



## DOCENCIA - INVESTIGACIÓN

### Gender in the context of sexual and reproductive rights of women deprived of liberty

Gênero no contexto dos direitos sexuais e reprodutivos de mulheres privadas de liberdade  
Género en el marco de los derechos sexuales y reproductivos de las mujeres privadas de libertad

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Palabras clave: Salud de la mujer; derechos sexuales y reproductivos; Género y Salud; Sexualidad.

### ABSTRACT

**Introduction:** The National Policy for Integral Attention to Women's Health, implemented by the Ministry of Health in 2005, deals with the comprehensive care in different contexts, such as the situation of women in prison.

**Objective:** To describe the profile of women deprived of liberty of a prison and discuss the situation of sexual and reproductive health of these women.

**Methods:** This was a descriptive, exploratory study, a qualitative-quantitative approach, which worked with 34 women in the prison system in Montes Claros and Pirapora, Minas Gerais, Brazil.

**Results:** Among the 34 women we found that 27 (79.4%) had some sort of profession before the arrest. The main activities were "maid" and "saleswoman" which configure jobs requiring low skill development and offer low wages. Among them, 22 participants (64.7%) said they were brown, 5 (14.7%) black and 7 (20.6%) white. In an age ranging from 30 to 35 years old, suggesting that women are in productive and reproductive age with low levels of education and hold jobs / professions of low pay. The narratives collected in the focus group show that these women maintain stereotypical representations of the feminine figure defined by emotion, passivity and devotion to family.

**Conclusions:** The results show that gender alters the exercise of sexuality and the fact that women get pregnant, put barriers to both, the realization of conjugal visits and the care of the children in the first six months postpartum.

## RESUMO

**Introdução:** A Política Nacional de Atenção Integral à Saúde da Mulher, implementada pelo Ministério da Saúde em 2005, trata da integralidade do cuidado em contextos diferenciados, como o das mulheres em situação de prisão.

**Objetivo:** Descrever o perfil das mulheres privadas da liberdade de um presídio e discutir a situação da saúde sexual e reprodutiva dessas mulheres.

**Métodos:** Trata-se de um estudo descritivo, exploratório, de abordagem quali-quantitativa, que trabalhou com 34 mulheres do Sistema prisional de Montes Claros e Pirapora-Minas Gerais, Brasil.

**Resultados:** Dentre as 34 mulheres verificou-se que 27(79,4%) exerciam alguma profissão antes da detenção. As principais atividades eram de "empregada doméstica" e "vendedora", que configuram empregos que exigem baixa capacitação profissional e ofertam baixa remuneração. Entre as participantes 22(64,7%) se declararam pardas, 5(14,7%) pretas e 7(20,6%) brancas. Em uma faixa etária de 30 a 35 anos, sugerindo que são mulheres em idade produtiva e reprodutiva, com baixos níveis de escolaridade e detentoras de empregos/ profissões de baixa remuneração. Nas narrativas coletadas no grupo focal essas mulheres mantêm representações da figura feminina estereotipada definida pela emotividade, passividade e dedicação à família.

**Conclusões:** Os resultados demonstram que as diferenças de gênero no exercício da sexualidade e o fato de que as mulheres engravidam, colocam barreiras tanto para a realização das visitas íntimas, como para o cuidado com os filhos nos seis primeiros meses pós-parto.

## RESUMEN

**Introducción:** La Política Nacional de Atención Integral a Salud de la Mujer, ejecutada por el Ministerio de Salud en 2005, se ocupa de la atención integral en diferentes contextos, como la situación de mujeres en prisión.

**Objetivo:** Describir perfil de las mujeres privadas de libertad de una prisión y discutir la situación salud sexual y reproductiva de estas mujeres.

**Métodos:** Se realizó un estudio exploratorio descriptivo, un enfoque cualitativo-cuantitativo, que trabajó con 34 mujeres en el sistema penitenciario y Montes Claros, Minas Gerais Pirapora, Brasil.

