

*CARE OF SEXUALLY TRANSMITTED INFECTIONS IN WOMEN DEPRIVED OF FREEDOM: INTEGRATIVE REVIEW*

**CUIDADO DAS INFECÇÕES SEXUALMENTE TRANSMISSÍVEIS EM MULHERES PRIVADAS DE LIBERDADE: REVISÃO INTEGRATIVA**

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**ABSTRACT**

**Aim:** to identify actions for the promotion, prevention and treatment of sexually transmitted infections offered to women deprived of freedom in Brazil. **Method:** integrative review carried out in the CINAHL, LILACS, PubMed and Web of Science databases, with analysis of the results according to the vulnerability framework. **Results:** two studies that addressed the proposed theme were included. Identified for actions to promote health education and pre- and post-diagnostic test counseling; for prevention actions, the provision of services and supplies; and in treatment the availability of medication. **Conclusion:** it was evident that the aforementioned actions provided opportunities to reduce these women's vulnerabilities to infections, through health education and access to health care. Thus, it is a *sine qua non* condition to rethink the strategies for the effectiveness of the actions foreseen in public policies aimed at this population.

**Keywords:** Women; Prisons; Sexually Transmitted Diseases; Disease Prevention; Health Vulnerability.

**RESUMO**

**Objetivo:** identificar as ações de promoção, prevenção e tratamento de infecções sexualmente transmissíveis oferecidas às mulheres privadas de liberdade no Brasil. **Método:** revisão integrativa realizada nas bases de dados da CINAHL, LILACS, PubMed e *Web of Science*, com análise dos resultados segundo o referencial de vulnerabilidade. **Resultados:** foram incluídos dois estudos que abordavam o tema proposto. Para as ações de promoção à educação em saúde, aconselhamentos pré e pós-teste diagnóstico; para as ações de prevenção, a oferta de serviços e insumos; e em tratamento, a disponibilização de medicamentos. **Conclusão:** evidenciou-se que as ações referidas oportunizaram a redução das vulnerabilidades dessas mulheres às infecções, por meio da educação em saúde e acesso aos cuidados. Destarte, é condição *sine qua non* repensar as estratégias para efetividade das ações previstas nas políticas públicas voltadas a essa população.

**Palavras-chave:** Mulheres; Prisões; Doenças Sexualmente Transmissíveis; Prevenção de Doenças; Vulnerabilidade em Saúde.

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## INTRODUCTION

Brazil is the fourth country with the largest female prison population in the world, second only to countries like the United States, China and Russia<sup>(1)</sup>, having shown growth especially between the years 2000 and 2016, totaling about 37 thousand women<sup>(2)</sup>. This increase draws attention to the needs and impasses of women living in deprivation of liberty, related to legal, educational, social, religious and health issues, which, according to the Criminal Enforcement Law of 1984 (LEP) and the Federal Constitution of 1988, constitute a duty of the State<sup>(3)</sup>.

Prisons in Brazil usually have an androcentric posture, which does not allow for full attention directed to the needs of the female public. Added to this, the overcrowding of these institutions favors imprisonment in inhuman and unhealthy circumstances, increasing women's vulnerability to the damage resulting from the prison situation<sup>(3-4)</sup>. In this context, the access of the prison population to health is a growing and emerging public health problem, especially when it comes to sexually transmitted infections (STIs).

Worldwide, the prevalence of STIs in the incarcerated population is higher when compared to the unconfined population. In a study carried out in Bolivia with the aim of determining the prevalence of STIs among incarcerated women, the prevalence of women with HIV was 1.4%, while in the

general population this figure was 0.15%. Syphilis presented values three times higher when compared to the general population and other countries. Herpes showed a prevalence of 62.6% and hepatitis B of 0.5% when in prison populations in Mexico and Brazil they present values ranging from 0.3 to 7.4%<sup>(5)</sup>.

Added to the lack of information on ways to prevent STIs, there is low adherence to condom use among people in prison, whether due to lack of interest, lack of guidance, lack of encouragement from health teams and lack of condom distribution<sup>(6)</sup>.

It is noteworthy that prison institutions are opportune spaces for health care, as this population would probably not receive such services if they were not confined<sup>(7)</sup>. These environments, when structured in relation to sexual and reproductive health (SSR), provide STI/AIDS prevention, health promotion and educational activities<sup>(8)</sup>, and confinement can be a facilitator for these actions.

