Research Article
Artigo de Pesquisa
Artículo de Investigación

DOI: http://dx.doi.org/10.12957/reuerj.2019.40203

Actions to prevent and cope with the STI/AIDS experienced by women in prison

Ações de prevenção e enfrentamento das IST/AIDS vivenciadas por mulheres encarceradas

Acciones de prevención y enfrentamiento a las IST/SIDA vivenciadas por mujeres encarceladas

Márcio Pereira Lôbo[I]; Lucia Helena Garcia Penna[II]; Joana Iabrudi Carinhanha[III]; Alba Benemérita Alves Vilela[IV]; Sérgio Donha Yarid[V]; Charles Souza Santos[VI]

ABSTRACT
Objective: to examine STI/AIDS prevention and coping measures for women in prison, considering the dimensions of vulnerability. **Method:** this qualitative study drew theoretically and methodologically on Bertaux's Life Narrative. The study setting was the penal facility at Jequié, Bahia. Data were collected through an open interviews of 15 women inmates. The study was approved by the research ethics committee. Data were analyzed by Bertaux thematic analysis. **Results:** condom use, on personal and cultural criteria, and access to health services and materials provided by the prison are preventive measures that women would not have on the outside. Nonetheless, unprotected sex practices prevail over the decision to use protective measures, which is strongly determined by culture and past habits, as well as by the dynamics of the prison. **Conclusion:** preventive measures can reduce vulnerability of women in prison, but individual and institutional measures directed to these effective preventive practices remain a challenge within the prison system.
Descriptors: Women's health; prisons; sexually transmitted disease; disease prevention.

RESUMO
Objetivo: analisar ações de prevenção e enfrentamento das IST/AIDS em mulheres encarceradas, considerando as dimensões de vulnerabilidade. **Método:** pesquisa qualitativa com aporte teórico-metodológico da Narrativa de Vida de Bertaux. Teve como cenário de estudo o Conjunto Penal de Jequié-BA. Os dados foram coletados através da entrevista aberta com 15 mulheres encarceradas. Estudo aprovado POR Comitê de Ética em Pesquisa. Dados tratados por meio da análise temática de Bertaux. **Resultados:** a utilização de preservativo, seguindo critérios pessoais e culturais, e acesso aos serviços de saúde e insumos proporcionados pelo presídio constituem ações preventivas que as mulheres não teriam fora dele. Contudo, práticas sexuais desprotegidas prevalecem sobre a decisão em utilizar medidas protetivas, pois é fortemente determinada pela cultura e hábitos pregressos, bem como pela dinâmica do presídio. **Conclusão**: as ações de prevenção podem reduzir a vulnerabilidade das mulheres encarceradas, porém medidas individuais e institucionais voltadas para estas práticas preventivas efetivas permanecem como desafio dentro do sistema prisional.
Descritores: Saúde da mulher; prisões; doença sexualmente transmissível; prevenção de doenças.

RESUMEN
Objetivo: analizar acciones de prevención y enfrentamiento de las IST/SIDA en mujeres encarceladas, considerando las dimensiones de vulnerabilidad. **Método:** investigación cualitativa con aporte teórico-metodológicamente de las Narrativa de Vida de Bertaux. El escenario de estudio fue el Conjunto Penal de Jequié-BA. Los datos han sido recolectados a través de la entrevista abierta con 15 mujeres encarceladas. Estudio aprobado por el Comité de Ética en Investigación. Los datos han sido tratados por el análisis temático de Bertaux. **Resultados:** la utilización del preservativo, siguiendo criterios personales y culturales, y el acceso a los servicios de salud e insumos proporcionados por la prisión, constituyen acciones preventivas que las mujeres no tendrían fuera de ella. Sin embargo, las prácticas sexuales desprotegidas prevalecen por encima de la decisión de utilizar medidas protectoras, pues son fuertemente determinadas por la cultura y los hábitos pasados, así como por la dinámica de la cárcel. **Conclusión:** las acciones de prevención pueden reducir la vulnerabilidad de las mujeres encarceladas, pero medidas individuales e institucionales volcadas a estas prácticas preventivas efectivas permanecen como desafío dentro del sistema penitenciario.
Descriptores: Salud de la mujer; prisiones; enfermedades de transmisión sexual; prevención de enfermedades.

