a form and group interviews were used in which the data was analyzed by SPSS and Iramuteq software. Results: pregnancy representations were made during incarceration due to lack of services and infrastructure, with prenatal failure and difficulties to perform exams, besides the dichotomy between wanting to be with the child, but having to create it in such a way environment. It is characterized to gestate in the prison by the non acceptance, generating attitudes of negation, although the affection by the son accompanies the inmates and cherishes this reality. Conclusion: the need to rethink health care in prison was evidenced, contributing to the implementation of public policies and guaranteeing the rights of those behind bars, especially women and children. Descriptors: Social Representations; Pregnancy; Prisons; Affection; Psychosocial Deprivation; Family.

RESUMO

Objetivo: compreender as representações sociais de gestantes e puérperas encarceradas sobre o gestar enquanto vivendo em Colônias Penais. *Método*: trata-se de estudo qualitativo, embasado no referencial teórico-metodológico das Representações Sociais, com 19 mulheres encarceradas em Colônias Penais. Utilizaram-se, como instrumentos de coleta de dados, um formulário e entrevistas grupais em que se analisaram os dados pelos *softwares* SPSS e Iramuteq. *Resultados*: marcaram-se as representações da gestação durante o encarceramento pela ausência de serviços e infraestrutura, com pré-natal falho e dificuldades para a realização de exames, além da dicotomia entre querer estar com o filho, mas ter que criálo em tal ambiente. Caracteriza-se gestar na prisão pela não aceitação, gerando-se atitudes de negação, embora o afeto pelo filho acompanhe as presidiárias e acalente essa realidade. *Conclusão*: evidenciou-se a necessidade de repensar o atendimento de saúde na prisão contribuindo-se para a efetivação de políticas públicas e garantindo-se os direitos daqueles que se encontram atrás das grades, especialmente mulheres e crianças. *Descritores*: Representações Sociais; Gravidez; Prisões; Afeto; Carência Psicossocial; Família.

RESUMEN

Objetivo: comprender las representaciones sociales de gestantes y puérperas encarceladas sobre el gestar mientras vivía en Colonias Penales. *Método*: se trata de un estudio cualitativo, basado en el referencial teórico-metodológico de las Representaciones Sociales, con 19 mujeres encarceladas en Colonias Penales. Se utilizaron, como instrumentos de recolección de datos, un formulario y entrevistas grupales en que se analizaron los datos por los softwares SPSS e Iramuteq. *Resultados*: se marcaron las representaciones de la gestación durante el encarcelamiento por la ausencia de servicios e infraestructura, con prenatal fallido y dificultades para la realización de exámenes, además de la dicotomía entre querer estar con el hijo, pero tener que crearlo en tal medio ambiente. Se caracteriza por gestar en la cárcel por la no aceptación, generándose actitudes de negación, aunque el afecto por el hijo acompaña a las presidiarias y acalenta esa realidad. *Conclusión*: se evidenció la necesidad de repensar la atención de salud en la cárcel contribuyéndose a la efectivación de políticas públicas y garantizándose los derechos de aquellos que se encuentran detrás de las rejas, especialmente mujeres y niños. *Descriptores*: Representación Sociales; Embarazo; Prisiones; Afecto; Carencia Psicosocial; Familia.

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INTRODUCTION

It is understood that gestation is a moment of several physical, psychological and social changes for the woman who experiences it, and can cause negative feelings generated by adaptations to gestational transformations and influenced by social and cultural factors in the experience of the process of gestation. These changes are more intensely lived in pregnant women in situations of incarceration, with fear, uncertainty, anxiety and anguish emerging.¹

As soon as the pregnancy is discovered, the woman should be accommodated to initiate prenatal care by the health team performing at least six visits and return in the puerperium, preferably one in the first trimester, two in the second and three in the third, in addition to laboratory tests, immunizations, educational actions and encouragement of normal birth in order to ensure that the mother-child binomial is healthy and risk-free.²

Until now, it is known that Brazilian prisons do not fulfill their role in ensuring adequate prenatal follow-up, mainly due to the failure to carry out the number of consultations recommended by the Ministry of Health, favoring maternal mortality, perinatal mortality and low birth weight of the child at birth.³