Notwithstanding the insertion of the National Plan for Integral Attention to Women's Health (PNAISM), in 2004, whose guideline is to reach women in all life cycles and in different population groups - including prisoners<sup>(9)</sup> -, it is observed that access to quality health care for women deprived of liberty is limited<sup>(6)</sup>. In view of this scenario, in 2014 the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (PNAISP) was created, with the objective of guaranteeing the access

of these people, in the prison system, to comprehensive care in the System Health Service (SUS). In the same year, the National Policy for Attention to Women Deprived of Liberty and Released from the Prison System (PNAMPE) was created, with the aim of improving the quality of life and health of this population<sup>(10-11)</sup>.

However, there is a failure to comply with laws and policies aimed at the rights of prisoners, including the scope of health<sup>(12)</sup>. Across the national territory, only 14.2% (54) of the prisons that receive the female public have adequate cells/dorms for pregnant women, 3.20% (48) units with nurseries and/or mother and child reference center, and 0.66% (10) crèche, in contrast to what is recommended in basic assistance actions determined by PNAMPE<sup>(2)</sup>.

It is justified to analyze the health care of women deprived of liberty in the Brazilian context, based on the contradiction between what is proposed in the legislation and the practice carried out in prisons, recorded by studies, which little explore health actions specifically aimed at STIs. and to the female gender. Furthermore, the importance of establishing/intensifying promotion and prevention actions, since the prevalence of STIs in women in prison is higher when compared to women in general.

In this sense, the objective is to identify actions for the promotion, prevention and treatment of sexually transmitted

infections offered to women deprived of freedom in Brazil.

## METHOD

This is an integrative literature review on actions for the promotion, prevention and treatment of STIs/AIDS in women deprived of liberty, developed in six stages: elaboration of the guiding question; literature search; data collect; critical analysis of included studies; discussion of results; and presentation of the integrative review<sup>(13)</sup>.

This review adopted the PICO<sup>(14)</sup> strategy to define the guiding research question: Patient: women deprived of liberty; Intervention: actions to promote, prevent and treat STI/AIDS; Comparison: not applicable; Outcomes: promotion, prevention and treatment of STI/AIDS in prison institutions. Thus, the research question was defined: “What is the scientific evidence available in the literature regarding actions for the promotion, prevention and treatment of STIs/AIDS offered to women deprived of liberty in the Brazilian context?”.

Then, a literature search was carried out on February 3, 2020, in the electronic databases Cumulative Index to Nursing and Allied Health Literature (CINAHL), Latin American and Caribbean Literature in Health Sciences (LILACS), PubMed and Web of Science.

The following descriptors were selected, according to the controlled

descriptors Medical Subject Headings (MeSH) and Descriptors in Health Sciences (DeCS), being combined with the Boolean operators AND/OR: women, prisons, HIV, sexually transmitted diseases and syphilis.

Synonyms and keywords were inserted according to the particularities of each database. Thus, the search strategy proceeded as shown in Chart 1.

**Chart 1-** Description of the search strategy according to the selected databases. Brasilia, Federal District, Brazil, 2020

