Online Brazilian Journal of Nursing
E-ISSN: 1676-4285
objn@enf.uff.br
Universidade Federal Fluminense
Brasil

Veríssimo Oliveira, Lannuzya; Cavalcanti Costa, Gabriela Maria; Aires Silva Medeiros, Kaio Keomma; Leite Cavalcanti, Alessandro
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Online Brazilian Journal of Nursing, vol. 12, núm. 4, 2013, pp. 892-901
Universidade Federal Fluminense
Rio de Janeiro, Brasil

ISSN: 1676-4285

OBJN Online Brazilian Journal of Nursing
ENGLISH
Federal Fluminense University
AURORA DE AFONSO COSTA NURSING SCHOOL
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Original Articles

Epidemiological profile of female detainees in the Brazilian state of Paraíba: a descriptive study

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ABSTRACT

Aim: To describe the epidemiological profile of female detainees in the Brazilian state of Paraíba. **Method:** This is a transversal study, with descriptive and quantitative approaches, performed between July and October 2012, in female penitentiaries. The sample is composed by 227 subjects. The data was collected through a questionnaire and analyzed based on descriptive statistics. **Results:** The women were mostly from the Brazilian state of Paraíba, between 18 and 28 years old (52.4%), incomplete Middle School level (59%), single (54.2%) and with children (82.4%). Drug trafficking (28.4%) and association to drug trafficking (13.3%) were the main causes of imprisonment. It was also seen that 29.5% work and 28.2% study in prison; 25.9% have diagnosed diseases and 18.1% have medical support. **Discussion:** The unfavorable epidemiological conditions precede, and maybe lead to imprisonment. **Conclusion:** Female detainees inserted within social contexts characterized by poverty and exclusion constitute an obstacle to overcome, in order to achieve successful processes of resocialization, while such barriers also have negatively affect on their health conditions.

Descriptors: Women's Health; Prisons; Prisoners; Health Profile

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INTRODUCTION

Recent studies demonstrate a rise in the imprisonment of women in many countries, including Brazil[1]. Such information should generate concern, as the Brazilian penitentiary system shows signs of collapse, due to the significant increase in the number of detainees without a proper modification of the physical structure or an increase in qualified personnel, which negatively reflects upon the daily routine of the prisons[2].

Besides the overcrowding situation, prisons are an ideal environment for the dissemination of diseases, increased consumption of illicit drugs and exposure to violence[3]. These aspects include the penitentiary system in the spectrum of public health issues[4], based on the overall Brazilian social conditions, as this system is widely recognized as destitute and obsolete[5].

Despite the fact that in Brazil there are many legal devices (for example, the Penal Execution Bill) which match the main international recommendations that extend democratic principles to the detainee[6], from a practical point-of-view, such laws seem to have little applicability based on the many multiple violations of essential rights, such as health, education, work, maintenance of family bonds, and access to social integration policies[7], especially to those originated from less favorable groups in society, including women[6].

In regards to the assistance given to female detainees, it is possible to imagine that the support given is even lower than the same support given to male detainees, as dangerous behavior is not conceived as a female characteristic, and prisons were not built with the purpose to attend to the specificities of this clientele[8].

Furthermore, the notorious lack of operationalization to provide healthcare service to the detained population[9] also comes from a deficit in updated information about the penitentiary system[5], which makes it more difficult to find a correct diagnosis of the problems mentioned, as well as any effective planning in order to solve these issues, thus intensifying the precarious conditions experienced on a daily basis by the female detainees.

Because this study deals with the deficient elements regarding the rights of female detainees, including their access to healthcare services, the Brazilian National Agenda of Priorities in Health Research[10] brings, in its content, topics related to female detainees. Adding to that, Ordinance 154, which was signed on April 13th 2012, created the Special Commission inside the Brazilian National Penitentiary Department (Depen, in Portuguese), responsible for designing proposals for action regarding the "Project Women", which supports the research, study and statistics about women in the Penal System[11].

Based on such facts, and because it is believed that this study has a considerable amount of pertinence, which may subsidize the implementation of public health policies affecting women detainees, it aimed to describe the epidemiological profile of female detainees in the Brazilian state of Paraíba.

METHOD

This is a transversal, descriptive study, with a quantitative approach, performed between the months of June and October 2012 in four female detention units, which were subordinated to the State Secretary of Penitentiary Administration of Paraíba (SEAP, in Portuguese), located in the following cities: Campina Grande (CG), Cajazeiras (CZ), João Pessoa (JP) and Patos (PT).

