ABSTRACT
Objective: analyze the contextual aspects of difficulties in health care for incarcerated women and understand the factors that determine this phenomenon. Method: it is a descriptive study, of the informational type, in which it was used in the theoretical referential of Hinds, Chaves and Cypress, which portrays the context in four interactive layers - the immediate, the specific, the general and the metacontext - which are distinguished from each other and range from the individualization to the universal meaning, in that the researcher describes and analyzes the conceptual aspects, in view of the interpretation of results from the studies found, integrated into subthemes, according the conceptual perspective of each context. Results: the results were categorized into four subthemes: Health care of incarcerated woman: how it happens? (immediate context); The prison and the woman arrested (specific context); Stigmas and beliefs about the woman in the prison system (general context) and Health policies that encompass the prison system (metacontext). Conclusion: analyze and understand the contexts in which it is inserted the health of the incarcerated woman is of a significant nature, since it provides to the professional a panoramic and well-founded view of the issues which surround the phenomenon in question. Descriptors: women; prisons; health care; woman's health.

RESUMO
Objetivo: analisar os aspectos contextuais de dificuldades na assistência à saúde de mulheres encarceradas e compreender os fatores que determinam esse fenômeno. Método: estudo descritivo, do tipo informativo, no qual foi utilizado o referencial teórico de Hinds, Chaves e Cypress, que retrata o contexto em quatro camadas interativas - o imediato, o específico, o geral e o metacontexto - que se distinguem entre si e que vão desde o significado individualizado até o universal em que o pesquisador descreve e analisa os aspectos conceituais, tendo em vista a interpretação dos resultados dos estudos encontrados integrados em subtemas, conforme uma perspectiva conceitual de cada contexto. Resultados: os resultados foram categorizados em quatro subtemas: assistência à saúde da mulher encarcerada: como ela acontece? (contexto imediato); a penitenciária e a mulher presa (contexto específico); estigmas e crenças sobre a mulher no sistema penitenciário (contexto geral) e as políticas de saúde que englobam o sistema penitenciário (metacontexto). Conclusão: analisar e compreender os contextos no qual está inserida a saúde da mulher encarcerada reveste-se de caráter significativo, uma vez que proporciona ao profissional uma visão panorâmica e bem fundamentada dos aspectos que envolvem o fenômeno em questão. Descritores: mulheres; prisões; assistência à saúde; saúde da mulher.
The women's prison was created in Brazil in the early 40s, at the time that the penal reform happened. In this socio-historical context, the increasing insertion of woman in the labor market brought possibilities for her also be considered as criminal, reflecting the idea of the jurists of that period, who believed that the progress of society would also be reflected by means of the index of crimes committed by woman.¹

Studies support the idea that the reduction of gender inequality within Western society would imply greater presence of woman not only in the area of work outside the home, but it would be responsible for her insertion into the world of crime. However, contrary to what was expected, women keep having, in the current time, minimal involvement in criminal and prison statistics, even after they occupied significantly more the public space. In Brazil, the rate of incarcerated women oscillates around 7%, according to data published, in 2007, by the Brazilian National Penitentiary Department - Departamento Penitenciário Nacional (DEPEN).¹

Most current data provided by the Integrated System of Prison Information (INFOPEN) indicate that, in 2002, the number of women prisoners was 10.285; five years later, in 2007, this number increased to 25.909.²

From the comparison of data of DEPEN, from 2000 and 2006 it is possible to calculate the rate of increase in the total prison population of men and women across the country (Brazil). It is noticed that the rate of increase in incarceration of women from 2000 to 2006 was 135.37%, much higher than that of men (53.36%).³

Added to this, the Brazilian female prisons have problems of overcrowding, lack of physical infrastructure, hygiene, or disability in health care, violence, discrimination, failure in recovery and rehabilitation of the prison population, as well as lack of policies aimed at women inserted in the prison system. Faced with such a precarious situation in the prison system, there is double jeopardy to the person convicted: imprisonment and the pitiable state of health that this individual can acquire during its staying in prison.²,⁴,⁵

Prison should not be a pleasant and comfortable place, but society and the State cannot neglect the people who are in prison, treating prisons as deposits for human beings and people who probably will not return to social life. So, the public safety and criminality will get worse. It should not be forgotten that the person in jail today suffers this deficiency in the prison system, but tomorrow will be back to the social life.⁶

In 2003, the Brazilian federal government developed the National Plan for Health in the Prison System - Plano Nacional de Saúde no Sistema Penitenciário (PNSSP) which aims to organize the cited prison population hosted in the male, female and psychiatric units to the actions of health services of the Brazilian Unified Health System - Sistema Único de Saúde (SUS) fully, organizing within the prison system the actions and the services of primary health care, with involvement of multidisciplinary teams, referencing the other care levels.⁷

However, what we observe today is that, inside most of the female prisons of the country, there is a difficulty to put into practice the PNSSP, probably due to lack of material, suitable structure for the development of activities related to the theme and, skilled human resources, making women's health in the prison context like a real chaos.