INTRODUCTION

The number of women incarcerated is very high in Brazil. The country has the fifth largest prison population in the world with 37,380 prisoners in state and federal prisons, only behind the United States (205,400), China (103,766) Russia (53,304) and Thailand (44,751) [1].

[I]Nurse. PhD student. Assistant Professor, Southwest Bahia State University. Brazil. E-mail: marcioplobo@gmail.com
[II]Nurse. PhD. Adjunct Professor, State University of Rio de Janeiro. Brazil. E-mail: luciapenna@terra.com.br
[III]Nurse. PhD. Adjunct Professor, State University of Rio de Janeiro. Brazil. E-mail: iabrudi@yahoo.com
[IV]Nurse. PhD. Full Professor, Southwest Bahia State University. Brazil. E-mail: albavilela@gmail.com
[V]Odontologist. PhD. Full Professor, Southwest Bahia State University. Brazil. E-mail: yarid@uesb.edu.br
[VI]Nurse. PhD student. Assistant Professor, Southwest Bahia State University. Brazil. E-mail: charlesss@uesb.edu.br

Received: Feb 16th 2019 – Accepted: Mar 28th 2019

DOI: http://dx.doi.org/10.12957/reuerj.2019.40203

Despite the increased number of female offenders, the Brazilian prison system did not follow the expansion and adequacy of the penal infrastructure for this population. Women continue to divide space, even if in separate blocks with men in mixed prisons, since there is a very small number of female prisons[1-2].

Currently, the Brazilian Prison System adopts measures of functioning as established by the Criminal Execution Law 7210/84[3] and by law 11.106/2005[4] that inserted modifications in the Brazilian Penal Code mainly in what refers to feminine peculiarities. However, the prison system still adopts androcentric stance, which does not value the specificities of women, placing them in a condition of increased vulnerability[5].

From the point of view of health care, public policies aimed at persons deprived of their liberty, as well as those focused on imprisoned women, are synergistically aimed at guaranteeing the right of access to health, respecting citizenship, quality, completeness and equality of health care, without any preconceptions or privileges of any kind for the entire population deprived of their liberty, including the female population[6-9].

Actions to promote health and prevention of communicable or non-communicable diseases, including those resulting from confinement, such as prevention of alcohol and other drugs, protection against Influenza, Sexually Transmitted Infections and Acquired Immunodeficiency Syndrome (STI/AIDS) are recommended. distribution of male and female condoms, promotion and care of sexual and reproductive rights, promotion of oral health and access to mental health programs; besides the actions of sanitary surveillance, to be implemented in an integrated way to the health system of the territory. Despite the efforts of public policies to expand and humanize care for these women, actions are still insipient and do not respond to the demands of women's health care present in these facilities[10-12].

Precarious areas of confinement, inadequate structures of the prison system for the female population and overcrowding favor situations of greater vulnerability, such as violence, insalubrity, sedentary lifestyle, drug use, poor diet, lack of hygiene, inadequate health care or unprotected sexual practices, among many others[14].

Among the health problems, The STI/AIDS are highlighted in terms of the vulnerability of women in prison, as they are more vulnerable to these diseases, as well as a greater barrier to the implementation of sexual and reproductive rights in these environments.[10,14-16] The woman who entered the prison has a higher risk of being a carrier of some STIs, due to a greater likelihood of engaging in prostitution and sexual abuse stories in her daily life prior to her arrest. It is a fact that the prison system often aggravates such situations of previous vulnerability[11,15].

Considering the precarious conditions experienced by women in prison, their vulnerability to STI/AIDS, but also the existence and legal preconception of health actions and policies to be implemented in the penitentiary system, we are concerned to know, in light of the perspectives of imprisoned women, which actions to prevent and combat STI/AIDS are established in the prison context.

In view of the context, this study aimed to identify and analyze actions to prevent and cope with STI/AIDS in women in prison situations, considering the dimensions of vulnerabilities.

THEORETICAL REFERENCE

In the prison context, female sexual and reproductive vulnerability is increased as a result of biological issues, gender inequalities, stigma and social discrimination[16,17]. Therefore, in order to understand the complexity of the aspects involved in the process of prevention and coping with the vulnerability to STI/AIDS of women deprived of their freedom, the wide concept of vulnerability developed by Ayres[18].