The target population comprised 551 women who were being in detention at the moment the researchers arrived to collect data.

The sample was calculated from the following formula: $n = N. Z^2.P(1-P)/(N-1). e^2 + Z^2. P(1-P)$, in which: n = size of the sample; N = value of the population; Z = confidence interval; P = prevalence; e = tolerated error, achieving a probabilistic n, corrected in 5% to compensate eventual losses or operational issues during research, reaching a total of 227 subjects. After that, a simple random sample was taken, based on a raffle performed by the software Microsoft Office Excel® 2007, proportional to the number of female detainees in each city, according to the following distribution: CG (*n*=25); CZ (*n*=10); JP (*n*=169); PT (*n*=24).

The criteria for inclusion of the subjects were: to be serving time in a closed system; to have a certain level of communication that would permit the application of the research instrument; and to accept participation in the study, by signing the Free and Clear Consent Agreement.

After recruiting, the subjects responded to a questionnaire composed of 21 questions, both open and close, divided into three groups: socio-demographic aspects (origin, age, marital status, partner, children, education, income, nature of the income); data referring to reasons for imprisonment (article of the Code of Laws/infraction, judicial situation of the imprisonment, visits received, work and school activities in the prison); and information about the detainee's health (diagnosed diseases, healthcare follow-up, hospitalization records and smoking habits).

It is important to mention that the above instrument was produced for this research, based on the Standardized General Records, recommended for use in health units inside prisons by the SEAP, as a pilot test was performed previously to test its applicability. The data obtained through this pilot test were discharged, and therefore, are not part of the conclusion of this study.

The data was collected by collaborators in this research in two moments: in the beginning, the penitentiary units were visited to learn the daily routine of the female detainees, to identify the pre-selected subjects after the raffle and to schedule the period in which to collect the data with those that fit into the criteria of inclusion previously mentioned; later on, the collection of data was formally completed. This last stage took place in a private room and under the escort of penitentiary agents.

The process of validation was implemented through independent double feed (typing) in two spreadsheets, and with the assistance of the software Statistical Package for Social Science (SPSS), version 10. The data was organized, and later analyzed, under descriptive standpoints to distribute the variables. In the bivariate analysis, the chi-square tests or Fisher's exact tests were used, with a level of significance of 5% ($p<0.05$). There was also a prevalence rate (PR). The results were presented in tables, using the software MS-Excel® 2003.

Due to legal-ethical questions, this study was sent to be evaluated and to receive the opinion of the Committee of Ethics in Research of Paraíba State University (CEP-UEPB, in Portuguese), being approved under an authorization signed on July 25th 2012, following all ethical precepts listed on the Resolution 196/96, of the Brazilian National Health Council (CNS, in Portuguese). Therefore, the secrecy and the anonymity of the subjects was kept, and they were informed about their freedom to refuse participation in the research, or even to abandon it at any time, without any sort of loss to the subjects. It is important to mention that the interviewees answered the questions only after reading and signing the Free and Clear Consent Agreement.

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RESULTS

The studied sample was composed of women originating from the Brazilian state of Paraíba (n=194; 85.5%), between 18 and 28 years old (n=119; 52.4%), unmarried (n=123; 54.2%) and with children (n=187; 82.4%). Among those who mention they had partners, it was seen that the majority of these companions are also detainees (n=62; 59.6%). In regards to their level of education, a few more than half of the detainees have not completed Middle School (n=134; 59%). Around 80 detainees (37.4%) have some sort of income, and most of them came from the Brazilian Federal Wealth Distribution Program, also known as *Bolsa Família* (n=81; 95.3%).

Table 1 - Socio-demographic characterization of female detainees. Paraíba, Brazil, 2012

Variables	N	%
Naturality		
Paraíba	194	85.5%
Other states	33	14.5%
Age group		
18 – 28 years old	119	52.4%
29 – 39 years old	73	32.2%
40 – 50 years old	35	15%
Marital status		
With a partner	104	45.8%
Without a partner	123	54.2%
Partner		
Detained	62	59.6%
Not detained	42	40.4%
Children		
Childless	40	17.6%
≥2	150	66.1%
<2	37	16.3%
Education		
Complete Fundamental School	38	16.7%
Incomplete Fundamental School	134	59%
Complete Middle School	22	9.7%
Incomplete Middle School	16	7%
Illiterate	17	7.5%
Financial income		
Yes	85	37.4%
No	142	62.6%
Nature of the income		
Social benefit/Bolsa Família	81	95.3%
Retirement/pension	4	4.7%