**Resultados:** Entre las 34 mujeres se encontró que 27 (79,4%) tenían algún tipo de profesión antes de la detención. Las principales actividades fueron la "limpieza" y "vendedor", que configuran los trabajos que requieren el desarrollo de baja habilidad y percibir bajos salarios. Entre los 22 participantes (64,7%) dijeron que eran marrones, 5 (14,7%) negro y 7 (20,6%) de color blanco. En un rango de edad de 30-35 años, lo que sugiere es que las mujeres están en edad productiva y reproductiva, con bajos niveles de educación y tener empleos / profesiones de bajos salarios. Los relatos recogidos en el grupo focal estas mujeres mantienen representaciones estereotipadas de la mujer definida por la emotividad, pasividad y dedicación a la familia.

**Conclusiones:** Los resultados muestran que las diferencias de género en el ejercicio de la sexualidad y el hecho de que las mujeres quedan embarazadas, ponen barreras tanto a la realización de las visitas íntimas, como para el cuidado de los niños en los primeros seis meses después del parto.

## INTRODUCTION

The massive entry of women in the labor Market, the use of contraceptive and the feminist movement started changing the speech and the role of women in the public sphere, especially after the 1960s. Among other aspects, these changes strongly affected the traditional models of women's health care, primarily designed for reproduction. The traditional model of mother-and-child care begins to be questioned, seeking to put women in the center of the discussions and decisions concerning their own bodies. The feminist movement puts the medicalization of the female body at stake: to women must be given the right to choose how many, how and with whom they will have children and, primarily, the fight against the criminalization of abortion in developed countries<sup>(1)</sup>.

It can be said that the questionings and disruptions on the women's health vision focusing on both, mother and child, towards a context understood as reproductive health saw its beginning in the 1970s and became a reality, as reproductive rights, between the 1980s and the 1990s, establishing itself internationally in Cairo in 1994, when there is a common understanding between the women's movement and the World Health Organization (WHO).

The principles of reproductive rights are born from women's movement in industrialized countries around the issues related to the right of abortion, and the absorption of these concepts by the national mentalities and bodies happens heterogeneously<sup>(2)</sup>.

In this sense, as noted by scholars on the subjects, women's demand for sexual rights begins with the feminist movements in the 1970s with the common feminist statement that reads "our bodies belong to ourselves". Nevertheless, only by the 1990s would the notions of sexual health appear as concepts<sup>(2)</sup>.

Currently, the Ministry of Health implemented policies that guide women's health in Brazil Health in 2005, through the Thematic Area of Women's Health, within the guidelines of the National Policy for Integral Attention to Women's Health. This policy concerns the totality of care in different contexts, such as that of women in prison situation. Studies have shown that if the implementation of sexual and reproductive rights has been a constant challenge and stumbles upon many difficulties, this issue worsens when concerning women deprived of their liberty<sup>(3)</sup>.

From this, the sociodemographic and health characterization is an important aspect to be taken into account in the formulation of public policies, in order to improve the quality of life, especially of women in custody<sup>(4)</sup>.

Therefore, a greater attention to promoting the health of women deprived of liberty is essential not only because of the greater risks found in the prison environment but also the lack of preventive measures offered by the prison health system. Relying on the role of Nursing in spreading its activities to vulnerable and stigmatized groups, on the strengthening of the autonomy of the subjects as the essence of the educational process regarding gender, sexual and reproductive rights issues of women prisoners<sup>(5)</sup>.

In this context, in the Prison Units of the State Secretariat of Social Defense of Minas Gerais, in the northern part of the state, in mixed custody prisons, where men and

women in legal situations that vary from closed, semi-open and open prison regimes, the detention of women must guarantee the possibilities of observing their sexual and reproductive rights, as well as the access to actions and care in Prison Health and the guarantee of such rights during the imprisonment period must be seen as a matter of concern in the face of vulnerability, social and gender inequality situations.

The interest in this subject developed out of a necessity of better comprehend the theme of gender in the context of sexual and reproductive rights of women deprived of liberty and the interaction among the researchers of Dona Tiburtina research group: Research Center in Gender, Health and Sexuality (NUPEGSS) with professionals acting in the Prison Health field in prison facilities in the area where the study was conducted.

This study aimed at describing the profile of women deprived of liberty held in custody in the prison system in two cities from the north of Minas Gerais and at discussing the sexual and reproductive health situation of these women and the health care offered by local prison health services.