In health, the use of the term vulnerability began in the early 1980s. This concept does not seek to detect only a person's probability of being exposed to the disease, but rather to evaluate the interconnected influence of the individual, social and programmatic dimensions on any person[18].

The individual dimension involves cognitive aspects such as the need of information of the people about a particular illness and behavioral aspects that includes personal characteristics such as emotional development, perception of risk and attitudes towards them[19-23]. The social dimension refers to the environment in which people are inserted and developed, this dimension analyzes and evaluates how government directives and the legal-political structure favor respect for human rights and, as these guidelines contribute to access to goods and services, respect for cultural issues and the exercise of citizenship[18,24]. In the programmatic dimension, the individual and social vulnerability plans are linked. It can be identified in the levels of federal, state and municipal power or even the non-governmental

DOI: http://dx.doi.org/10.12957/reuerj.2019.40203

organizations (ONG). This dimension is responsible for providing material resources, information and support of varied orders to the people[18,21,22].

METHODOLOGY

It is a qualitative research based on the life narrative as a theoretical-methodological reference in the ethno-sociological perspective proposed by Daniel Bertaux[23].

The study was developed in the Jequié Criminal Complex (CPJ), in Bahia. This prison unit is characterized by custody of male and female inmates, temporaries and convicted, in compliance with custodial sentences, in a closed and semi-closed regime[24].

Constituted as participants 15 women incarcerated (M1 to M15), who were serving their sentence or awaiting trial at CPJ and who declared themselves to practice or engaged in sexual relations in internal or external intimate visits. Exclusion criteria were defined as: women who had previous diagnosis (for mental health) of temporal-spatial disorientation and/or intellectual deficit.

In order to perform the data collection, it was necessary to set the researcher's environment in the research scenario[23], which lasted approximately 6 months and was carried out through informal conversations with professionals about the day-to-day functioning of the prison and educational health actions with women incarcerated. Subsequently, the women were invited to participate in the research, explaining the objectives and method to be used.

Of the 45 women incarcerated in the CPJ, 20 accepted to participate in the study, however, two women were transferred to another criminal group and three gave up participating in the study during the data collection process (July 2017 to May 2018).

Individual narrative interviews were conducted based on the guiding question: *tell me a little about your sexual relations before and after the incarceration*, which were recorded in audio. The meetings took place as previously scheduled with the security sector and availability of women, who were directed to a private room on the CPJ health module.

The material from the field was submitted to the thematic analysis method proposed by Bertaux.[23] In the exploratory phase, women's narratives were listened to and read (after transcription), followed by the comparative analysis phase to identify the common and different traits, in order to uncover the contexts involved with the object of the study. Finally, the categorization was carried out, which included the steps of codification, recoding, grouping and construction of the analytical category: Actions to prevent and combat STI/AIDS experienced by women in prison.

This study followed Resolution 466/202[25], and its project was approved by the Research Ethics Committee of the State University of Southwest of Bahia, with CAAE nº 64271316.2.0000.0055, opinion number 1.963.

RESULTS AND DISCUSSION

The actions to prevent and control STI/AIDS in incarcerated women are related to their sexual behavior (condom use), the acquisition of knowledge about sexual and reproductive health and STI/AIDS and the supply of materials (condoms) and services (consultations and examinations) provided by the public health service of the health units and by the Prison Health Program. These actions involve the three dimensions of vulnerability[20].

The prevention of STI/AIDS can be perceived in the reference to the use of condoms for the practice of protected sex, involving the individual dimension. Although not a routine in the sexual relations of the women interviewed, it appears as a way to prevent STI/AIDS and, above all, unplanned pregnancy. This preventive conduct is based on different justifications, which relate to the relation with the sexual partnership, with their own body, with the family/community, or with the work.

Interviewed women tend to use condoms because of mistrust in their partner's health conditions, whether in a recent relationship or in a job (prostitution), or because of the traditionally male chauvinistic behavior of promiscuity and extramarital relationships that affirm their masculinity and virility inside or outside the prison. They also mentioned making use of the condom by the partner's requirement in extramarital affairs or in certain types of sexual relations, such as in anal sex. The sexual interest in the partnership also influences the use or not of the condom, that is to say, if they do not like the person, they use a condom. The use of condoms in an occasional or based on unusual conjectures to the practice of protected sex was identified in other studies[26-28].