It is known, somehow, that the prison system falls short of the goals to provide suitable conditions for that the woman has her rehabilitation, imposing the same situations of social isolation and confinement, or turbulent and oppressive coexistence with other inmates. Thus, the prison system can provide greater misfit in prisoners instead of re-educating and socializing this population.⁸

A qualitative study, developed in 2008, with 13 pregnant and lactating women of a penal colony for women in the city Recife, State of Pernambuco, Brazil, identified that the women's prison system portrays denial of the human specificities related to the gender issues, such as: pregnancy, motherhood, breastfeeding, self-esteem and sensitivity. Thus, the authors emphasize the need of health professionals, emphasizing priority to the nurse, committed to issues with regard to the citizenship, educational activities, with a focus on the health promotion of these women and their children.⁸

Based on these facts and due the lack of publications on the thematic, this study had like objectives to analyze the contextual aspects of difficulties in health care for incarcerated women and understand the factors which determine this phenomenon.
METHOD

It is a descriptive study. To achieve the goal, we chose a informational study using as theoretical referential the contextual analysis, characterized in four interactive levels that are distinct from each other, originated from researches which contain unpublished and relevant data to the health, investigation outcomes, application of technique or based on some theory.

We used, therefore, the theoretical referential of Hinds, Chaves and Cypres to analyze the different contexts of the thematic in question. This referential portrays the context in four interactive layers - the immediate, the specific, the general and the metacontext - which are distinguished from each other and range from the individualized to the universal meaning, in that the researcher describes and analyzes the conceptual aspects, in view of the interpretation of results from the studies found, integrated into subthemes, according the conceptual perspective of each context.

According the reference adopted, in the immediate context, the situation is observed and described as it is presented, pointing understanding of its occurrence in reality. The specific context focuses on the concrete and qualitative aspects of the object related to its occurrence such as people, time and space. But the general context is characterized by a focus on the subjectivity of subjects involved in the place, which is acquired in cultural interaction that permeates the situation. These three dimensions are related to the metacontext, which gathers and socio-political normative and regulative aspects which act on the phenomenon, going, mostly, unnoticed (the subjectivity) by the actors of the situation.

The proposal for using the context analysis as a referential came from the understanding that any phenomenon or problem under study is part of a reality that can have a significant effect on its solution. This reality, when understood as context, goes beyond the environment where it occurs. It encompasses dimensions that have meanings and internal and external interactions to the phenomenon, which must be realized in any process of study of the event. That is to say, the phenomena of reality are dependent contexts.

After analyzing the different contexts of the thematic in question, in view of the theoretical referential of Hinds, Chaves and Cypres, the results found have been divided into four themes: Health care of incarcerated women: how it happens? At this point, it was described as the woman's health care has been developed within the prison system, as well as the difficulties encountered in this process. The prison and the woman arrested, it talks about the prison like the environment where the woman is located, pointing to the larger and more frequent obstacles to the development and operation of health actions to that woman in this aforementioned space. Stigmas and beliefs about the woman in the prison system, highlighting the beliefs, cultures, stigmas and prejudices which permeate the prison system with regard to the woman, such as: difficulties for the maintenance of their health and reintegration into society, and, finally, in a more extended perspective of the phenomenon in analysis, we established a socio-political vision on the theme, through Health policies that encompass the prison system, reflecting on the policies which guarantee the execution of health actions in the prison system in our country.

RESULTS AND DISCUSSION

- Health care of incarcerated women: how it happens?

We observe today that the health care in public jails of Brazil is extremely poor. There are no spaces designated to provide the cares related to the health. In certain jails, it is possible to find improvised places as a cell converted into a ward, with medical equipment (stretcher, dental chair, etc.), but without qualified professionals to promote medical appointments. The inmates rely on the eventual generosity of any police officer or effort of the prison agents, since they are sensitive to the conditions of these women prisoners.