DATA BASE	SEARCH STRATEGY	ARTICLES
<b>CINAHL</b>	<i>((women OR female)) AND ((prison OR jail OR penitentiary OR correction facilities)) AND ((hiv OR "human immunodeficiency virus" OR aids OR "acquired immunodeficiency syndrome" OR syphilis OR "sexually transmitted disease" OR "sexually transmitted infection" OR syphilis))</i>	318
<b>LILACS (BVS)</b>	<i>(mulheres OR women OR mujeres) AND (prisons OR prisões OR prisiones OR cárcere OR presídios OR penitenciária) AND (hiv OR vih OR "doenças sexualmente transmissíveis" OR "infecções sexualmente transmissíveis" OR "sexually transmitted disease" OR "sexually transmitted infection" OR "enfermedades de transmisión sexual" OR aids OR sífilis OR syphilis) AND (fulltext:"1") AND db:("LILACS")) AND (year_cluster:[1984 TO 2019])</i>	17
<b>PUBMED</b>	<i>((("women"[MeSH Terms] OR "women"[All Fields]) AND ((("prisons"[MeSH Terms] OR "prisons"[All Fields]) OR ("prisons"[MeSH Terms] OR "prisons"[All Fields] OR "jail"[All Fields]) OR correctional[All Fields] OR ("prisons"[MeSH Terms] OR "prisons"[All Fields] OR "penitentiary"[All Fields]))) AND (("hiv"[MeSH Terms] OR "hiv"[All Fields]) OR "human immunodeficiency virus"[All Fields] OR ("acquired immunodeficiency syndrome"[MeSH Terms] OR ("acquired"[All Fields] AND "immunodeficiency"[All Fields] AND "syndrome"[All Fields]) OR "acquired immunodeficiency syndrome"[All Fields] OR "aids"[All Fields]) OR "acquired immunodeficiency syndrome"[All Fields] OR ("syphilis"[MeSH Terms] OR "syphilis"[All Fields]) OR ((("sexual behavior"[MeSH Terms] OR ("sexual"[All Fields] AND "behavior"[All Fields]) OR "sexual behavior"[All Fields] OR "sexually"[All Fields]) AND transmitted[All Fields])) AND ("loattrfree full text"[sb] AND ("1984/01/01"[PDAT] : "2019/12/31"[PDAT]))</i>	158
<b>WEB OF SCIENCE</b>	<i>TOPIC: ((women) AND (prisons OR jails OR correctional OR penitenciar) AND (hiv OR "human immunodeficiency virus" OR aids OR "acquired immunodeficiency syndrome" OR syphilis OR "sexually transmitted infection" OR syphilis))</i>	267

	<i>Refined by: OPEN ACCESS</i> <i>Indexes =SCI-EXPANDED, SSCI, A&amp;HCI, CPCI-S, CPC-SSH, ESCI Estimated time=1984-2019</i>	
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Source: Prepared by the authors (2020)

Studies that addressed the actions of promotion, prevention and treatment of STI/AIDS in women deprived of liberty were included, in Portuguese, English or Spanish, in the period from 1984 to 2019; the choice of the starting year is due to the occurrence of LEP implementation. As exclusion criteria, publications were considered that: (1) did not address the topic of interest; (2) were not available for full reading; (3) presented, as type of publication, letter to the editor, editorial, monographs, course conclusion works, theses, dissertations, abstracts, books, review articles, theoretical, experience reports, case studies and abstracts published in annals of scientific events.

In addition, documents such as letters to the editor, editorial, monographs, course completion papers, theses, dissertations, abstracts, books, review methods, papers presented at scientific events, case studies and experience reports, in addition to publications repeated between the databases.

After the first selection of references that met the inclusion and exclusion criteria, the studies were exported to the Mendeley reference manager, aiming at the removal of duplicates and the paired analysis by two reviewers; in cases of disagreement, a third reviewer performed the selection.

In order to facilitate and synthesize the information from the selected articles, an adapted instrument<sup>(13)</sup> was used for data collection to standardize the results and ensure that all the necessary information would be organized in a reliable and secure manner. Data were organized into: author/year, area of publication/type of study/level of evidence, objectives and results that answered the question in this review.

Subsequently, a critical analysis of the included studies was performed. This analysis is based on the levels of evidence defined according to the methodology used. Thus, there is level 1: evidence resulting from the meta-analysis of multiple controlled and randomized clinical studies; level 2: evidence obtained in individual studies with experimental design; level 3: evidence from quasi-experimental studies; level 4: evidence from descriptive studies (non-experimental) or with a qualitative approach; level 5: evidence from case reports or experience; level 6: evidence based on expert opinions<sup>(13)</sup>.

In the next step, the interpretation and discussion of the results obtained through the analysis and synthesis of the selected articles were carried out, with the studies being used as a theoretical framework for the review. For the discussion of the articles included, the