DOI: http://dx.doi.org/10.12957/reuerj.2019.40203

> *At first we started to have intercourse, and he wanted without a condom. And I said no, because it was the beginning (M12).*
>
> *I did not know if he was just with me, with other types of women [...] only that from a time he started to stay in the street and started to visit me, then I no longer had the confidence, [...]] I already demanded for us to use condoms again. [...] we maintained the intercourse with a condom because he was married (M6).*
>
> *I stayed with him [in town] for the sake of things. We were dating, but it wasn't fun at all. (...) I used a condom with him, I do not know why, I think I was disgusted with him (M11).*
>
> *It's strange that you visit a person [outside intimate visit] that you've never seen, never seen through the photo just by the voice. And voice eludes. His voice was beautiful, looked like he was gorgeous. When I went to see ... it was a terror.. I had sexual intercourse, he was kissing me, he drugged me. [...] We did it with a condom (M8).*

Another justification for using condoms is unplanned pregnancy. It is also noted that unwanted pregnancy is a positive motive for reducing the vulnerability of women to STI/AIDS. The fear of having the body modified by gestation and of the family and social disapproval by the unplanned and undesired pregnancy evidences, respectively, the weakening of factors related to individual and social vulnerability to STI/AIDS.

> *Every time was like that, they wanted to do it differently ... without a condom. But I was always afraid of a pregnancy [...] what will my family say? (M5).*
>
> *I was very proud of my body. I prevented myself from getting pregnant. At the time I did not know of any sexually transmitted disease (M14).*

As can be seen, this sexual practice is governed by unequal gender relations, highlighting the social dimension of vulnerability to STI/AIDS, which makes it difficult to sustain an attitude/position of permanent prevention. Women's difficulties in negotiating the use of condoms or fear of losing their initial or stable relationship are recognized, therefore, public policies need to consider gender issues based on the tensions and inequality of power existing in the relations between men and women[29,30].

The condition of being a female incarcerated, living the daily life of the prison system with its disciplinary norms, access to some health services, such as educational actions, preventive examinations and the availability of condoms, and the contact with other male and female inmates, influenced the condition of their vulnerability (social and programmatic dimension) to STI/AIDS. Such services are provided for in the National Policy for Integral Health Care for Persons Deprived of Liberty in the Prison System[9] and should be understood as a right fulfilled by the System that end up protecting the prison population of STI/AIDS[29,30].

With regard to the knowledge acquired regarding sexual and reproductive health and STI/AIDS, women reported that the knowledge came from the media such as TV and radio, from learning at school, from informal conversations, from participation in educational activities in health carried out by health professionals inside and outside the prison. It is verified that these practices are important to reduce the vulnerability of these women to STI/AIDS, since it favors the construction of knowledge about the functioning of the body and the control of their health, including, they emphasize that the environment of the prison enables the learning and the instrumentation to take care of your health more than outside it.

> *They [nurses] were teaching me more, how to preserve health, the environment. [...] every time I practice and relate to another type of person, prevent myself and continue to prevent; always seek to do examination, always look for guidance of things to be able to prevent disease. I learned about pill, condom, injection in conversation between friends (M1).*
>
> *When you are on the street, not everyone tries to avoid, to prevent it. And when you are arrested, because of the lectures, the health councils, you learn to prevent, to avoid getting sick. We learned a lot in prison. The mind before she was arrested was one and then it is totally another. In everything, in term of partner, in term of relationship, in terms of knowing how to lead the house, know how to lead the relationship, you learn a little about everything (M13).*

With regard to the provision of materials and services for health promotion and disease prevention, women deprived of their liberty have also reported that they receive supplies (such as condoms and medicines) and health care within the possibilities of the prison service or in the network of care of the territory through consultations and examinations focused on sexual and reproductive health (such as preventive, serological tests for STI/AIDS, reproductive planning), accompanied by guidelines in health. In this sense, they also point out that this assistance to their health is greater within the prison than the actions offered and used by these women when they were at liberty, reducing the programmatic vulnerability of women incarcerated to STI/AIDS contamination.