## **METHODOLOGY**

This paper is a descriptive and exploratory work with a quantitative and qualitative approach. It relied on questionnaires as a scientific tool and the Focus Group technique. The visits were scheduled and the research was done in May and June 2012, with the authorization of the 11<sup>th</sup> Integrated Region of Public Health (11<sup>th</sup> RISP) where the prisons are located.

The study population consisted of thirty-four (34) women deprived of liberty held in the prisons in the city of Pirapora and Presídio Alvorada in Montes Claros, north of Minas Gerais, Brazil. We informed the participants orally, through a comprehensible language, about the justification and objectives of the study, as well as their right to not participate or give up the research at any time, without any harm to themselves. We also assured the privacy, confidentiality and anonymity of the information provided, using gemstones names as code names to identify the participants of the study, thus preserving their identity.

The Research Ethics Committee of UNIMONTES approved the research project by the assent 2.896/11. Based on the resolution 196/96, currently replaced by the resolution 466/2012 from the National health Council. All participants signed the Declaration of Commitment for this research.

In the quantitative stage, we grouped the variables related to the characterization of the profile of each woman into three categories: sociodemographic and prison characteristics and related to sexual behavior. The sociodemographic characterization includes age range, working category, educational background, crime committed, socioeconomic status and religiosity. As for prison characteristics, the type of offense, length of sentence, activities done in prison and health care assistance stand out. Lastly, regarding sexual behavior we considered marital status and the profile of partners as well as contraceptive or preventive methods used during sex, and even issues related to intimate visits in the prison.

We used the Focus Group Technique<sup>6</sup>, which is a group method that values the communication among the research participants in order to analyze data that are more

subjective. The participants are encouraged to speak, ask, and exchange stories and comment on experiences and each other's points of view through open questions that encourage them to explore important aspects.

To ensure the confidentiality of the participants' identities we opted to use code names based on precious stones.

The data were processed, arranged in tables and analyzed through descriptive statistics. To do the tabulation we used the electronic spreadsheet on Microsoft Excel. After checking the accuracy of the data, they were transferred to the software SPSS® (Statistic Package for the Social Science), version for Windows 18.0 for Windows®, to analyze it using the absolute and relative frequency.

To analyze the qualitative data produced in the Focus Group we used gender as an analytic category.

## RESULTS AND DISCUSSION

In terms of sociodemographic characterization of women deprived of liberty, the average age is 30 years old with the youngest being 19 and the oldest 56 years old. They have said to have a profession (79.4%), to have attended school (97.1%) and are mostly of brown skin (64.7%) as shown in Table 1:

**Table I – Sociodemographic characteristics of women deprived of liberty, Montes Claros/Pirapora 2013 (n=34)**

Demographic Aspects		
<i>Variable</i>	<b>Number</b>	<b>%</b>
<i>Profession</i>		
Yes	27	79.4
No	7	20.6
<i>Attended School</i>		
Yes	33	97.1
No	1	2.9
<i>Reading Level</i>		
Reads with ease	26	76.5
With difficulty	7	20.6
Cannot read	1	2.9
<i>Skin Color</i>		
White	7	20.6
Brown	22	64.7
Black	7	14.7
<i>Religion</i>		
Roman Catholic	15	44.1
Pentecostal Evangelical	14	41.2
None	5	14.7

In terms of sociodemographic characteristics of women on this study, we can see that 27 of them (79.4%) had a profession before detention, most of which were maids and saleswomen, jobs that usually demand low professional qualification and offer low wages.

Regarding educational background, the majority (33 women, or 97.1%) claim to have attended school and to be able to read with ease (76.5%). The largest number of

people is concentrated between the ages of 30 and 35 years old. Such data suggest that the women deprived of liberty are mostly women in productive and reproductive age with low levels of education and hold low pay jobs.

The sociodemographic profile of these women contributes to the greater cause of detention found in this study (Drug trafficking), as well as economic difficulties in an environment characterized by unemployment and precarious socioeconomic relations. Thus, trafficking becomes an economic activity that enables the inclusion, yet marginal, in the capitalist order, and psychosocial factors that underlie the entry of women in the drug trafficking in their historical and economic and social context, which needs special attention<sup>(7)</sup>.

