

ORIGINAL ARTICLE

QUALITY OF LIFE AND SELF-REPORTED DISEASES IN PRISONER'S WOMEN*
QUALIDADE DE VIDA E DOENÇAS AUTORREFERIDAS EM MULHERES DE APENADOS
CALIDAD DE VIDA Y ENFERMEDADES AUTOINFORMADAS EN MUJERES DE ENCARCELADOS

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ABSTRACT

Objective: to analyze the quality of life and identify self-reported diseases in women inmates. **Method:** this is a quantitative, descriptive, cross-sectional study with 349 women inmates in three prisons. Data was collected by two instruments. Information was analyzed using descriptive statistics and multiple linear regressions. **Results:** the factors related to quality of life were inadequate, being physical (42.1%), psychological (21.2%), social relations (49%), environment (59%) and general (53, 3%). Inadequate quality of life was found to be associated with other diseases (34.7%; $p < 0.054$). **Conclusion:** it is necessary to invest in strategic health promotion actions in this population, as it is considered vulnerable, with a predisposition to disease due to risky behaviors and inadequate quality of life. **Descriptors:** Women's Health; Quality of life; Disease; Vulnerable Populations; Nursing Care; Risk Factors.

RESUMO

Objetivo: analisar a qualidade de vida e identificar doenças autorreferidas em mulheres de apenados. **Método:** trata-se de um estudo quantitativo, descritivo, transversal, com 349 mulheres de apenados em três penitenciárias. Coletaram-se os dados por meio de dois instrumentos. Analisaram-se as informações por meio da estatística descritiva e regressão linear múltipla. **Resultados:** consideraram-se inadequados os fatores relativos à qualidade de vida, sendo eles físico (42,1%), psicológico (21,2%), relações sociais (49%), meio ambiente (59%) e geral (53,3%). Constatou-se que a qualidade de vida inadequada se manteve associada a outras doenças (34,7%; $p < 0,054$). **Conclusão:** torna-se necessário investir em ações estratégicas de promoção da saúde nesta população, pois ela é considerada vulnerável, com predisposição a doenças devido a comportamentos de risco e à qualidade de vida inadequada. **Descritores:** Saúde da Mulher; Qualidade de Vida; Doença; Populações Vulneráveis; Cuidados de Enfermagem; Fatores de Risco.

RESUMEN

Objetivo: analizar la calidad de vida e identificar enfermedades autoinformadas en mujeres de encarcelados. **Método:** este es un estudio cuantitativo, descriptivo, transversal, con 349 mujeres de encarcelados en tres cárceles. Los datos fueron recolectados por dos instrumentos. Las informaciones se analizaron mediante estadística descriptiva y regresión lineal múltiple. **Resultados:** los factores relacionados con la calidad de vida fueron inadecuados, siendo físicos (42.1%), psicológicos (21.2%), relaciones sociales (49%), ambiente (59%) y generales (53, 3%). Se comprobó que la calidad de vida inadecuada estaba asociada con otras enfermedades (34.7%; $p < 0.054$). **Conclusión:** es necesario invertir en acciones estratégicas de promoción de la salud en esta población, ya que se considera vulnerable, con una predisposición a la enfermedad debido a conductas de riesgo y calidad de vida inadecuada. **Descriptor:** Salud de la Mujer; Calidad de Vida; Enfermedad; Poblaciones Vulnerables; Cuidados de Enfermería; Factores de Riesgo.

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INTRODUCTION

The prison environment is known to pose physical and psychological risks to the incarcerated family. Consideration should be given to the conditions of vulnerability of both the incarcerated and his/her relatives and, in particular, in relation to the prisoner's partner, in the planning of health care actions.¹ Thus, it is understood that these women make up a population that needs to be prioritized in view of health prevention actions related to risk factors and lifestyle that make them more susceptible to inadequate quality of life (QOL). Priority is also needed for chronic diseases and other communicable diseases, which are characterized by a set of physical and psychological symptoms and associated with high rates of medical comorbidities, disability and premature mortality,² because living conditions and diseases affect health, which strongly influences QOL.