DOI: http://dx.doi.org/10.12957/reuerj.2019.40203

> *The condoms they [nurses] give to prevent us [...] But if some use and others do not use, they can not do anything, but condoms arrives there [CPJ health module] (M1).*
>
> *In prison, always had preventive, examinations, certain guidelines that I did not have in the street. [...]The nurse provides the condom, the contraceptive pill, the injections, orientations [...] And the routine exams in the [prison] unit (M2).*
>
> *[...]had the campaign here of the preventive (...) and the nurse took the name of the women [...] I was the first to put my name. I wanted to know how I was doing. Every year I always do. She tells the result and calls us in private; speaks if it did not shows something or if it shows some type of illness ... starts to refer to the treatment ... to take care of us (M1).*
>
> *After I entered the prison, I had more influence to take care of health. If I was on the street now I wouldn't have sought a doctor to do the preventive, no, I would be taking medicine crazily like I always had (M8).*

Serological screening by means of laboratory tests between the woman and the partner is indicated as a way of deciding on the use of the condom. The existence of such a practice may make people more vulnerable to STI/AIDS by not guaranteeing the absence of disease due to the immunological window of disease, nor does it guarantee monogamy in sexual intercourse. But it can also be considered as an action that reduces individual vulnerability through the programmatic actions offered by the health system[18].

> *I asked him to take the exam. [...]He did it. And the exam showed nothing. So we got back to having sex without a condom. None of us had anything (M1).*

The narrative highlights the effort of the health team of the prison unit to provide access to the necessary health services for diagnosis and treatment, including the partnership with the network of attention of the territory, providing integral care to the incarcerated woman, as foreseen in the PNAISP[8] and in the Guidelines for the Care of incarcerated Women[9]. There is also the commitment of the nurse to the integral care of the incarcerated woman, as well as the respect for her right to decide on her body and her health.

In order to prevent STI /AIDS transmission, considering the programmatic dimension, it is necessary to implement the public policies responsible for actions that reduce vulnerability to STI/AIDS (access to information/education, support network for early identification of cases and immediate treatment) and guarantee access to the necessary health and social services, and each population group needs specific actions according to their intrinsic characteristics, as in the case of women deprived of their liberty[18,31-33].

Thus, it is understood that the prevention actions provided by the prison reduce the programmatic vulnerability to STI/AIDS among women incarcerated. However, unprotected sexual practices prevail over the decision to use protective measures because it is strongly determined by culture and past habits that draw their sexual scripts[33] and are reproduced through sexual conduct[34], as well as the dynamics of the operation of the prison, that "was created and developed by men and for men" [5:295].

CONCLUSION

The conduct of women incarcerated when adopting condom use, even if sporadically, and according to personal criteria, seems to indicate a reduction in their individual vulnerability to STI/AIDS. In addition, the offer of condoms, facilitated access to health services, as well as the educational actions offered by prison health professionals are pointed out as minimizers of programmatic vulnerability to STI/AIDS when compared to sexual behaviors and access to services used by these women outside the prison system.

However, unprotected sexual practice is directly related to women's life histories (prior to deprivation of liberty) and prevails over the decision to use protective measures for STI/AIDS, as it is strongly determined by the culture and daily habits. It is also worth considering the functioning of the prison system, whose structure is permeated by official or unofficial norms that do not follow the logic of gender oppression and discrimination as a determining factor of unprotected sexual practice. Thus, women remain vulnerable in all dimensions, indicating that individual and institutional actions aimed at adopting protective practices for STI/AIDS remain a challenge within the prison system, both for nurses and other health professionals and for managers.

By listening to these women deprived of their liberty, this study highlighted successes and gaps in attention to women deprived of their liberty, considering their vulnerability to STI/AIDS. In this sense, the actions of nurses in health promotion and disease prevention are essential to overcome the process of disease transmission within the prison, as well as to humanize care and to strengthen these doubly punished women.

DOI: http://dx.doi.org/10.12957/reuerj.2019.40203

The limitations of this study refer to the presentation of the reality of a specific prison, restricting the broader analysis of the female prison system, and requiring further studies that provide greater understanding and reflection of the needs and gaps in the health care of this vulnerable group, in addition to relevance of the discussion of this subject in the academic and professional environments, particularly in the Nursing area.