In the study, the women's detention time showed an average of 43 months, ranging from 7 and 162 months of imprisonment. It can be seen that 17 (50%) of the women are recidivists, and the great majority had drug trafficking as the cause of arrest (22 or 64.7%), as shown in the table below.

**Table II – Prison profile of women deprived of liberty, Montes Claros/ Pirapora 2013 (n=34).**

Prision Aspect <b>Variable</b>	<b>N</b>	<b>%</b>
<b>Recidivist</b>		
Yes	17	50
No	17	50
<b>City</b>		
Montes Claros	26	76.5
Pirapora	8	23.5
<b>Reason for Arrest</b>		
Drug dealing	22	64.7
Theft	2	5.9
Robbery	2	5.9
Murder	1	2.9
Scam	1	2.9
Assalt	5	14.7
No answer	1	2.9

The data on the participants marital status show that 20 (58.8%) of them were single and only one of them (02.9%) was divorced or separated. Only eight (23.5%) of the women had a partner who had some kind of employment and 20 (58.8%) of them had had previous relationships. Among the women who had a stable relationship, only 4 (11.8%) received intimate visits from their partners. The majority of women (28 or 82.4%) have children and only one of them (2.9%) had a child in prison. The study shows that most of these women do not have a stable relationship, the partners of those who do are mostly unemployed and few of them go on intimate visitation.

**Table III – Relationship women deprived of liberty, Montes Claros/Pirapora 2013 (n=34)**

<i>Relationship Variable</i>	<b>Number</b>	<b>%</b>
<i>Marital Status</i>		
Single	20	58.8
Separated or Divorced	1	2.9
Widow	2	5.9
Married	4	11.8
Consensual Union	7	20.6
<i>First Union</i>		
Yes	12	35.3
No	20	58.8
No answer	2	5.9
<i>Partner Employed</i>		
Yes	8	23.5
No	10	29.4
No answer	9	26.5
N/A	7	20.6
<i>Received Conjugal Visit</i>		
Yes	4	11.8
No	14	41.2
N/A	7	20.6
No answer	9	26.5
<i>Children</i>		
Yes	28	82.4
No	4	11.8
No answer	1	2.9
<i>Had a child in prison</i>		
Yes	1	2.9
No	25	73.5
N/A	5	14.7
No answer	3	8.8

When asked about prison health assistance, most of the women in the study (19 or 55.9%) said to go on regular routine examinations in the prison facility, however, only 16 of them (47.1%) use some kind of measure to prevent Sexually Transmitted Diseases (STDs), which is one worrying statistic as this population is vulnerable. This can also be explained by the lack of guidance about sexuality that they have, which is evidenced by the low number of women receiving such guidance, only 12 (35.3%) of them.

**Table IV – Prison Health Care, Montes Claros/Pirapora 2013 (n=34)**

<i>Prison Health Variável</i>	<b>Number</b>	<b>%</b>
<i>Regular health examination</i>		
Yes	19	55.9
No	15	44.1
<i>Prevents STD</i>		
Yes	16	47.1
No	2	5.9
<i>Sexual Guidance</i>		
Yes	12	35.3
No	21	61.8
No answer	1	2.9

Regarding the Focus Group results, after an exhausting and extensive reading of the narratives transcribed the following categories were defined: femininity stereotypes; - Exercise of sexuality and the differences between men and women; - Sexual and reproductive rights, which generated two sub-categories: Exercise of female sexuality in the prison system; and pregnancy and maternity.

### **Femininity stereotypes**

Femininity stereotypes come from the very socialization of women: from the language they are supposed to use to the areas of knowledge with which they may be more familiar (education, health, social welfare), the use of mild and sweet speech, the well accepted and permitted jokes and games and inclination to caring and delicate acts. So, since they are little, women are taught to take care of children, play with dolls and perform chores, while boys are expected to play sports and think about jobs detached from the household. All of these impose marked places and defined positions for women from the first moment of their life in society<sup>(8)</sup>.