It is pointed out that women in prisoners experience marked weaknesses in relation to their partner's situation. It is understood that incarceration triggers changes in the whole social and family life context and it is the woman who assumes, in most cases, the economic support of the family, the domestic functions and the care of the children, besides the accompaniment of all your mate's criminal case.¹⁻³ In addition to these responsibilities, all the prejudice of society, often permeated by the complex of rejection and the desire for inferiority, which interfere with social life, which can influence lifestyle, with exposure to risk factors such as smoking, alcoholism and sedentary lifestyle, which in turn lead to predisposition to disease^{2,3} and consequently contribute to inadequate QOL.

With the significant increase in the number of incarcerated persons in Brazil, 4 there is a marked increase in the number of women visiting their partners in the prison environment, thus, concerns are turning mainly to their QoL, according to the context in which they are inserted. Many concepts on QOL are added and can be defined as a multidimensional construct that encompasses physical, psychological, environmental and social performance, so that the global usefulness of man is extremely important for both prevention and health intervention of individuals.⁵ Thus, QOL is considered as a subjective assessment of individuals in the physical, psychological, cultural, social and spiritual components, much broader than just the assessment of a health-disease situation.⁶

It is pointed out that the objective sphere of QoL perception deals with the guarantee and satisfaction of the most elementary needs of human life: food; access to drinking water; housing; job; health and leisure. In relation to

these needs, when observed in women inmate partners, a deficiency arising from socioeconomic conditions and lifestyle changes resulting from the arrest of the partner. The subjective sphere of QOL comprehension is defined as the subject's lifestyle, which is characterized as habits learned and adopted throughout life related to family, environmental and social reality,⁵⁻⁶ This also causes deficiencies in the QoL of women inmates, as they come to a different environment from the family context and avoid socialization environments due to insecurity, fear and contempt.²

Therefore, QL should be understood as a multidimensional and comprehensive assessment, requiring consideration of the complexity of the domains of the health-disease process, social relationships, individual beliefs and the relationships of these domains with environmental characteristics. Regarding the objective QoL indicators, health and disease conditions, aspects of the physical environment, work, leisure, among others, are mentioned.⁶ Subjective indicators involve feelings such as happiness, satisfaction with life and well-being, that is, they ponder the meaning that individuals attribute to their experiences.⁵⁻⁶ It is evaluated that health-related research related to QOL provides information that may be essential for nursing professionals and the health team in the assignment of more effective relationships with users and their families, enabling the search for evaluation and comprehensive care in primary health care.⁵

Most of the time, it is understood that health services cannot stimulate or facilitate the effective participation of these women in health prevention and promotion. Thus, it is emphasized that the health team should be prepared and organized to encourage women inmates to talk about their feelings and emotions.⁵ It is inferred that these women have limitations in their daily lives and experience numerous damages and biopsychosocial changes that may interfere with their QOL. Therefore, we consider the perception that women inmates have about the quality of their lives, as well as the existence of diseases and their interference with QOL.

OBJECTIVE

- To analyze quality of life and identify self-reported diseases in women inmates.

METHOD

This is a quantitative, descriptive, cross-sectional study. A study was conducted with 349 women inmates in three prisons in the state of Paraná, from January to July 2016.

A convenience sample was selected from the three largest prisons in Paraná with a closed-

regime penal system with male prisoners, the first being in the 1st Regional prison, located in the municipality of Piraquara. The municipality of Piraquara is located in the southern region of the state. It is the second penitentiary in the northern region of the state, part of the 4th Regional, in the city of Londrina. It is the third penitentiary in the southwest of the state, which is part of the 7th Regional, belonging to the municipality of Francisco Beltrão.⁴⁻⁷

According to reports from prison officers and the secretary of the Department of Public Security of Paraná, approximately 80% of the inmates receive visits from their partners and are open to intimate visits on a monthly basis due to the high demand for visits.⁴ It is known that the penitentiary of the municipality of Piraquara receives approximately 900 women, while the penitentiary of Francisco Beltrão receives about 600 and the penitentiary of Londrina (PR) approximately 700 women (n=2.200).