In addition, in 2014, despite the fact that Brazil had more than 1,000 pregnant women, there was still no homogeneity in the quality of services provided to pregnant women and women incarcerated in the entire national territory. violation of rights and precariousness in the provision of maternity care. It is also noted that, depending on the penitentiary, some are treated at the prison health units in relation to prenatal care, others have to seek extramural care, among other aspects.⁴

problems Numerous related structural conditions overcrowding, and insalubrity lead to the spread or aggravation of chronic diseases, infectious diseases and mental disorders. The use of cells such as improvised wards, without equipment or professionals, the difficulty health escorting police to transportation to the health units and the lack of medicines to make possible treatments is recurrent.5

Similar situations are experienced in other regions of the world. In the United States, incarcerated pregnant women are more likely to experience risk factors associated with unfavorable perinatal outcomes and

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inadequate prenatal care.⁶ It was found in Australia in one study that babies born to pregnant women were significantly more likely to be preterm and / or have low birth weight, requiring hospital admission.⁷

Priority should be given to maternal and child health care by taking into account that incarcerated women are a vulnerable group, especially because they are considered highrisk pregnant women.⁸ Situations that lead to incarceration woman and her concept to risks, if adequate assistance is not offered, compromising the birth.

It is therefore affected by the difficulties in the use of health services, as well as the denial of the primary needs of this population, how health situations are handled. Add to this the fact of the interruption of the family coexistence and with the father of the child who is often also imprisoned, living in a place with unknown people and marked by violence.⁹

Thus, through the analysis of Social Representations (SR), the social universe has been discovered as a form of knowledge organized and shared collectively, being a daily construction, guiding conducts and interpersonal relations. Through this theory, meanings and significance shared during the pregnancy-puerperal cycle can be perceived while they are incarcerated.¹⁰

It is then possible to apprehend the universe that permeates the senses of gestating and being a mother while being prisoners, to penetrate the singularities of such women and in the universe of representations, which transcends the reality experienced, especially because they are moments marked by beliefs and myths that nurture common sense.

The experience of gestating and giving birth in prison is thus elucidated by understanding the reality in which they are inserted and contributing to the visibility of the issue vis-à-vis the authorities responsible for managing women's prisons, sensitizing them to the development of strategies that implement policies through intersectoral articulation. It is hoped, in addition, that health services can network, being available to meet the needs of the population as a whole, not demeaning those who are already deprived of their autonomy and freedom, which alone is relevant.

OBJECTIVE

Understanding the social representations of pregnant and puerperal women imprisoned about gestating while living in Colonial Penins.

METHOD

It is a qualitative study, of the descriptive and exploratory type, in which the Theory of Social Representations was used as theoretical-methodological reference.¹¹

There were 19 women members of three penal institutions of the State of Pernambuco - Brazil, ten pregnant and nine puerperal women. The sample was composed by means of a census of the population investigated provided that it obeyed the following inclusion criteria: to be pregnant in one of the units in which the research would be performed; having been born while incarcerated and having child (ren) up to six months of age. It is reported that there were no restrictions on the length of gestation, the number of previous pregnancies, the obstetric past, the age of the participants and the time of incarceration.

Those who did not obey the pre-established criteria were automatically excluded, as were the women who were with the child, but they had not experienced gestation in the prison; those who presented abortion and those who were not in the prison during data collection and there were no refusals for participation.

Initially, a form containing questions about sociodemographic characteristics and gyneco-obstetric data was used. Later, the technique of group interview was applied, in a place made available for this in the environment, recording all the content by means of an audio device, with subsequent transcription. The data was collected in an average time of five hours in each institution.

Sociodemographic and obstetrical data were organized in a spreadsheet, analyzed by the Statistical Package for Social Sciences (Spss), version 23. The corpus was formed by the data generated through the group interviews, organizing them through the system of quantitative analysis of textual data, the Iramuteq Software - Interface for Multidimensional Analysis of Texts Questionnaires. It is a computer program that performs different types of analysis of textual data. In this study, we used the similarity analysis, which aggregates the words and orders them graphically according to their frequency, making it possible to identify the keywords of the corpus. 12 The Content Analysis¹³ performed for the was interpretation and the discussion of the results generated.

The acceptance of the participation was documented through the signing of the Free and Informed Consent Form respecting the Representations of incarcerated women about...

ethical aspects according to Resolution 466/12 of the National Health Council. Fictional names were used in order to preserve anonymity, in order to identify the participants throughout the text. The collection was started only after approval by the Ethics Committee of Univasf (CAAE 56619316.5.0000.5196).