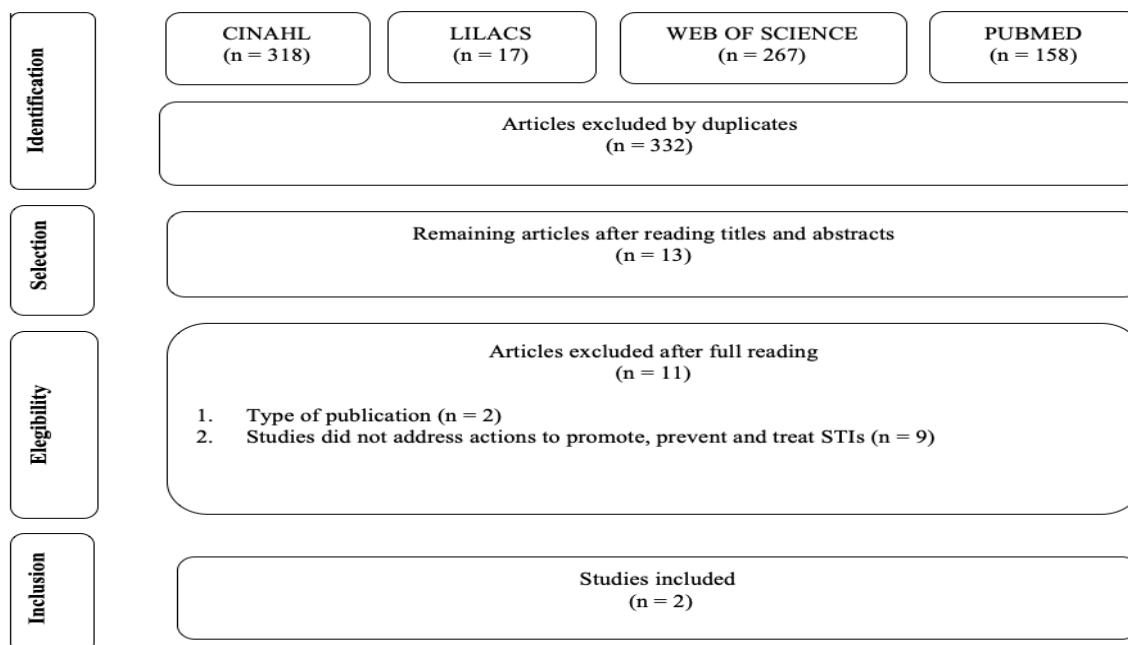
vulnerability framework was adopted, that is, the exposure of people to individual, collective and contextual factors that make them susceptible to infections and illness, in addition to greater or lesser availability of resources for protection, being analyzed in three dimensions: individual, social and programmatic<sup>(15)</sup>.

The individual dimension is related to the degree and quality of information that the person holds about the problem and their ability to transform it into protected and protective attitudes and actions. It also involves personal characteristics such as age, sex, gender, race, among others. The social dimension concerns access to information and the ability to process it and incorporate it into practical changes in daily life. This depends, in addition to the individual, on public

policies such as education and health, availability of material resources, power to influence political decisions, being free from violent coercion or being able to defend against them. Finally, the programmatic dimension involves the degree and quality of commitments, resources, management and monitoring of national, regional or local prevention and care programs, important to channel existing social resources, optimize their use and identify the needs of other resources<sup>(15)</sup>.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)<sup>(16)</sup> flowchart was used to present the results, and it is possible to obtain the analysis of this review in Figure 1, in which the steps are illustrated.

**Figure 1-** Flowchart of the literature search and selection process, 2020



Source: Prepared by the authors (2020)



## RESULTS

The articles included, for analysis purposes, were identified by the letters A<sup>(17)</sup> and B<sup>(18)</sup>, available in both Portuguese and English, published between 2016 and 2019. As for the training of authors in study A, of the six involved, five were nurses and one without specifying their graduation; and in study B, of the six authors, five were nurses and one dentist.

The two studies were developed in the Northeast region of the country, in the states of Piauí and Bahia, and published in national journals in the area of concentration of nursing knowledge, and had different objectives. One<sup>(17)</sup> sought to understand the risks that characterize inmates as a group susceptible to STIs, reveal their reactions to the diagnosis and also discuss the importance of health counseling. And the other<sup>(18)</sup> analyzed actions to prevent and cope with STIs/AIDS in incarcerated women, considering the dimensions of vulnerability.

The studies included were qualitative and evaluated with a level of scientific evidence 4, and used semi-structured and open interviews for data collection. Data

analysis took place according to different references.