Source: Designed by the authors, 2013

In regards to the judicial-legal aspects, described in Table 2, it can be seen that drug trafficking (n=117; 28.4%) and association with drug trafficking (n=64; 13.3%) are the main causes of female imprisonment. Crimes such as robbery (n=30; 13.3%), homicide (n=14; 6.2%), larceny (n=1; 0.4%) and sexual abuse (n=1; 0.4%) occur at a lower rate.

Based on the nature of imprisonment, it can also be observed that the majority of the female penitentiary population is composed of first offenders (n=171; 75.3%), however there is a significant number of repeat offenders (n=56; 24.7%). Among all detained, 70.9% (n=161) are in temporary detention and 29.1% (n=66) are already convicted.

It was also possible to observe a lack of detainees who were performing any sort of resocialization activity, such as working (n=67; 29.5%) and/or studying (n=64; 28.2%).

Table 2 - Judicial-criminal aspects of the detainees. Paraíba, Brazil, 2012

Variables	N	%
Article/Infraction		
Drug trafficking	117	52
Association to drug trafficking	64	28.4
Roberry	30	13.3
Homicide	14	6.2
Larceny	1	0.4
Sexual abuse	1	0.4
Imprisonment		
First offense	171	75.3
Repeated offense	56	24.7
Judicial situation		
Sentenced	66	29.1
Temporary	161	70.9
Receiving visits		
Yes	101	44.5
No	126	55.5

Working in prison		
Yes	67	29.5
No	160	70.5
Studying in prison		
Yes	64	28.2
No	163	71.8

Source: Designed by the authors, 2013

As described in Table 3, the data referring to aspects of the health of female detainees show that 25.9% (n=59) have diagnosed diseases. However, only 18.1% (n=41) are assisted by any healthcare service. Among the participants of this study, 44.1% (n=100) were hospitalized while serving sentences, and 77.5% (n=176) are smokers.

Table 3 - Aspects of health/disease of female detainees. Paraíba, Brazil, 2012

Variable	Yes		No	
	n	%	n	%
Diagnosed disease	59	25,9	168	74,1
Healthcare supported	41	18,1	186	81,9
Hospitalization records	100	44,1	127	55,9
Smokers	176	77,5	51	22,5

Source: Designed by the authors, 2013

There is an association (p<0.0001) between the age group and health follow-up, as well as between the age group and the existence of a disease (p<0.0001). There is no indication of an association between age group and imprisonment (p>0.05). Table 4 reveals the non-association between the existence of a disease, healthcare follow-up and hospitalization records.

According to Table 5, mental disorders (n=24; 40.7%), followed by systemic arterial hypertension (n=20; 33.9%), are the diseases most mentioned by the population studied, followed, in smaller proportion, by diabetes (n=6; 10.2%), sexually transmitted diseases (STDs) (n=3; 5.1%), epilepsy (n=3; 5.1%) and gastritis (n=3; 5.1%).

Table 4 - Associations between disease and variables of healthcare support and hospitalization records. Paraíba, Brazil, 2012

Variables	Present diseases				p	PR*
	Yes		No			
	n	%	n	%		
Healthcare follow-up						
Yes	37	90.2	4	9.8	0.001	68.95
No	22	11.8	164	88.2		(22.42 – 212.07)
Hospitalization records						
Yes	38	38	62	62	0.001	3.04
No	21	16.5	106	83.5		(1.66 – 5.74)

**PR – 95%*

Source: Designed by the authors, 2013

Table 5 - Diseases reported by the female detainees. Paraíba, Brazil, 2012

Disease	N	%
Mental disorders	24	40.7
Hypertension	20	33.9
Diabetes	6	10.2
STD	3	5.1
Epilepsy	3	5.1
Gastritis	3	5.1

Source: Designed by the authors, 2013

DISCUSSION

From the socio-demographic characterization of female detainees in the Brazilian state of Paraíba (Table 1), it was seen that the data found were similar to those from other studies performed on detained populations, which seem to reach a consensus that female detainees are predominantly young, with a low level of education and are single mothers[1,6].