RESULTS

♦ Characterization of Participants

The age group was between 18 and 31 years old, with an average of 22 years and a deviation of 3.28, participants declared themselves to be brown (63.2%), with a low level of schooling, since the majority had not completed the (42.1%) or the middle school (21.1%). It was revealed, with respect to marital status, that 52.7% were married or had a stable union. In relation to the occupation, 26.3% were said to from the household, receiving remuneration, which contributes to the family income being only a minimum wage (68.4%).

The time of imprisonment from three months to almost six years was varied. A large proportion of the participants in the third gestation, with a gestational age of six months and a mean of live births of two children, 78.9% said they had conception when they were still free and 63.2% first time a pregnancy in prison.

It is noted that the average number of prenatal visits was two, which were mostly performed in the prison unit (73.7%). It was stated, for 78.9%, that the requested laboratory tests were performed but the results had not been received. They reported having received immunization during pregnancy of 94.7% of the inmates, however, more than half of them did not use folic acid and / or ferrous sulfate. It was recorded, among the puerperas, that all of them gave birth in deprivation of liberty, and none had puerperal consultation.

◆ Social Representations of gestation in prison

Figure 1 shows the results of the corpus of the interviews through the tree generated by the analysis of similarity, with the identification of the competitions between the words and the indications of the connection between the terms No, Prison, Examination, Prenatal and Baby, which were the most expressive and indicate the structure of the representational field of factors associated with gestating in prison by the participants.

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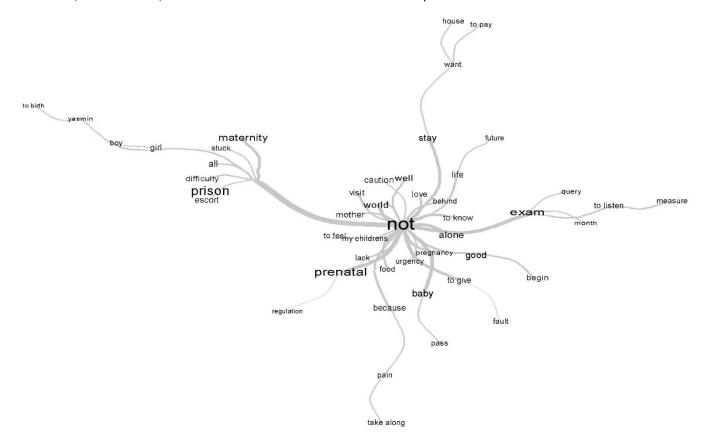


Figure 1. Tree of elements referring to pregnant women and puerperal prisoners about gesta in prison. Petrolina (PE), Brazil, 2017.

It is observed that the word "no" acquires a central position, connecting with all the elements of the tree, which ratifies its organizing role of SR from gestation in prison. The "prison" element is strongly linked to the term "no", demonstrating all the obstacles they encounter while they are incarcerated, either to access the health services, which they mainly need because they are pregnant or even for the supply needs. We present the elements "exam", "prenatal" and "baby", also, intense link of the link with the word "no", showing the most neglected situations and with great representation and impact in pregnancy.

At the same time, the quality of the care provided in the prison units and other aspects that included from the feeding to the physical structure of the place as bad, denying them quality of life were evaluated. It was revealed, on the face of it, by the representations, that the lack and denial of attitudes to care for oneself and with the children, on the part of the system, is something quite present and strong in the speeches. In addition to the absence of family and freedom, one felt the refusal to supply other necessities affecting life so that they perceived that moment as triggering ambivalent and often contradictory feelings.

As my mother takes care of my children, I do not demand her visit. I have not been visited for three years now. (Joana)

Who has a son in prison is to go to war to be able to guarantee emotional, physical health and provide sustenance. (Carolina)

Obstacles to the preservation of social and affective bonds were also classified in an unhealthy environment such as the prison with little ventilation, lack of specific spaces and adequate to shelter them and their children being marked by violence, which makes the moment of gestation permeated difficulties. The element of "imprisonment" was thus represented as a hindrance to the time of childbirth, since the escort was usually very time-consuming. Added to this fact was the report that only went to the maternity ward when they were at the end of labor giving rise to fear of giving birth in their own cells or during the journey, which seems to intensify the feeling of impotence felt, insecurity and fear as the accounts below show.