Nine women were interviewed in study A and 15 in study B; however, the characterization of the participating population was carried out only in the first one, whose ages ranged between 22 and 34 years, mostly single. Regarding the level of education, one was illiterate and the others finished elementary and high school in equal proportion. The most mentioned occupations were, respectively, housewife, sex worker and street vendor, with monthly income around one minimum wage.

The main findings of the studies are described in Table 1, considering that vulnerability was discussed in the two articles, namely: in article A, the risk behaviors that make incarcerated women vulnerable to STIs/AIDS were discussed; and in article B, the authors considered the dimensions of vulnerability when analyzing actions to prevent and fight against STIs/AIDS in women deprived of liberty.

**Chart 2** - Main results of the articles included in the final sample. Brasilia, DF, Brazil, 2020

ID*	RESULTS
A	The reasons for the absence of STI prevention mentioned by the women were: trust in the partnership, drug use and multiple partnerships. The diagnosis of STI/AIDS occurred on admission and was an episode causing “negative” emotions. Most infected women claimed to

	<p>have received the diagnosis and information about ways of transmission and treatment. Pre- and post-test counseling carried out by the health team – especially by the nurse – for women with a suspected or diagnosed STI/AIDS is essential due to their educational actions on risk management, forms of transmission, prevention and screening of STIs/AIDS, in addition to minimizing the feelings experienced. Incarceration is considered an opportunity for the professional to work with these women.</p>
<b>B</b>	<p>Condom use is not routine, being used when there is suspicion of the health condition of the sexual partner, requirement of the partnership in extramarital relationships, anal intercourse, to prevent unplanned pregnancy and STI/AIDS. The knowledge that women have in relation to SSR and STI/AIDS was acquired in the media, schools, informal conversations, health education activities offered by the team inside and outside the institution. The prison environment provides opportunities for learning and providing tools for the care of your health more than outside it, through the provision of services such as consultations and exams aimed at SSR, provision of condoms, medications and health guidance. The speeches brought the effort of the prison unit's health team to provide access to the necessary health services for diagnosis and treatment, including the partnership with the territory's care network, providing comprehensive care to incarcerated women.</p>

\*Identification

Source: Prepared by the authors (2020)

## DISCUSSION

After analyzing the selected articles<sup>(17-18)</sup>, when comparing the sample of this review, it was identified that both described the reasons for not using condoms by women, for the prevention of STIs/AIDS, such as trust in the sexual partnership, multiple partnerships and the difficulty of negotiating use, indicating individual and social aspects of vulnerability, as gender relations involve power and cultural relations. In this aspect, it is up to institutions at different levels of

government to develop actions that reduce such vulnerabilities<sup>(15)</sup>.

As a result of this situation of inequity, by influencing unprotected sexual practice and contributing to vulnerability, article B highlighted the need for public policies to consider gender issues, corroborating a study that reported the importance of this issue when recommending an appropriate gender program capable of recognizing the needs of incarcerated women and revealing risk factors for HIV infection<sup>(19)</sup>.



In this context, health services, in addition to distributing condoms, should advise on the correct use of this method and other forms of prevention, provide information that helps women in communication and negotiation of condom use<sup>(20)</sup>.

Counseling is a care technology related to risk management in the STI/AIDS scenario, which encompasses individualized and patient-centered active listening, has the dimensions of emotional support, educational support and risk assessment, and can be offered in different moments within a service<sup>(21)</sup>. Therefore, counseling is an action that can be brought to the field of health promotion as it enables health care based on information provided based on identified health needs<sup>(22)</sup>.

In this sense, pre- and post-test STI/AIDS counseling carried out by the health team is highlighted in the care of patients with suspected or diagnosed STI/AIDS, given the educational actions that provide information for risk management, forms of transmission, prevention and screening for STI/AIDS<sup>(17)</sup>. This feature of the service refers to actions that reduce the vulnerability of these women, due to existing programmatic activities.

In line with health promotion actions, health education is understood as a set of practices that favor the construction of knowledge in the area for the population,

through the incorporation of different knowledge - such as common, popular and scientific sense -, which contributes to the development of autonomy and empowerment of individuals in relation to their care<sup>(23)</sup>. Therefore, health education favors the development of knowledge, attitudes and behaviors that enable proper care, better living conditions and well-being<sup>(23)</sup>. In this way, health education actions contribute to reducing vulnerability.