Thus, the stereotypical female figure has been defined, for a long time, by emotion, passivity and dedication to Family. The idealized love, built from the subordination of women to the private domain, contributed to play a social representation of their dependency on men as the patriarchal period led to the representation of the domesticity of women and marriage<sup>(9)</sup>.

*The difference between men and women is that women are more caring, more patient... they know how to give themselves better, mainly give themselves to their children because there are some men who just don't have patience. Men are more agitated, they are more concerned with other things of their everyday lives, even more than with their own families. (Cristal Rubilato)*

*Being a woman is being a fighter...She is the one who has the power to give birth, to have a family. (Being) a woman is being a mother, housewife. (Turmalina Verde)*

*(Being) A woman is being a mother, friend, partner... knowing how to run a home and family. (Ônix Vermelho)*

The narratives of the women in the study corroborate these aspects of femininity stereotypes: the masculinity and femininity stereotypes always stressed the primacy of men over women, and the eminently domestic and familiar character of women's role. From the moment the gender category is recognized, it becomes essential to comprehend the equality between men and women with regard to political, economic, social, family and labor rights. There is also the recognition of women's emancipation right in society<sup>(10)</sup>.

### **Exercise of sexuality and the difference between men and women**

The differences between the "male" and "female" sex is a result of a cultural construction. Thus, the study of the sexuality brings into light the idea of the sociological theory: the relationship between society and individual and how the links between these two poles are contextually produced. The sexual scripts mirror the multiple and different socialization that a person experiences in his or her life: family, kinds of schools, access to different means of communication, friendship networks and neighborhood<sup>(11)</sup>.



In this context, the way of being a man or a woman is built within the culture. Therefore, gender infers that men and women are a product of the social reality and not the anatomy of their bodies. From this perspective, the elements related to the male and female role, the experience of sexuality and sexual and reproductive rights are relevant to recognize this true reality<sup>(12)</sup>.

*Men and women have different sexual behaviors in society... Men do things that are not criticized by society and there are certain things that if a woman does them, she will be frowned upon by society. There are several things: men go to parties, drink, dance with many women and make out with several of them, and if the woman drinks a sip too much men will start pointing their fingers at them saying that that is wrong, that it's ugly, that it is not a woman's role...(Ônix Vermelho)*

*If a woman makes out with several men, she is called a whore, slut... and men can do that and no one will say anything to them. (Ônix Verde)*

*Men only want to take advantage of women (Ônix Verde)*

*Nowadays, men are more concerned with satisfying their desires, not caring about feelings. Women are more concerned with the feelings (Ônix Vermelho)*

### **Sexual and reproductive rights - Subcategories: Exercise of female sexuality in the prison system; subcategory pregnancy and maternity**

Sexual rights keep a close link with the long reconstruction trajectory of national laws and the very paradigm of human rights from the perspective of women. However, when considering the multiplicity of subjects that demand prerogatives in the field of sexuality today, it must be said that its approach to the law and the rights was quite late and has been constructed from the parameters that do not always coincide with the feminist perspective<sup>(13)</sup>.

In this sense, the control devices found in a prison system are also able to interfere in the affectivity and sexuality of incarcerated people, especially women. The intimate conjugal visits, specifically, is a very influential factor in the consolidation of affective arrangements of women in prison situation. Moreover, when it comes to women of homosexual orientation, this situation can be further complicated, since in most prisons there is no guarantee of rights with regard to the exercise of these women's sexuality<sup>(12)</sup>.

Intimate and conjugal visitation is a constitutionally safeguarded right, given the interpretation that sexuality is a dimension of every person's life. However, when incarcerated, women face numerous obstacles for their right of maintaining sexual activities to be effective. The lack of physical space and structure of prison facilities is one of them, due to the fact that female prisons are much smaller than male ones, intimate visitations end up being forbidden or given in inappropriate conditions, with little or no privacy<sup>(14)</sup>.