When you go to the maternity hospital, you can not tell the family, husband. If the escort is good, he calls and warns the husband if the escort is good ... if not, he will not even know that you gave birth. (Maria)

I'm not afraid of childbirth! My fear is for the baby to be born and to be in prison. (Íris)

It is noticed that, in addition to the difficulties to access the health services, because they do not know where they will be taken, the participants in this study do not enjoy the right to the companion in labor. The term "imprisonment" thus means the feelings of guilt and grief experienced by parents who feel that their children will also be imprisoned because they need to remain with their

mothers in prison without experiencing certain moments in the outside world or enjoying family life.

The "examination" element is readily associated with the procedures adopted during the monthly consultation, as well as those performed to analyze the gestation in more detail, such as ultrasonography, laboratory tests and others. These are described, in turn, when done, as showing a great deal of fragility.

The prison doctor said that Yasmin's was a girl and was born a boy and will wear a tiara and dress. (Margarida)

I already had to ask twice to take the exams. (Lorena)

I started the prenatal, measured the belly, listened to the heart, saw the pressure, but did not ask for any examination. (Teresa)

In the "prenatal" element, there is a lack of regular care, demonstrating that consultations were based on measuring the uterine height and listening to heartbeat beats, most of which is the assistance performed by nurses and in a timely manner and what should be monthly occurs a few times throughout the gestation. It was also reported that the medical consultation was weak and, moreover, that the assistance offered did not involve educational activities, clarification of doubts, or consultation, without the involvement of the family or the father in this process, becoming an experienced moment just for the woman.

I have nine months and I only have two prenatal ones. (Juliana)

I had to have regular prenatal care, regular pressure, regular checkups ... and we're anxious! The prenatal care does not explain why she is well. It is bad! (Flávia)

The "baby" component is revealed in the dichotomy of longing to enjoy the six months that have the right to be with the child or during the period of breastfeeding and have to, after that period, hand it over to the legal guardians who, many sometimes live far away or can not afford to be in the prison on visiting days.

I did not want to be alone with my baby, I'm afraid to have my baby in jail and then he have to go home and I just keep thinking about him. (Gabriela)

Not one more time, not one less time, must have preparation for separation. I never want the baby to pay for something I did. (Verônica)

Other children are referred for shelter and adoption, thus excluding affective bonds and bonding. It should be emphasized that, as they explained, this problem still does not

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include any professional support to assist them in coping with the situation.

DISCUSSION

It is inferred that the sociodemographic findings corroborate the results found in other studies showing the prevalence of poor and poorly educated women in the prison environment. 9,14 Gyneco-obstetric data are similar to another study among women serving their sentence in another State of Northeast Brazil. It is explained that there, in addition to the average number of pregnancies and the number of identical living children, pregnancy had also occurred when prisoners were still at liberty, also reporting an average of two prenatal consultations. 15

It is analyzed that prenatal care is a fundamental process that aims to monitor and follow up gestation, detecting and interfering in cases of maternal and fetal health risk through appropriate actions to promote, prevent, diagnose and treat problems as well as the worsening of pre-existing diseases, as the first step towards humanized childbirth and childbirth. It was found, however, that the assistance offered does not meet the needs and peculiarities of this population, with service failures, which can lead to the commitment to the development of a healthy binomial.

It was evidenced by the SRs built by the participants that prenatal care and childbirth care in the prisons are fragile and in disagreement with the current legislation based on the difficulties faced and the love for the child. For this reason, it is essential that actions aimed at guaranteeing the effectiveness of what is envisaged in the law are thought out and guide the applied conduct.

Since 2003, it has been recommended, among the actions directed to the health of women in deprivation of liberty, to perform prenatal care with access to health services parturients women, pregnant puerperal women. It should be noted, however, that there is a common lack of regular monitoring of pregnant women and care for the puerperium. The main causes are the lack of qualified professionals, the escort the lack of equipment for examinations, and when it occurs in the prison unit, the follow-up is insufficient.¹⁷

It can seriously compromise fetal health by not performing prenatal care, especially in the first trimester, since it is at this time that pathologies capable of being treated are identified by promoting term deliveries and by

reducing maternal-fetal death and the other complications. In addition to the biological aspects, the psychosocial dimensions should be observed in order to promote extended care for the pregnant woman, ensuring her physical, mental and social well-being.¹⁸

According to the data, the female penitentiaries of Pernambuco are associated with the precarious state actions against the prison population, making jail a preponderant factor for increasing vulnerability, since it makes access to several services difficult, among them, health.