Considering the sample number, the proportional stratification statistics were calculated, totaling a sample of 366 women for the research, considering a confidence level of 95%, a maximum desired error of 5%, a proportion in the population of 50% and an increase of 10% for any losses,⁸ distributed among the three prisons. Thus, 136 women from Piraquara, 74 women from Francisco Beltrão and 139 women from Londrina participated in the research. The 366 questionnaires were individually reviewed. Nine were excluded because they only contained the completed identification form and eight because they presented more than 20.0% of the unfilled questions in the ECOS instrument, totaling 349 valid questionnaires (95% of the calculated sample).

This study included women partners of inmates aged over 18 years, who had been making intimate visits to their partners for more than six months and who agreed to participate in the study. Women with other degrees of relationship with the inmates (mothers, daughters and others) were excluded, as well as those who were under the influence of alcohol and other drugs at the time of the interview.

Women were randomly selected on the days and times scheduled for intimate visits to their partners in prisons. The data was collected in a waiting room in the prisons while the women waited for the beginning of the visits, aiming at the privacy of the interviewees and ensuring the total confidentiality of their information.

As a way of approaching this population and in order to assess QoL, the WHOQOL-BREF QoL questionnaire, which is an instrument consisting of 26 questions about QoL, health and other areas. The first question refers to QoL in general and the second to satisfaction with one's own health. The

other 24 are divided into the physical, psychological, social relations and environment domains, being an instrument that can be used for healthy populations as well as for those affected by diseases and chronic diseases. This instrument evaluates, in addition to the cross-cultural character, the individual perception of the person, allowing the analysis of QOL in various groups and situations.⁹

Subsequently, the semi-structured Questionnaire on Sexual Behavior in Brazil (ECOS), model II, with 38 questions, was used for the collection of sociodemographic data, which was adapted for field research specifically with this population of women. It is noted that the first part of this instrument seeks to portray the profile and sociodemographic characteristics, as well as the tracking of lifestyle-related risk factors (alcohol consumption, smoking, illicit drug use and physical activity) and questions related to the presence of chronic diseases and other pathologies, and the answers consist of the alternatives "yes" and "no".¹⁰

Information regarding data collected in an Excel for Windows 2007 spreadsheet was organized and then statistically analyzed using the Statistical Package for the Social Sciences (SPSS), version 20.0. Subsequently, multiple linear regressions were performed, and the confirmation of the association between QOL and age, risk behaviors and non-communicable chronic diseases was attested by the chi-square test. In 2x2 contingency tables, the Yates continuity correction was performed, considering as a significance level p-value <0.05.

The research was authorized by the three penitentiary institutions and, subsequently, by the National Penitentiary Department (DEPEN) of Paraná. Due to being a research involving human beings, they obeyed all the ethical and legal precepts regulated by NHC - MH Resolution No. 466/2012. Authorization was obtained from the Standing Committee on Ethics in Research Involving Human Beings (CETI-FAP) of FAP (Faculty of Apucarana) under the opinion of nº 1,330,747 (CAAE: 49827315.4.0000.5216). The request for participation in the two-way study of the Free and Informed Consent Term (FICT), which notified the purpose of the research, the type of participation desired and the methodology of the interview, was followed, leaving one way for the interviewee and another for the researcher.

RESULTS

Of the total sample (n = 349), 39.0% (n = 136) of the respondents were from the city of Piraquara, 39.8% (n = 139) were from Londrina and 21.2% (n = 74), by Francisco Beltrão. It was also noted that most women (51.9%) were between 20 and 29 years old. Regarding race/color, white and brown skins were the most mentioned, with 41.5

and 42.1%, respectively. Regarding marital status, 49.0% reported being in love, that is, they lived with their partner without being officially married; 21.2% were single and 29.8% married.

The number of children each woman had was also verified, with more than half (53.3%) having

one or two children. Regarding the factors on QOL, the inadequate ones prevailed, being the physical factors, with 42.1% (n = 147); psychological, with 21.2% (n = 74); social relations, with 49% (n = 171); with 59% (n = 206) and overall with 53.3% (n = 186) (Table 1).