A study conducted in the pavilion for females from a penal complex in the city of Natal, capital of the state of Rio Grande do Norte, Brazil, in order to meet the health care provided to the women prisoners in closed regime revealed that 85% said they had no knowledge of health services that the institution offers, justifying its absence There is, however, a availability of palliative remedies, but with no monitoring for women with hypertension, diabetes, and routine tests like the preventative exam of uterine cervix and breast checking. Thus, this deficiency of cited regarding the health services by this population incarcerated, only adds to the appearance of new cases of diseases and higher incidence of risk behaviors for Sexually
Transmitted Diseases (STD).13

In another study, conducted with women incarcerated in a city in western of Bahia, it was observed that, regarding the health care that is provided to women, 63.64% answered had never received any care, 36.36% confirmed having attendance in the last six months, of which, 75% due to routine reason and 25% by cardiovascular emergency, being treated at the public hospital of the municipality in question.14

The PNSSP not include the public jails, so they do not share the Federal Government budget for health policies for the Prison System.15 In these jails there is no health team and attendance, when necessary, it is performed by the public service of the city where the institution is located. Health professionals such as doctors, nurses, social workers and gynecologists, are volunteers to offer freely their services.10

Another study showed that the women prisoners, when questioned if during the period of imprisonment required some type of medical care, 85% responded positively, however, it did not mean that they have achieved this attendance. They complained that, due the lack of health care in prison, which ranges from what is considered relatively minimal until a situation which requires specialized care (dentist, orthopedist, gynecologist, general practitioner), most of attendances is marked out of prison environment, in health posts, not to mention that their own family members can achieve private care, but for lack of escort vehicles to conduct these women, the necessary cares end up not being concretized.13

Studies affirm that the biggest obstacle to health care in hospitals and public health posts for this population is the lack of a police escort. Emergency situations, scheduling appointments are hindered by the absence or delay of police escort, which is a task of the police, which claims lack of staff, vehicles and resources to meet the requirements of the prison administration.12-16 Thus, women prisoners cannot achieve the proper medical treatment, with continuing outpatient care, because the absence of escort makes impossible the necessary frequency to ensure a vacancy.

With regard to sexual health, a study performed in a women's prison in the Brazilian state of Espírito Santo showed that the cited of these women regarding the orientation and general care to the health is deficient before incarceration. This can be confirmed by the fact that approximately 50% of the women prisoners had never been submitted to routine gynaecologic examination, use of contraceptives and protective methods against sexual diseases (63% of women reported had never used any method of contraception). The history is not changed after incarceration, when they remain without cited to such methods.16

This situation is no different in the rest of the country; the gynecological care is not available in public jails. Like all medical teams and the specialized professionals linked to the prison units from the prison system, the gynecologists are also not available in institutions for females. Sharpening the picture of violation of women's rights, the Brazilian state does not ensure full medical care to the incarcerated woman. The disability found care in the units of the prison system designed for men multiples itself when it comes to the necessity for specialists on the needs of women. As a result of this omission, the control and treatment of STDs also is non-existent, as well as the routine exams for prevention of gynecological cancer.12

The Pap smear, although should be done once a year, in the most of prisons was never available. Since breast cancer is a disease of higher incidence and major cause of death among women; mammography is the test that enables early detection of starting lesions, reducing its morbidity and mortality. The reality is that the most women prisoners do not even reach the level of a medical consultation for verification of the need of doing a mammography exam.12

Given this reality, it is possible to infer that the health care of incarcerated women is poor, fail, and it is even non-existent in certain prisons, making it a real public health problem, remaining these women at risk of becoming ill without adequate opportunity for assistance. This fact is exacerbated when one considers that most of these women come from a low socioeconomic status and had not cited the health actions before entering in prison.

- The prison and the woman arrested.

In the Brazilian nowadays, the woman arrested is young, single mother, African descendent and in most cases, convicted by involvement in trafficking of drugs (or intoxicating substances) who has a strong bond with her family, preferring to remain in the public jail, unhealthy, overcrowded and

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uninhabitable, but with chances to receive visits from family members, instead to go to a distant prison, since eventually could have cited the remission of sentence by means of work or study, and training courses, besides to find better living conditions.  

The overcrowding of the cells, their precariousness and unsanitary conditions turn these prisons in conducive environments to the spread of epidemics and contagious diseases. Today, what we can see are huge pockets of infectious diseases such as tuberculosis, STD / AIDS, pneumonia, dermatitis, hepatitis, diabetes and hypertension, which are common illness in the environment of the women’s prisons. It is noteworthy to mention that this degrading environment contributes, in some way, with the scenario of low esteem, also giving support to diseases from the emotional ambit like: depression, melancholy, distress and panic.  