The Brazilian prison system was created without including peculiarities for pregnant women and their children. It may end up compromising the normal course of gestation and child development because it is a place with restrictions, stipulated routines and codes of conduct, lack of physical structure, equipment and a reduced number of specialized professionals to attend to such a public.¹⁹

It was revealed by the representations, the lack they suffer and the negation of attitudes to care for themselves and their children by the system. Women incarcerated by the State should be guaranteed optimal health care to attend to them in the gestation, delivery and postpartum periods, since the situation of deprivation of liberty leads to the demand for specific care. Pre-natal and post-natal care should be guaranteed by the Government, providing for the maintenance of the health of the custodian under her care, preparing her for the exercise of motherhood and assisting her in the separation, which happens usually at the end of breastfeeding.²⁰

It is emphasized that, when separated from their families and still receiving rare visits during deprivation of liberty, faced with limitations and experiencing intense restrictions during the pregnancy-puerperal cycle, they are restrained from taking decisions, initiatives and seeking information on pregnancy and childbirth, depending on the health professionals and prison staff to carry out their pregnancy and give birth safely, which causes them distress.²¹

It is believed that the prisoners, once punished for the wrongful act they committed, can not be punished again by exercising maternity in an apprehensive way, with the uncertainty of the future of their children and the maintenance and continuity of the affective bonds. However, there is hope and expectation after the fulfillment of the sentence for the return to the coexistence with the children and their families, which seem to diverge from the reality experienced

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by other women passing through prison, who end up suffering stigmatization, associated with stereotypes, which hinders and often prevents their resocialization in the community.²²

The issues of the peculiarities of Brazilian female incarceration, as the conditions of penitentiaries are not appropriate, exposed by the child's stay with her prisoner in the prison. It ends up by imposing suffering on mothers, too, by extending the child to punishment directed at them. It is important, for these and other reasons, the participation of people close to their lives, reducing psychological disturbances and lack affection.²³ It is known that, although the permanence of children in prisons provokes discussion, it is the only way to collaborate for the bond with the mother.^{24,25}

Occurs the objectification of representations in the figure of the baby anchoring in the bond built with this and the feelings and expectations elicited before the experience of motherhood.

It is considered that in prison this is lived more intensely, since mothers spend the breastfeeding period exclusively dedicated to the child without expectations of maintaining the affective bond with the child as soon as this ends.²⁶

It is necessary, therefore, that penitentiary institutions consider the peculiarities of female incarceration, divergent from male in many ways, including the possibility of pregnancy and childbirth. To welcome mother and child, through the creation of adequate spaces to meet their needs, encouraging the healthy development of the child, is to guarantee the right to live in a healthy environment that provides the well-being of the people involved.²⁷

CONCLUSION

the of Through study the social representations of gestation in prison for women, the weaknesses of the prison in aspects, institutional, such various infrastructure, food and human resources, as well as personnel, are shown with regard to the health of each one of them, highlighting the difficulty of access to services, regardless of whether they occur intra or extramural. The gestation was represented by detainees as marked by lack of quality care and with various restrictions imposed by the system, although they experienced a moment of ambivalent situations and feelings.

The objectification of representations in the figure of the baby is verified, anchoring

itself in the bond built with it and in the possibility of returning to family life, elicited before the experience of motherhood. This is lived in prison more intensely, as they spend the period of breastfeeding dedicating themselves exclusively to the child, without expectations of maintaining the affective bond with the child as soon as it finishes.²¹

Numerous changes, such as the systematic monitoring of prenatal care and special attention to the mental health of the prisoners, are necessary because they highlight the constant suffering in pregnancy and the inadequate care of the child in an inadequate environment the specifics of children, with possible consequences for the physical and psychic development, as well as the guarantee of the exercise of rights at the moment in the pre and postpartum.

It is also hoped that this work will provoke reflections in the managers of penitentiary institutions, also encouraging discussions among the various actors and governmental organs with the intention of restructuring the attention given to incarcerated mothers. It is understood that, although the subject is little studied, it is recurrent in the Brazilian reality, being essential to carry out future studies to better visualize the situation of this population.