Table 1. Distribution of women inmates according to sociodemographic and QOL variables. Piraquara, Londrina, Francisco Beltrão (PR), Brazil, 2016.

Variables		n	%
Sociodemographic			
City	Piraquara	136	39.0
	Londrina	139	39.8
	Francisco Beltrão	74	21.2
Age group	<20 years	34	9.7
	20-29 years	181	51.9
	30-39 years	106	30.4
	40-49 years	28	8.0
Education	Inc. Elem.	109	31.2
	Com. Elem	37	10.6
	Inc. High	111	31.8
	Com. High	61	17.5
	Inc. Higher	9	2.6
	Com. Higher	22	6.3
Quality of life			
Physical	Adequate	145	41.5
	Inadequate	147	42.1
Psychological	Adequate	57	16.3
	Inadequate	74	21.2
Social relations	Adequate	104	29.8
	Inadequate	171	49.0
Environment	Adequate	143	41.0
	Inadequate	206	59.0
General	Adequate	54	15.5
	Inadequate	186	53.3

n: population; %: percentage.

Regarding the diseases already installed, self-reported by women, the prevalence of depression (42.7%), hypertension (12.9%), diabetes (4.6%), heart disease (4.3%) and cancer (3.2%) and,

regarding inadequate QOL, was considered statistically significant with other diseases (34.7% p <0.054) (Table 2).

Table 2. Multiple linear regressions correlated with QOL in relation to age, risk behaviors and self-reported diseases. Piraquara, Londrina, Francisco Beltrão (PR), Brazil, 2016.

Variables		Total		QOL [§]		p-value *
		n	%	n	%	
Age	<30 years	231	66	112	67.1	0.827
	≥30 years	117	34	55	32.9	
Risk behaviors						
Alcohol	Yes	33	9.5	16	9.6	>0.999
	No	316	91	151	90.4	
Cigarette	Yes	185	53	86	51.5	0.664
	No	164	47	81	48.5	
Drugs	Yes	51	14.6	21	12.6	0.387
	No	298	85.4	146	87.4	
Self-reported diseases						
Diabetes	Yes	16.0	4.6	8.0	4.8	>0.999
	No	333.0	95.4	159.0	95.2	
Hipertension	Yes	45.0	12.9	18.0	10.8	0.332
	No	304.0	87.1	149.0	89.2	
Cardiopathies	Yes	15.0	4.3	5.0	3.0	0.375
	No	334.0	95.7	162.0	97.0	
Depression	Yes	149.0	42.7	74.0	44.3	0.633
	No	200.0	57.3	93.0	55.7	
Cancer	Yes	11.0	3.2	8.0	4.8	0.170
	No	338.0	96.8	159.0	95.2	
Other diseases	Yes	103.0	29.5	58.0	34.7	0.054
	No	246.0	70.5	109.0	65.3	

§ QOL[§]: inadequate quality of life; * chi-square test: significant values for p≤0.05

DISCUSSION

It is pointed out by the results of this study that women inmates, in general, have an inadequate QOL, being noticeable the highlight in the physical, psychological, social relations and environment. Considering the age of these women, the prevalence of some diseases is highlighted, since more than 42% of the study collaborators reported having a history of depression or currently suffering from the disease through medical diagnosis and treatment. The relationship between QOL and other diseases was also evidenced, which may be related to the prison environment and the risk behaviors to which women are exposed.

It is highlighted in this study that women are young, favoring the chances of engaging in risky behaviors, such as alcohol and drug intake,¹¹⁻² This may be a factor for inadequate QOL, since 9.5% (n = 33) consume alcohol, 53% (n = 185) use cigarettes and 14.6% (n = 51) report using drugs. There is a high number of tobacco use in this population, as data from the 2013 National Tobacco Control Policy and the VIGITEL survey between 2014 and 2015 indicate an average of 13% of women smokers among the population of Brazil.¹³

The need for communication between health professionals and women inmates is detected, considering that the number of smokers in this population is much higher than the national average. Therefore, it is important to consider the social, educational and uniqueness levels to promote health education, as well as being a strong support for women to have more autonomy,¹¹ assisting in the modification of harmful habits such as smoking and promoting the improvement in QOL.