REFERENCES

1. Ministério da Justiça (Br). Departamento Penitenciário Brasileiro. Levantamento Nacional de Informações Penitenciaria InfoPen mulheres – Junho de 2014 [Internet]. Brasília (DF): Ministério da Justiça; 2015. [cited 2018 Feb 20]; Available from: http://189.28.128.100/dab/docs/portaldab/documentos/relatorio_depen.pdf
2. Diuana V, Ventura M, Simas L, Larouzé B, Correa M. Women's reproductive rights in the penitentiary system: tensions and challenges in the transformation of reality. Ciênc. Saúde coletiva 2016 [cited 2018 Jun 02]; 21(7):2041-50. Available from: http://www.scielo.br/scielo.php?pid=S1413-81232016000702041&script=sci_arttext&tlng=en
3. Governo Federal (Br). Decreto-Lei de Execução Penal n. 7. 210, de 11 de julho de 1984. Institui a Lei de Execução Penal e a legislação correlata [Internet]. Brasília (DF). Diário Oficial. República Federativa do Brasil; 12 de jul. 1984. [cited 2018 Feb 20]. Available from: http://bd.camara.gov.br/bd/handle/bdcamara/766
4. Ministério da Justiça (Br). Lei Nº 11.106, de 28 de março de 2005. Altera os artigos. 148, 215, 216, 226, 227, 231 e acrescenta o artigo. 231-A ao Decreto-Lei nº 2.848, de 7 de dezembro de 1940 – Código Penal e dá outras providências [Internet]. Brasília (DF). Diário Oficial da União; 29 de mar. 2005. [cited 2018 Feb 20]. Available from: http://bd.camara.gov.br/bd/handle/bdcamara/766
5. Lima LR, Pacheco RAS. O encarceramento de mulheres sob a perspectiva da criminologia feminista. Revista Jurídica Direito, Sociedade e Justiça [Resumo expandido]. 2017; 5(1):295-7.
6. Conselho Nacional de Justiça (Br). Cartilha da Mulher Presa [Internet]. 2 ed. Brasília (DF): Departamento de Monitoramento e Fiscalização do Sistema Carcerário e do Sistema de Execução de Medidas Socioeducativas (DMF); 2012 [cited 2018 Feb 20]; Available from: http://www.cnj.jus.br/images/programas/comecar-de-novo/publicacoes/cartilha_da_mulher_presa_1_portugues_4.pdf
7. Presidência da República (Br). Secretaria de Políticas para as Mulheres. Plano Nacional de Políticas para as Mulheres 2013-2015 [internet]. Brasília (DF): Secretaria de Políticas para as Mulheres; 2013. [cited 2018 Feb 20] Available from: http://www.spm.gov.br/assuntos/pnpm/publicacoes/pnpm-2013-2015-em-22ago13.pdf
8. Ministério da Saúde (Br). Secretaria de Atenção à Saúde. Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional [Internet]. Brasília (DF): Ministério da Saúde; 2014.
9. Governo do Estado (SP). Coordenadoria de Reintegração Social e Cidadania. Diretrizes de Atenção à Mulher Presa [Internet]. São Paulo; 2013. [cited 2018 Feb 20] Available from: http://www.reintegracaosocial.sp.gov.br/db/crsc-kyu/archives/6208c81fb200c6081c054df541387c7b.pdf
10. Ministério da Justiça (Br). Departamento Penitenciário Brasileiro. Mulheres encarceradas: diagnóstico nacional. Brasília (DF): Ministério da Justiça; 2008.
11. França AMB, Silva JMO. Maternity in prison situation. Rev. baiana enferm. [Internet] 2015 [cited 2018 Feb 20]; 29(4):411-420. Available from em: https://portalseer.ufba.br/index.php/enfermagem/article/view/14026/pdf_22
12. Pimentel IS, Carvalho LFS, Carvalho SN, Carvalho CMS. Perception of women deprived of liberty health assistance of about the prison system R. Interd. [Internet] 2015 [cited 2018 Feb 20]; 8(4):109-19. Available from: https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/659/pdf_268
13. Silva PAS, Gomes LA, Amorim-Gaudêncio C, Lima KPN, Medeiros LB, Nogueira JA. Syphilis in women coming out of the prison system: prevalence and associated factors. Rev Rene [Internet] 2018 [cited 2018 Jun 02]. 19:e3321. Available from: http://periodicos.ufc.br/rene/article/view/32669/72850
14. Costa LHR, Alves JP, Fonseca CEP, Costa FM, Fonseca FF. Gender in the context of sexual and reproductive rights of women deprived of liberty. Enfermería Global [Internet] 2016 [cited 2018 Feb 20]; 43:151-63. Available from: http://scielo.isciii.es/pdf/eg/v15n43/pt_docencia1.pdf
15. Canazaro D, Argimon IIL. Characteristics, depressive symptoms, and associated factors in incarcerated women in the State of Rio Grande do Sul, Brazil. Cad. Saúde Pública [Online] 2010 [cited 2018 Feb 20]; 26(7):121-43. Available from: http://www.scielo.br/pdf/csp/v26n7/11.pdf
16. Lopes TC, Roseni P. Trajetórias de mulheres privadas de liberdade: práticas de cuidado no reconhecimento do direito à saúde no Centro de Referência de Gestantes de Minas Gerais. Physis Revista de Saúde Coletiva [Internet]. 2016 [cited 2018 Feb 20] 26(4):1193-212. Available from: http://www.scielo.br/pdf/physis/v26n4/1809-4481-physis-26-04-01193.pdf
17. Alves MJH, Pereira EV, Belém JM, Quirino GS, Maia ER, Alencar AMPG. Factors of risk in sexual and reproductive health of women prisoners: integrative review. Rev baiana enferm [Internet] 2017 [cited 2018 Jun 02]; 31(1):e16241. Available from: https://portalseer.ufba.br/index.php/enfermagem/article/view/16241/14149
18. Ayres JRCM, França Júnior I, Calazans GJ, Saletti Filho HC. O conceito de vulnerabilidade e as práticas de saúde: novas perspectivas e desafios. In: Czeresnia D, Freitas CM, organizadores. Promoção da saúde – conceitos, desafios, tendências. 2 ed. Rev. Amp. Rio de Janeiro: Fiocruz; 2009. p. 117-39.