The most common problems found in women’s prisons, according to informative studies ranging from structural factors such as overcrowding, excessive confinement, inadequate spaces, poor sanitation, lack of clothing, feed, light, ventilation and hygiene in the cells to the lack of visitations from family members and friends; taboo about intimate visitations; violation of correspondences, allied yet to the tortures and violence, non-existence of labor activities; lack of opportunity for working; negligence of the medical care provided by the State and, opportunity for studying; failure to follow the right to have physical activities and recreation; lack of religious and legal assistances and deprivation of their political rights.  

This reality makes that the woman who entered in the prison in a healthy condition, not get out of there without being affected by illness or having her physical resistance and her health weakened. To all these factors add up the precariousness of health care of this population, as well as the actions of promotion and prevention and curative care provided, which are pretty poor and very heterogeneous among the Brazilian federal units, ranging from the complete absence of resources to the existence of their own services.  

In this sense, considering that the confinement promotes and exacerbates many diseases, making it a problem for the public health, it is of fundamental importance to prioritize the full cited from women in situation of prison regarding the public health system.  

- Stigmas and beliefs about the woman in the prison system  

Generally, when addressing the issue of the prison in Brazil, the media do not question the multi-causal basis of violence and nor the problems of the current prison system as outcomes from the lack of investment, scrapping, and disrespect to the human being; on the contrary, they further stigmatize the already marginalized subjects.  

Consequently, society forgets the socioeconomic conditions, the educational and cultural contexts that preceded the entry of the person into the world of crime, directing an individual guilt to the prisoner. In this sense, it is observed that prison becomes an institution of kidnappings: it sequesters not only ambulatory freedom of men and women that are submitted there, as well as their voice, identity, dignity, status of subjects and citizens.  

Men and women imprisoned in penal institutions are outside of the knowledge from the society. But, with regard to the incarcerated woman, this invisibility becomes twofold: as prisoner and as a woman, in view of the numerical difference - since they are fewer in number compared to the male population of prisons; also by gender difference being related to the space that is reserved to her by society.  

Explicating the aforementioned, the most institutions were designed and built for men. There is neglect reinforced in architectural structures and internal equipment inside the closed institutions, aimed at the female population. The evidence of this situation should be perceived through non-existence of prisons built for this population, by the common and wide open use of public jails and police stations that, although designed and suitable for short-term detentions, in a temporary basis, they are recurrently used to fulfilment of long sentences, having the women, in Brazil, as inhabitants.  

With regard to the condition of being a woman, it has to achieve bigger and better possible performances with available incomes brought from family, or by the man or even by herself, responsibility for educating the children, housework, affective dimension in labor relations, more or lower awareness of the feminine being about its own needs and the necessities of children. Due to all these roles, be deprived of liberty represents, actually, in addition to be a great psychosocial burden which create personal and family crisis.
- something very serious in society - greater assignment of stigma and guilt.\textsuperscript{21,2}

The social stigma experienced by the woman who commits a crime is too relevant. Thereby, the increase of incarceration of women produces effects of several orders, among which stands out loss or weakening of family relationships.\textsuperscript{12,23}

The abandonment of imprisoned women occurs, firstly by her partners, who soon establish new affective relationships, but also by close family members, who are unwilling for dislocating, for various reasons, or, even, they are unwilling to accept the rules, often considered humiliating, imposed for realization of visitations in prison units.\textsuperscript{11,24}

It is observed that the mother-child relationship is torn apart in a perverse way. Most often, with no explanation regarding the absence of the mother, the child stands with answer, delivered to an experience of abandonment. The intern women report that the fulfillment of the sentence without interaction with the children and family members, without news or even visitations is very painful. Thus, the fulfillment of a sentence turns out to be a solitary moment and, due to these distances, the perspective of soon return to the life in society becomes a source of distress. For certain prisoners, living in a prison unit, even with restrictions and arbitrariness, also represents protection against the uncertainties of the future life or a form of protection against the life they had before being incarcerated - especially for those involved in the organized crime.\textsuperscript{21}

Psychologists argue that, in certain women, the fear of being loose is as strong as the fear to be arrested. It can be seen, clearly, that by the proximity of freedom, these internal women, even if unconsciously, seek to prolong their time of incarceration by systematically committing violations of institutional rules.\textsuperscript{21}