Some participants of this study mentioned some of the difficulties they face:

*I've been arrested for four months and I've never had intimate visits. I have a boyfriend I keep contact with through phone calls once a month (10 minutes) and by letters that my mother brings me when she comes to the social visitation. During the phone call, I don't have the privacy I need, since the Social worker is in the room and listens attentively to my conversation. Staying here for three years "without getting any" is very difficult...(Ônix Verde).*

*In here, sexual needs exist, but we have no way of satisfying them (Ônix Vermelho)*

*I've been locked up for one year and five months and we have never had intimate visitation by my own choice. (Ônix Vermelho)*

Yet another common constraint is the prohibition of conjugal visits with partners of the same biological sex or homosexual relations with other inmates. The bureaucratic limitations created by the prison tend to lead to the relationship of incarcerated women. For that reason, many end up getting themselves involved with cellmates who are able to give them the support that their husbands and partners can no longer offer<sup>(14)</sup>.

*In the cell, there are women who are homosexual, who like other women... but they can't have relationships, it's not allowed. They are girlfriends, but they can only enjoy it outside, when they are out of jail. When one of the two is moved to another cell or goes free, the other one stays there, suffering... Here it is not allowed to make out with another woman, even when they are in the same cell, because there are other women in the cell, about thirteen women per cell. When there is a romance, it has to be completely under cover. (Cristal Rubilato).*

*I do not have anything to say about this subject, because I am not homosexual. (Turmalina Verde)*

The reality of homosexuality in Brazilian prisons draws attention to a matter of utmost importance, which are the hardships encountered regarding the development of significant emotional ties of incarcerated women. The development of true friendship relations, not only homosexuals, assist in maintaining the emotional balance of these women<sup>(14)</sup>.

Most women deprived of liberty rely on the support of their mothers, because the children's fathers rarely stay with them due to home abandonment, for being arrested as well or any other reason<sup>(15)</sup>.

The reports below illustrate this reality:

*My boy's father is arrested in Presídio Regional de Montes Claros, and he suggested that I go there for an intimate visitation, but I don't want to (Turmalina Verde)*

*I have a son who my mother takes care of. (Ônix Vermelho)*

*I don't have a partner...(Pedra do Sol)*

Studies point out that many women link their criminal activities to male influences, resulting in deprivation of liberty. They refer to a man, especially their partner, as being directly or indirectly responsible for their starting their criminal careers or being arrested<sup>(16)</sup>.

*I was pregnant and went out to have my baby when I was arrested with him (partner). When I met him, I was already doing drugs... I was a drug user and he was a dealer. I started dealing when I started dating him. I was arrested the first time when I was six months pregnant, I was put away for three months and a half and was granted house arrest. I would go to prenatal care in the health center when I was in here, but when I was outside I barely went. I could never breastfeed my baby because I was using too much drugs when he was born. I used to smoke about a hundred stones a day...when I was out of stones I would go out and buy some more... I never used any other drug, but Crack is what stopped me from going to prenatal care. I lost the scheduling of my ultrasound for not being able to wait in line for the exam because of the anxiety and need to use the drug. Three months after I gave birth, I was arrested again and now my sister takes care of my son. I have three other children. One of*

*them is with his father, the girl I gave away and the other two are with my family. I also had a miscarriage. (Turmalina Verde)*

To meet the health needs of the Brazilian female prison population, we understand that it is necessary to know and reflect on the life conditions of these women. In this context, comprehending and discussing factors that underlie the prison environment becomes essential to professionals who take care of the female prison population<sup>(17)</sup>.

Once the Criminal Law-LEP of 1984 ensures women deprived of freedom the right to be visited by their husbands, partners, relatives and friends; the right to receive intimate visitations at least once a month; the right to receive prenatal care as soon as the pregnancy is discovered, the prisoner should be transferred to a correctional facility that has medical staff and structure for monitoring the nine months of pregnancy (prenatal). The delivery should occur in a hospital unit of the penitentiary system or in the public healthcare system (National Health System)<sup>(18)</sup>.

## CONCLUDING REMARKS

The results show that the difference in gender in the exercise of sexuality and the fact that women get pregnant put obstacles for both, conjugal visitations and children care in the first six months postpartum. If the perspective is the social recovery of these women, we understand that, in addition to the proposals of labor activities in the prison system, it is necessary to treat incarcerated women's health having their sexual and reproductive rights in mind, understanding that they are of paramount importance to the consolidation of human rights.

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