It is noteworthy that 9.5% of women reported alcohol consumption, an aspect explored in studies, which mentioned that, although the consumption of alcoholic beverages is higher in the male public, the statistics show, gradually, the increase in the incidence of alcohol in the female population from 10% to 30% in the last ten years.¹⁴ Many are believed to use alcohol in an attempt to improve QOL in order to relax and promote social involvement, seeking emotional support and distraction as their partner is incarcerated.¹⁵⁻⁶

The association between inadequate QoL and alcohol consumption is not statistically significant, but it is worth mentioning that a study conducted in Africa with 673 women found that women who drink alcohol have a propensity to have multiple increases the risks of contracting sexually transmitted infections (STIs).¹⁶ It is added that this same study also shows the association of HIV and other STIs with alcohol consumption, since women

under the influence of alcohol are more likely to have unprotected sex,¹⁶⁻⁸ which may meet other diseases that were cited in this research. The study of self-reported diseases is considered important because the information given by the individual is close to that obtained through clinical examinations.¹⁹⁻²⁰

With regard to other diseases associated with inadequate QoL (34.7%; $p < 0.054$), it is noteworthy that women from incarcerated men are at high risk of contracting STIs and other types of communicable diseases.¹⁷⁻²¹ In light of this, the inmate's partner has individual risks that may contribute to the onset of other diseases, including infectious diseases, due to risky behaviors,²¹⁻² fact influencing this study, which found other diseases that were statistically associated with inadequate QOL.

It is emphasized that women's perception of their own health is important regardless of whether they have any disease. It is argued that the feeling of well-being goes beyond the presence of personal problems, even presenting well-established relationships with clinical conditions and morbidity and mortality indicators.⁵⁻⁶ It is understood that most women do not use condoms and accept partner infidelity.²⁰⁻² It is suggested that the "carelessness" of most women inmates is due to the knowledge that their partners perform periodic examinations in the prison environment, which is worrying because these behaviors contribute to acquiring communicable diseases,²¹ associating with inadequate QOL.

In a study of QoL in São Paulo with 121 young women from a large hospital, 49% of women reported current or past health-related problems,² This is also noticeable in this study, since most women are young and reported disease. In the comparison of QoL indices, 53.3% consider their QoL inadequate, both in the general context and in the physical, psychological and social and environmental relations domains. Environmental conditions were the most prominent (59%), which may be related to the prison environment.

It is also noted that women inmates are often controlled and monitored by their partner, leaving them pressured, distressed and afraid of the control exercised by men in deprivation of liberty.²⁰⁻¹ It is believed that this becomes significant in their social relations and prison environment, which leads to inadequacy in QoL, especially in the psychological and environmental domains. In another study, feelings of neediness, loneliness and overload in the daily lives of these women were pointed out, causing the victimization and weakening of the woman who tries to escape from the current situation,²⁻¹⁶

which can also have consequences for QOL in the physical, social and psychological domains.

In health care assistance, especially in primary care nursing, we highlight the importance of comprehensive care for these women, which can be a challenge in the health system, since invisibility in relation to both the judicial system and the health system is common. health system that, by providing partners with visits to the prison environment, should offer the specific psychological and health conditions for them.¹¹⁻²¹ Thus, it is important to develop health and citizenship promotion actions for this public, involving health care dynamics, taking into account the curative aspect of already established diseases and, occasionally, the prevention of diseases and complications of diseases existing within prison units.

It is noted that incarceration generates changes throughout the family nucleus in which women assume an exclusive role in maintaining home care.²³ In this sense, it is understood that women will prioritize other tasks, restricting care to their own health.²⁰ Unfortunately, it is considered that the access of the female population to health services victimizes them, generating frustrations, discrimination and violations of rights, constituting as a source of tension, physical and psychological malaise and inadequate QOL.²⁻²⁴

Indeed, it is revealed that considering the vulnerability in which women inmate partners are found to be deficient in their health care.²¹ It is essential that the nursing team provides the welcoming, sensitive listening and comprehensive care planning, valuing the health process and various types of behaviors for disease prevention and access to resolute actions and lifestyle habits.²⁵⁻⁶ It is argued that the multidisciplinary team can use mechanisms, such as the active search of these women in the prison system and individual care, inserting planning in the promotion and respect for human rights,²⁷ focusing on QoL, promoting the bond between health team members and women inmates.¹¹⁻²⁸