The limitations of the research are acknowledged in view of the difficulties imposed by the theme, such as entering prison institutions due to bureaucratic complexity and security issues, as well as the absence of reserved spaces for the development of the collection. It was possible, however, the visualization of the life of pregnant women and puerperas in the prison units and the obstacles faced in the attendance of the needs involved in that period.

It is concluded, finally, when confronting the findings with the literature, that it is notorious that the representations apprehended in the State of Pernambuco are consistent with those of other Brazilian localities and of the world, elucubrando a reality where they urge improvements.

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REFERENCES

1. Cossolosso EHS. História de vida das mulheres grávidas no ambiente prisional [dissertation][Internet]. Belém: Universidade Representations of incarcerated women about...

do Estado do Pará; 2013 [cited 2016 Feb 10]. Available from: https://paginas.uepa.br/ppgenf/files/pdfs/DI SSERTAO_EMANUELLE.pdf

- 2. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Pré-natal e Puerpério: atenção qualificada e humanizada: manual técnico [Internet]. Brasília: Ministério da Saúde; 2006 [cited 2018 June 15]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/manual_pre_natal_puerperio_3ed.pdf
- 3. Ministério da Justiça (BR), Secretaria Especial de Política para Mulheres da Presidência da República, Grupo de Trabalho Interministerial. Reorganização e reformulação do sistema prisional feminino: relatório final [Internet]. Brasília: Ministério da Justiça; 2007 [cited 2018 June 18]. Available from: http://carceraria.org.br/wp-content/uploads/2012/09/RELATORIO_FINAL_-vers%C3%A3o_97-20031.pdf
- 4. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Coordenação de Saúde no Sistema Prisional. Inclusão das Mulheres Privadas de Liberdade na Rede Cegonha [Internet]. Brasília: Ministério da Saúde; 2014 [cited 2018 May 21]. Available from:

https://central3.to.gov.br/arquivo/370312/

- 5. Silva EF, Luz AMH, Cecchetto FH. Maternity behind bars. Enferm Foco [Internet]. 2011[cited 2016 Feb 10]; 2(1): 33-7. Available from: http://revista.cofen.gov.br/index.php/enfermagem/article/viewFile/71/58
- 6. Poehlmann J, Shlafer R. Perinatal experiences of low-income and incarcerated women. In: Stuart AA, Wenzel A, editors. The Oxford Handbook of Perinatal Psychology. New York: Oxford University Press; 2014. Doi: http://dx.doi.org/10.1093/oxfordhb/9780199 778072.013.004
- 7. Walker JR, Hilder L, Levy MH, Sullivan, EA. Pregnancy, prison and perinatal outcomes in New South Wales, Australia: a retrospective cohort study using linked health data. BMC Pregnancy Childbirth [Internet]. 2014 June [cited 2016 Oct 05]; 14(1): 214. Available from: Doi: 10.1186/1471-2393-14-214.
- 8. Fochi MCS, Silva ARC, Lopes MHBM. Prenatal care in a primary healthcare center for imprisoned pregnant women. Rev RENE. 2014 Mar/Apr;15(2):371-7. Doi: http://dx.doi.org/10.15253/rev%20rene.v15i2.3175

- 9. Leal MC, Ayres BVS, Esteves-Pereira AP, Sánchez AR, Larouzé B. Birth in prison: pregnancy and birth behind bars in Brazil. Ciênc Saúde Coletiva. 2016 July; 21(7):33-37. Doi: 10.1590/1413-81232015217.02592016
- 10. Frinhani FMD, Souza L. Imprisoned women and prison universe: a social representations analyses. Psicol: teor prat [Internet]. 2005 June [cited 2018 May 12]; 7(1):61-79. Available from: http://pepsic.bvsalud.org/pdf/ptp/v7n1/v7n1 a06.pdf
- 11. Moscovici S. Representações sociais: investigações em psicologia social. 7th ed. Petrópolis: Vozes; 2017.
- 12. Camargo BV, Justo AM. IRAMUTEQ: a free software for analysis of textual data. Temas Psicol. 2013 Dec; 21(2):513-8. Doi: http://dx.doi.org/10.9788/TP2013.2-16
- 13. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.
- 14. Mello DC, Gauer G. Experiences of motherhood in a women's prison Rio Grande do Sul state. Sau & Transf Soc [Internet]. 2011 [cited 2018 June 12]; 2(2):113-21. Doi: http://incubadora.periodicos.ufsc.br/index.phy/saudeetransformacao/article/view/654/87
- 15. Galvão MCB, Davim RMB. Experience of women in prison during pregnancy. Rev Enfermagem UFPE [Internet]. 2014 July [cited 2016 Mar 02]; 8(7):2272-80. Doi: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/9915/10193
- 16. Gomes RNS, Carvalho Filha FSS, Portela NLC. Assessment on the influence of prenatal care abandonment in fetal and newborn mortality. J res fundam care online. 2017 Apr/June: 9(2):416-21.