Health education portrayed in article B is a fundamental point in accessing information and knowledge about SSR and STI/AIDS by women deprived of liberty. Thus, it is noteworthy that the practices found contribute to the promotion of SSR and the confrontation of vulnerabilities in its three dimensions. Such actions are in line with the Bangkok Rules (United Nations rules for the treatment of imprisoned women and non-custodial measures for women offenders), within the scope of human rights, which establish that health services carry out activities with this population on education and information related to prevention activities in health care in general, including STI/AIDS<sup>(24)</sup>.

That said, these preventive actions provided by the penitentiary – offering consultations, tests (serological testing for STI/AIDS and oncotic Pap smear) and condoms – are pointed out in article B as factors that reduce the programmatic

vulnerability of women deprived of liberty to STI/AIDS . A study carried out with 56 inmates of the Public Jail in the municipality of Tangará da Serra, Mato Grosso, aiming to identify the sexual profile of women deprived of liberty, showed that, with the implementation of preventive and health-promoting measures, there is greater effectiveness in reducing of STI/AIDS cases in the population, corroborating the assertion in article B that these practices reduce the vulnerabilities of services<sup>(4)</sup>.

The two articles<sup>(17-18)</sup> report the care offered by the health team to women deprived of freedom in terms of prevention and health promotion. In addition, they bring the importance of the prison institution in providing this care, since the space facilitates access and must provide health as a right. Thus, it is essential to enhance the programmatic actions provided for in current policies and protocols (PNAISP and PNAMPE), which focus on the actions investigated in this review<sup>(10-11)</sup>.

The articles included bring expected experiences regarding policies and programs, unveiling actions consistent with the guarantee of human rights and coping with vulnerabilities. However, the reality of other Brazilian prison institutions is different from what was presented in this review, especially when it comes to the SSR approach. According to women imprisoned in the penal complex in Bahia<sup>(3)</sup>, health services are

inefficient and/or non-existent, and these women lack knowledge of elementary topics, such as family planning<sup>(25)</sup>.

The reproductive and sexual rights of incarcerated women are not recognized due to the devaluation of motherhood with the precariousness of prenatal care and disrespect for rights, added to the gender inequality in guaranteeing intimate visits. It exemplifies the longer time that women must wait after entering the prison system to earn this right; therefore, access to SSR within the prison institution is arduous and unsatisfactory<sup>(26)</sup>.

It should be noted that the role of nursing in the prison environment was raised in the two articles included. The authors of this review argue that nurses are prominent in these institutions, especially in the context of health promotion and disease prevention, emotional support and the reduction of vulnerabilities. In this way, it contributes to the reduction of the transmission chain, promotes debate about SSR and offers humanized care.

Even though the results cannot be generalized due to the small number of articles included, the relevance of the study is highlighted due to the topicality of the theme and for showing the limited approach to the subject, reflected by the inefficiency in the execution of existing public policies, which helps for the maintenance of the three dimensions of vulnerability. This statement demonstrates the urgency of more studies on

the subject, with an emphasis on prevention, promotion and treatment actions, in order to point out the weaknesses and potential of women's care within the prison system, and thus to support the effective implementation of policies public services.

Despite the search for articles carried out in four databases, in Portuguese, English and Spanish, it is subject to limitations, as other studies that address the subject may have been published in other languages and in databases not included in this work.

## CONCLUSION

From the analysis of the articles included, it was identified that health education and pre- and post-test STI/AIDS diagnosis counseling, service and input offerings - such as consultations, exams and condoms and availability of medications - were the actions of health promotion, disease prevention and treatment in women deprived of liberty, related to STIs/AIDS found in the national literature. It is evident that the aforementioned actions provided opportunities to reduce these women's vulnerabilities to STI/AIDS, through health education strategies and access to health care.

Analyzing the results from the adopted framework allowed to identify not only the vulnerabilities of women deprived of liberty, but mainly the prison institutions, revealing the high programmatic vulnerability, reflected

in the scarcity of studies that answered the question in this review.

It is concluded that one of the biggest challenges, point of intersection of the three aspects of vulnerability, to promote SRH of women deprived of liberty, is the inequity in gender relations. Thus, it is a sine qua non condition to rethink strategies for the effectiveness and breadth of actions provided for in public policies aimed at caring for women deprived of freedom.

**Promotion:** There was no financing.

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