Through active listening to vulnerable women, it contributes to the provision of effective care, the identification of health problems and health monitoring, and can be considered essential for the QOL of women in prison.² It is pointed out that the precarious conditions of Brazilian prisons²⁴ contribute to the spread and spread of disease agents among the inmates, their families and, especially, their women, who are exposed during intimate visits.^{21,24} It is verified that health professionals, especially nursing, should pay attention to the specific conditions of women, as common diseases in this environment,²⁸ noting that these women neglect their own health, prioritizing that of their relatives.²⁹ The importance of the role of nurses and health staff

in identifying issues related to inadequate QoL and the presence of diseases in specific population samples, especially in vulnerable groups, such as the women addressed in this study, is highlighted.

CONCLUSION

Given these results, it was observed that women inmates have an inadequate QoL, being noticeable the highlight in all domains: physical; psychological; social relationships and the environment, besides presenting a significant correlation between inadequate QOL and other diseases. It is known that the woman partner of an inmate lives in the prison environment and generally participates in all criminal and criminal proceedings of the partner, assuming all family responsibilities. By living in this environment, added to these responsibilities, it is clear that women become fragile and with many social and financial difficulties, contributing, as a consequence, to inadequate QOL and the development of chronic diseases and other diseases.

Therefore, it is evaluated that the quality of health care to these women needs to be planned and organized with the participation of the nurse and a multiprofessional team focused on ensuring the promotion and respect for human rights, care for the health and physical and psychological well-being of these women, since there are a significant number of women inmates among prison in Brazil in precarious conditions and with inadequate QOL and predisposition to contract various diseases.

The importance of the results obtained in this study is emphasized, but despite the inclusion of three large prisons and the number of women in this sample, the research has the limitation that it was carried out only in a state in southern Brazil, studies are needed with women inmates in other territories to allow the correlation of their findings. Few national studies addressing QoL and the presence of disease in women have been found, considering that their knowledge is useful for guiding national public policies and a differentiated clinical approach, developing success and optimizing prevention interventions and health promotion.

It is believed that the results of this research may contribute to future analyzes in which women inmate partners in other regions of Brazil may be addressed, with tactics to strengthen nursing practices and the inclusion of other professionals in the actions of disease promotion and prevention and improvements in QOL of this population.

REFERENCES

1. Pereira EL. Families of incarcerated women, health promotion and access to social policies in

the Federal District, Brazil. *Ciênc Saúde Colet.* 2016 July; 21(7):2023-34. DOI: [10.1590/1413-81232015217.16792015](https://doi.org/10.1590/1413-81232015217.16792015)

2. Barbosa DCM, Furman GR, Santos AL, Molena-Fernandes CA. Depression in the wives of convicted men: prevalence and associated factors. *Rev Bras Enferm.* 2018;71(1):538-45. DOI: [10.1590/0034-7167-2017-0263](https://doi.org/10.1590/0034-7167-2017-0263)

3. Cooper HL, Caruso B, Barham T, Embry V, Dauria E, Clark CD, *et al.* Partner incarceration and African-American women's sexual relationships and risk: A longitudinal qualitative study. *J Urban Health.* 2015 June; 92(3): 527-54. DOI: [10.1007/s11524-015-9941-8](https://doi.org/10.1007/s11524-015-9941-8)

4. Ministério da Justiça (BR), Departamento Penitenciário Nacional. Sistema Integrado de Informações Penitenciárias - InfoPen [Internet]. Brasília: Ministério da Justiça; 2013 [cited 2019 Feb 18]. Available from: <http://depen.gov.br/DEPEN/depen/sisdepen/info-pen/relatorios-sinteticos/populacaocarcerariasinteticodez20131.pdf>

5. Rodrigues, MM, Fernandes RAQ. Quality of life and self-reported morbidity of productively active women. *Enferm Glob.* 2017 Apr;(46):258-69. DOI: [10.6018/eglobal.16.2.249241](https://doi.org/10.6018/eglobal.16.2.249241)