In regards to the fact they are mostly mothers, despite being single, it is possible to infer that this condition is due to the abandonment of the partner. This is the opposite to the reality seen in male detainees, in which spouses continue to provide financial and affective support

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while they serve their sentence; when women are arrested, their partners usually abandon them as they leave[12].

Within this perspective, the female involvement in criminality usually occurs based on an affective relationship with men who commit crimes, and it is not rare to see that, after the imprisonment of the partners, the women start to perform the same illicit activities of their male partners, including with the objective to provide support to their families, which can then lead to her own detention[13].

However, besides all the male influence to adhere to criminality, it is important to mention that low levels of education and the non-insertion into the formal labor market contribute to the risk that women will be inserted into criminality[7].

As it is possible to identify, the situation of poverty and social exclusion precedes imprisonment, as some detainees declared they had some income mostly from support programs, such as *Bolsa Família*, which is a program of financial support given by the federal government to low-income families.

Referring to the judicial-criminal aspects (Table 2), it is seen that crimes, such as drug trafficking and association to drug trafficking, are the main reasons of female detention. According to the descriptions in the literature, drug trafficking has a considerable attraction for low-income young people, due to the possibility of getting rich quickly, and the apparent safety provided by the use of firearms[14].

Homicides, robberies and other infractions are seen discreetly among the offenses committed by the participants of this study, maybe because these crimes are recognized as male offenses[15], as it is observed that in female imprisonment, as the opposite to male one, there are many more crimes of the moral order, despite the danger itself[8].

Melo and Gauer[1] call attention to the rise of female criminality in the past decades, and the large number of repeat offenders in penitentiary units. However, the women detainees that took part of this research were mostly first offenders. To that should be added the fact that, because of the slowness of the Brazilian judiciary system, a large quantity of detained women are currently waiting for their trial, contributing significantly to the excessive agglomeration of detainees, which harms the primary purposes of incarceration: punishment and resocialization[8].

In regards to the strategies of resocialization, it was found that a minority of the female detainees goes to school and/or has working activities in prison. In this sense, it is valid to rethink the conducting of penitentiary institutions that are intended to recuperate and reeducate the detainees, as only through the offering of concrete opportunities of social reinsertion is it possible to see the construction of new paths in the lives of the detainees[7]. It is also necessary to take into account the situations in which penitentiaries guarantee education and/or work, and in which the populations of these centers refuses to participate in such activities. In these situations, it is necessary to identify the reasons for this denial in order to better implement the strategies of resocialization and engage the largest number of detainees as possible.

Another factor that supports the resocialization of detainees is the presence and manifestation of family support; when it works as a stimulus, it can encourage the detainee both to maintain good behavior and to try to adhere to educational programs and reinsertion into the labor market[16]. However, this study demonstrates that the majority of the female detainees in the state of Paraíba do not receive any visits, which demonstrates family abandonment, experienced by these women after imprisonment [12].

With regards to the aspects relating to the health of female detainees, Table 3 reveals that, when being asked about the existence of a diagnosed disease, the majority of the female detainees mentioned they have not acknowledged any. Yet, it must be taken into consideration that the information may not have been clear enough, due to the fact that detainees may not recognize signs and symptoms, or even due to the real possibility of conscious omission. In the sphere of healthcare support, the number of detained women that have access to healthcare services is lower than the number of women with diagnosed diseases, which indicates inaccessibility of the jailed population to the public healthcare network, as well as the precariousness of health services offered inside the penitentiary system[4].

It is necessary to reflect that the offering of healthcare support is frustrated or impeded by the fact that healthcare units were not implemented in all penal institutions. Moving these women to the healthcare service network out of the penitentiary demands a body of human and material resources that are not always available in the penitentiary system.

To recognize the difficulties in providing care to the detained population, and in order to guarantee citizenship rights to this population, the Brazilian National Plan of the Penitentiary System (PNSSP, in Portuguese) was implemented, in 2003, based on the following directives: provide resolute holistic healthcare, which is continuous and of a good quality based on the health necessities of the penitentiary population; contribute to control and/or reduce the most frequent aggravations that attack penitentiary population; define and implement actions and services consonant to the principles and directives of the Brazilian Unified Health System (SUS, in Portuguese); generate partnerships through the development of intersectoral actions; contribute to the democratization of an understanding of the health/disease process, the organization of the services provided, and the social production of health; provoke the recognition of health as a citizenship right; and stimulate the effective exercise of social control[9].