Regarding future expectations for the inmates, especially those who relied on the family support in the course of their sentence, show up as hopeful with regard to this future. They express a desire to rebuild their lives, caring for children and studying, stay away from the drug world and, work. They consider that will have difficulties for finding a job, because of the stigma of ex-prisoners, mainly by the society, which imposes them a perpetual sentence.\textsuperscript{21}

This reflects great concern for most of women prisoners, with stigmata and prejudice. Their thinking are filled with insecurities, uncertainties, fears about the future - out of the walls - and in relation to what will be faced outside the prison and how the society will receive them..\textsuperscript{2,21}

Finally, women who are in conflict with the law reaffirms the importance of representation and identities, often, hegemonic, which creates conflicts of identity from their cultural realities arising from the social class, family structure, low schooling and the stigma marked as ex-prisoners.\textsuperscript{7}

- Health policies that encompass the prison system

Since the year 1984, the health care to people imprisoned in prison units is established in law. Nevertheless, Brazil had not consolidated, until recently, a national policy of health care that could contemplate, in integral form, the prison population. The actions taken by health professionals who worked in prisons were not systematized and monitored according to the guidelines of the Brazilian Ministry of Health - \textit{Ministério da Saúde (MS)}, staying, mostly of time, in charge of eventual initiatives of local managers linked to Justice..\textsuperscript{3}

In 2003, the PNSSP, outcome of a partnership between the MS and Justice, it was established through the Inter-ministerial Act n° 1.777, of September 9\textsuperscript{th}, 2003, to organize the cited of people deprived of their liberty, under the tutelage of the State, in the actions and services of SUS, in an integral manner.\textsuperscript{3,7,14,22} Within the Brazilian Penal Execution Law - \textit{Lei de Execução Penal (LEP)} n \textsuperscript{o} 7.210, of July 11\textsuperscript{th}, 1984, expressly is provided in the art. 10 the assistance to the prisoner is the duty of the State. In the PNSSP there were two legal invaluable milestones for the warranty of the right to health for people deprived of freedom: the Constitution of the Federative Republic of Brazil, of 1988, and the Law n° 8.080, of September 19\textsuperscript{th}, 1990, which establishes the SUS.\textsuperscript{11,22}

The PNSSP is a strategy to send health policies to the prison population, contemplating several actions contained in national policies on mental health, women's health, among others. So, the plan is a milestone in health care addressed to the inmate population in custody establishments, as well as those deprived of liberty, gathering a set of principles, guidelines, goals and minimum actions to organize this kind of care, even predicting financial incentives for that the health care of the prison population is guaranteed.\textsuperscript{22}

In addition to predict the construction of basic health units in prisons, of type:
penitentiary, rural prisons and, custody hospitals and psychiatric care, the PNSSP also establishes the need to define reference and counter-reference flow to the units that comprise the networks related to other levels of care, ensuring consonance to a policy with the principles of integrality and resolution.7

Among the priority lines proposed by PNSSP, are the actions that comprise the Integrated Health Care to be developed by Family Health Teams - *Equipes de Saúde da Família* (ESF), which are composed of professionals such as: psychologist, social worker, auxiliary / nurse technician, doctor, nurse, dental room assistant and dentist surgeon to work in Basic Health Units - *Unidades Básicas de Saúde* (UBS) within the Brazilian Prison System, as well as professionals of reference units of medium and high complexity (centers of specialties, laboratories, emergency rooms, hospitals) that should be available to serve the inmate population.7

As specific actions to women's health deprived of freedom advocated in the PNSSP, are the prenatal care and the warranty of cited of pregnant women and the complications to the childbirth, control of the cervical-uterine cancer and the breast cancer, ensuring referral to treatment for women affected by these diseases, actions for diagnosis and treatment of STDs / AIDS, contraceptive cares, immunization of pregnant women, puerperal cares and teaching actions for education in health.14

**FINAL CONSIDERATIONS**

It is a serious situation in which people are deprived of their liberty, reflected, among other factors, in the practices of violence, precariousness of physical space and the lack of health care, it is a reality that cannot be denied.

It is well known that the health problems arising from conditions of confinement have not been the target of actions that enable the cited of people arrested to the health of integral and effective way. There is need for planning a public policy of social inclusion that pay attention to the promotion of human rights of people deprived of freedom, which points out to the importance of reorientation of the assistential model in order to meet the needs expressed by this population.

So, in the face of this informative study following the guidelines of the theoretical referential of Hinds, Chaves and Cypress, it should be concluded that women's health of the prison system is a public health problem in all Brazilian units.

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