6. Martins JT, Garanhani ML, Robazzi MLC, Santos WC. The meanings of quality of life for women with AIDS. *Rev Gaúcha Enferm.* 2008 Dec; 29(4):619-25. PMID: [19320350](https://pubmed.ncbi.nlm.nih.gov/19320350/)

7. Ministério do Planejamento, Orçamento e Gestão (BR), Instituto Brasileiro de Geografia e Estatística. Coordenação de população e indicadores sociais. Projeções da população do Brasil por sexo e faixa etária: revisão 2010. Rio de Janeiro: IBGE; 2012.

8. Günther G. Qualitative research versus quantitative research: Is that really the question? *Psicol Teor Pesquisa.* 2006 May/Aug; 22(2):201-10. DOI: [10.1590/S0102-37722006000200010](https://doi.org/10.1590/S0102-37722006000200010)

9. Fleck MPA, Louzada S, Xavier M, Vieira G, Santos L, Pinzon V. Application of the Portuguese version of the abbreviated instrument of quality life WHOQOL-bref. *Rev Saud Publ.* 2000 Apr; 34(2):178-83. DOI: [10.1590/S0034-89102000000200012](https://doi.org/10.1590/S0034-89102000000200012)

10. Abdo CHN, Oliveira Jr WM, Moreira ED, Fittipaldi JAS. Sexual profile of Brazilian population: results from Brazilian Study of Sexual Behavior. *Rev Bras Med* [Internet]. 2002 Apr [cited Aug 2010]; 59(4):250-7. Available from: <https://www.arca.fiocruz.br/handle/icict/19449>

11. Martinho S. Uma política para garantir o direito à saúde no sistema prisional. *Radis Comun Saúde* [Internet]. 2012 [cited 2018 Nov 05];118(201):20-2. Available from: https://radis.ensp.fiocruz.br/phocadownload/revista/Radis118_web.pdf

12. Martins DC, Pesce GB, Silva GM, Fernandes CAM. Sexual behavior and sexually transmitted diseases among the female partners of inmates. *Rev Latino-Am Enfermagem.* 2018 Oct; 26:e3043. DOI: [10.1590/1518-8345.2568.3043](https://doi.org/10.1590/1518-8345.2568.3043)

13. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Secretaria de Gestão Estratégica e Participativa, Vigitel Brasil. Vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico [Internet]. Brasília: Ministério da Saúde; 2015 [cited 2019 Aug 10]. Available from: http://www.ans.gov.br/images/stories/Materiais_para_pesquisa/Materiais_por_assunto/2015_vigitel.pdf

14. Presidência da República (BR), Gabinete de Segurança Institucional, Secretaria Nacional Antidrogas. I levantamento nacional sobre os padrões de consumo de álcool na população brasileira [Internet]. Brasília: Secretaria Nacional Antidrogas; 2007 [cited 2019 Aug 10]. Available from:

http://bvsmis.saude.gov.br/bvs/publicacoes/relatorio_padroes_consumo_alcool.pdf

15. Vieira LB, Cortes LF, Padoin SMM, Souza IEO, Paula CC, Terra MG. Abuse of alcohol and drugs and violence against women: experience reports. *Rev Bras Enferm.* 2014 June; 67(3):366-72. DOI: [10.5935/0034-7167.20140048](https://doi.org/10.5935/0034-7167.20140048)

16. Seth P, Wingood GM, DiClemente RJ, Robinson LS. Alcohol use as a marker for risky sexual behaviors and biologically-confirmed sexually transmitted infections among young adult African American women. *Women's Health Issues.* 2011 Mar/Apr; 21(2):130-5. DOI: [10.1016/j.whi.2010.10.005](https://doi.org/10.1016/j.whi.2010.10.005)

17. Epperson MW, Khan MR, El-Bassel N, Wu E, Gilbert L. A longitudinal study of incarceration and risk among methadone maintained men and their primary female partners. *AIDS Behav.* 2011 Feb; 15(2):347-55. DOI: [10.1007/s10461-009-9660-9](https://doi.org/10.1007/s10461-009-9660-9)