Nonetheless, besides the implementation of the PNSSP, and contrary to expectations, taking into account the fact detainees are a closed population under apparent control, there have been countless difficulties facing the implementation of healthcare actions inside the prisons[2]. The full execution of the principles listed by the PNSSP comes up against some sturdy barriers, such as financing, the difficulty in matching security logic and public health, as well as hiring all the members of the health teams for the penitentiary system[17].

Adding to that, there is the implementation of prison health units which attends adheres to a population standard that establishes a minimum number of one hundred detainees assigned to every one health unit. Based on this criterion, only one of the female penitentiaries of the state of Paraíba has a health unit. In the prisons with a population of below one hundred detainees, healthcare services must be provided through the use of the other health units present at SUS, starting with the Family Health teams[9]. Notwithstanding this, the health actions taken in basic care are not always resolute and articulated when dealing with the detained population[18].

Oliveira and Guimarães[5] have highlighted that, in situations where the treatment of health issues is delayed or not performed, pathologies can demand more complex treatments and, as a consequence, more expensive methods, generating even more expensive public spending demands, and moreover, possible and irreparable damage to the health of the detained individuals.

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The reflex of that resides in the fact that despite a minority having access to healthcare support, research has shown an elevated number of hospitalizations during the detention period, as caused by the inadequate physical structure, by the greater susceptibility to violence and infectious-contagious diseases, as well as stressful situations, implying that detainees and other professionals working in prisons have a greater risk of falling ill[2].

Moreover, some common habits exhibited in jails contribute to detainees' falling ill, such as the use of tobacco by the majority of the participants of this research. The use of alcohol and other drugs was not addressed, as these are forbidden substances inside the prisons. However, it is not rare for detained women to have a history of abusive use of alcohol and other drugs that precedes and sometimes motivates incarceration[6].

In a final analysis, this present study describes the diseases mentioned by the detainees (Table 4), in which we've highlighted mental disorders, followed by hypertension and diabetes as the most prevalent ones. The frequency and the factors associated with mental disorders in female detainees were studied by Canazaro[19], which concluded that there is a meaningful prevalence of these illnesses in detained women, generated specially by experiences from their lives before incarceration, as well as by their distance from relatives. Therefore, the mental health of these detainees should impel the adoption of articulated measures in a combined network[20], throughout the health system as a whole, as it is not a problem restricted to the incarceration scenario.

It is pertinent to mention that some diseases may have not being reported by the women in this study due to the stigmatizing character they have, as happens in the case of STDs, especially AIDS, as well as tuberculosis and Hansen's.

CONCLUSION

Beyond the fact that this study helped to clarify a particular idea of the emerging population group that was the object of this research, the epidemiological profile of female detainees indicates a tough reality by signaling a relatively young population, with low levels of education and, above all, single mothers, whose state of imprisonment is shared by their partners, among those who mentioned they have one.

Furthermore, the researchers learned that drug trafficking and association with this practice are the main reasons for female imprisonment, as opposed to homicides, robberies and other infractions, reinforcing the moral character of the crimes performed by women, according to the descriptions found in literature.

It can be seen that a small quantity of the women detained perform resocializing activities, such as work or school. On the other hand, it is relevant to acknowledge the number of detainees that experience difficulties in having their healthcare support guaranteed. Within this perspective, it is also observed a high level of mental disorders among detained women, which is consonant to the findings in scientific literature. However, it is also pertinent to discuss diseases such as STDs and tuberculosis that may not have been reported due to the stigmatizing character these diseases can have.

Taking into consideration that this research represents a step forward in the production of information about detained women, especially because of the lack of studies in this area, there is clearly a necessity for adequate public health policies that generate resolute actions for the social group that is the object of this research, such as: the implementation of healthcare services in prison units and the consolidation of a supporting network, the promotion of resocializing activities, mainly in

education and work, and the preservation of the family ties of the detainees.

By the time the epidemiological profile of detained women is made available, it is also important to constantly update the data here presented, as a way to guide the evaluation and the implementation of public policies towards this group, as well as towards a more effective penitentiary management, mainly regarding the application of the prerogatives listed on the "Brazilian National Policy of Holistic Health Care destined to Women".

The difficulties found in accessing updated data about the target population of this research, the lack of studies in the area here researched within the general publications of Health Sciences, and self-referred health conditions limited this research.

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Received: 28/02/2013
Revised: 20/11/2013
Approved: 02/12/2013