Doi: http://dx.doi.org/10.9789/2175-5361.2017.v9i2.416-421

- 17. Cunhar AP, Damazio M, Zilli Neto P, Zomer SP. Maternidade e cárcere: Análise da realidade dos presídios femininos de Tubarão/SC e regional de Criciúma/SC. Rev Ciênc Cidadania c[Internet]. 2015 [cited 2016 June 09]; 1(1):203-21. Available from: http://periodicos.unibave.net/index.php/cienciaecidadania/article/view/29/24
- 18. Carvalho ML, Almeida CAL, Marques AKL, Lima FF, Amorim LMM, Souza JML. Prevention of maternal mortality in prenatal care: an integrative review. Rev Interd [Internet]. 2015 Apr/June [cited 2016 June 09]; 8(2): 178-84. Available from: https://revistainterdisciplinar.uninovafapi.ed u.br/index.php/revinter/article/view/733/pd f_231

Representations of incarcerated women about...

- 19. Carneiro ZS, Veríssimo MDLOR. Gestation and babies development in prison situation. Extensão em Ação [Internet]. 2016 July/Oct [cited 2017 Jan 18]; 2(11):39-49. Doi: http://www.revistaprex.ufc.br/index.php/EXTA/article/viewFile/321/169
- 20. Puppim ÉBT. The actions of the Public Prosecution Service in the field of health in prisons. Ciênc Saúde Coletiva. 2016 July; 21(7):2161-9. Doi: http://dx.doi.org/10.1590/1413-81232015217.11422016
- 21. Diuana V, Ventura M, Simas L, Larouzé B, Correa M. Women's reproductive rights in the penitentiary system: tensions and challenges in the transformation of reality. Ciênc Saúde Coletiva. 2016 July; 21(7).2041-50. Doi: http://dx.doi.org/10.1590/1413-81232015217.21632015.
- 22. Cunha ELD. Resocialization: the challenge to educate women in the detention system. Cad Cedes. 2010 May/Aug; 30(81):157-78. Doi: http://dx.doi.org/10.1590/S0101-32622010000200003
- 23. Galvão MCB, Davim RMB. Absence of assistance for the pregnant woman in prison. Cogitare enferm. 2013 July/Sept; 18(3): 452-9. Doi:

http://dx.doi.org/10.5380/ce.v18i3.33554

- 24. Bispo TCF, Ferreira Neto EA, Ferreira JJ. Gestar e parir na prisão: difíceis caminhos. In: VII Jornadas Santiago Wallace de Investigación en Antropología Social. Anais da VII Jornadas Santiago Wallace de Investigación en Antropología Social; 2013 [Internet]. Buenos Aires: Facultad de Filosofía y Letras; 2013 [cited 2018 June 25]. Available from: https://www.aacademica.org/000-063/187.pdf
- 25. Bruscato A. Creche na prisão: um direito das mães e crianças. Educação e Cidadania [Internet]. 2014 [cited 2016 June 08]; 13(13):35-9. Available from: https://seer.uniritter.edu.br/index.php?journal=educacaoecidadania&page=article&op=view&path%5B%5D=529&path%5B%5D=366
- 26. Bruscato ACM, Rangel AC. Challenges of the education of children living with their mothers in prisions: the function of the University and public power. Educação Santa Maria. 2016; 40(2): 401-12. Doi: http://dx.doi.org/10.5902/198464448474
- 27. Souza RGC, Ferreira AMM. Love behind bars: a socio-legal study about motherhood in prisons. Rev Farn [Internet]. 2012 Jan/Dec [cited 2016 Aug 22];11(1/2):133-63. Available from:

http://www.revistaunirn.inf.br/revistaunirn/i
ndex.php/revistaunirn/article/view/297/255

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