18. Bassols AMS, Boni R, Pechansky F. Alcohol, drugs, and risky sexual behavior are related to HIV infection in female adolescents. *Rev Bras Psiquiatr.* 2010 Dec; 32(4):231-41. DOI: [10.1590/S1516-44462010000400008](https://doi.org/10.1590/S1516-44462010000400008)

19. Theme Filha MM, Szwarcwald CL, Junior PRBS. Measurements of reported morbidity and interrelationships with health dimensions. *Rev Saúde Pública.* 2008 Dec; 42(1):73-81. DOI: [10.1590/S0034-89102008000100010](https://doi.org/10.1590/S0034-89102008000100010)

20. Meyer JP, Zelenev A, Wickersham JA, Williams CT, Teixeira PA, Altice FL. Gender disparities in HIV treatment outcomes following release from jail: results from a multicenter study. *Am J Public Health.* 2014 Mar; 104(3):434-41. DOI: [10.2105/AJPH.2013.301553](https://doi.org/10.2105/AJPH.2013.301553)

21. Martins DC, Teston EF, Dobiesz BA, Fernandes CAM, Marcon SS. Sexual and health behavior

among women of convicts: an exploratory study. *Online Braz j Nurs* [Internet]. 2019 [cited 2019 Aug 15]; 17(1):43-53. Available from: <http://www.objnursing.uff.br/index.php/nursing/article/view/5864/>

22. Davey-Rothwell MA, Villarroel MA, Grieb SD, Latkin CA. Norms, attitudes, and sex behaviors among women with incarcerated main partners. *J Urban Health*. 2013 Dec; 90(6):1151-65. DOI: [10.1007/s11524-012-9749-8](https://doi.org/10.1007/s11524-012-9749-8)

23. Barcinski M, Lermen HS, Campani C, Altenbernd B. Prison's warriors: a virtual support network for families of freedom deprived people. *Temas Psicol*. 2014; 22(4):929-40. DOI: [10.9788/TP2014.4-19](https://doi.org/10.9788/TP2014.4-19)

24. Filho Soares MM, Bueno PMMG. Demography, vulnerabilities and right to health to Brazilian prison population. *Ciênc Saúde Colet*. 2016 July; 21(7):1999-2010. DOI: [10.1590/1413-81232015217.24102015](https://doi.org/10.1590/1413-81232015217.24102015)

25. Silva MBB. Emergence of a Policy, closure of a sector: regarding the management of penitentiary health care in Brazil. *Cienc Saúde Colet*. 2016 July; 21 (7):2021-30. DOI: [10.1590/1413-81232015217.00162016](https://doi.org/10.1590/1413-81232015217.00162016)

26. Khan MR, El-Bassel N, Golin CE, Scheidell JD, Adimora AA, Coatsworth AM, et al. The committed intimate partnerships of incarcerated African-American men: implications for sexual HIV transmission risk and prevention opportunities. *Arch Sex Behav*. 2017 Oct; 46(7):2173-85. DOI: [10.1007/s10508-016-0916-y](https://doi.org/10.1007/s10508-016-0916-y)

27. Nicolau AIO, Ribeiro SG, Lessa PRA, Ferreira RCN, Monte AS, Pinheiro AKB. A picture of the socioeconomic and sexual reality of women prisoners. *Acta Paul Enferm*. 2012; 25(3):386-92. DOI: [10.1590/S0103-21002012000300011](https://doi.org/10.1590/S0103-21002012000300011)

28. Geniole LI, Jaoglanian VLK, Vieira CCA. A saúde da família em populações carcerárias. Campo Grande: UFMS/Fiocruz Unidade Cerrado Pantanal; 2011.

29. Manso MEG, Câmara R, Souza SA, Farina DBL. Chronic disease management program in a health plan, São Paulo, Brazil. *Ciênc Cuid Saúde*. 2016 Apr/June; 15(2):321-7. DOI: [10.4025/cienccuidsaude.v15i2.28683](https://doi.org/10.4025/cienccuidsaude.v15i2.28683)

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