DOI: http://dx.doi.org/10.12957/reuerj.2019.40203

19. Ayres JRCM, Carvalho YM, Nasser MA, Saltão RM, Mendes VM. Ways of comprehensiveness: adolescentes and young adults in Primary Healthcare. Interface (Botucatu) 2012 [cited 2018 Feb 20]; 16(40):67-82. Available from: http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1414-32832012000100006&lng=en&nrm=iso
20. Ayres JRCM, Paiva V, França Júnior I, Gravato N, Lacerda R, Negra MD, et al. Vulnerability, human rights, and comprehensive health care needs of young people living with hiv/AIDS. Am. J. Public Health; 2006; 96:1001-6.
21. Ayres JRCM, França Júnior IF, Calazans GJ, Saletti Filho HC. Vulnerabilidade e prevenção em tempos de AIDS. In: Barbosa RM, Parker RG, organizadores. Sexualidade pelo avesso: direitos, identidade e poder. Rio de Janeiro: Relumé-Dumará/ABIA/IMS-UERJ; 1999. p. 59-72.
22. De-La-Torre-Ugarte-Guanilo MC. Construção e validação de marcadores da vulnerabilidade de mulheres às DST/HIV na atenção básica à saúde [tese de doutorado]. São Paulo: Universidade de São Paulo; 2012.
23. Bertaux D. Narrativas de vida: a pesquisa e seus métodos. Tradução de Zuleide Alves Cardoso Cavalcante, Denise Maria Gurgel Lavallée. 2ª ed. São Paulo: Paulus; 2010.
24. Sisdepen. Sistema de Informação do Departamento Penitenciário Nacional. Tribunal de Justiça. Bahia; 2019.
25. Conselho Nacional de Saúde (Br)**.** Resolução nº 466/2012 sobre pesquisa envolvendo seres humanos. Diário Oficial da União. Brasilia, DF, 13 jun. de 2013. Seção 1, p59.
26. Sgarbi RV, Carbone Ada S, Paião DS, Lemos EF, Simionatto S, Puga MA et al. A cross-sectional survey of HIV Testing and prevalence in twelve Brazilian Correctional Facilities. PLOS ONE. [internet] 2015 [cited 2018 Jun 02]. 10(10): 1-12. Available from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0139487
27. Garaycochea MC, Pino R, Chávez I, Portilla JL, Miraval ML, Arguedas E, et al. Infecciones de transmisión sexual em mujeres de um establecimiento penitenciario de Lima, Perú. Rev Peru Med Exp. Salud Publica. 2013; 30(3):423-7.
28. Fernandes MA, Bezerra MM, Moura FMJSP, Alencar NES, Lima FFF, Castro AED. Sexually transmitted infections and the experiences of women in situations of imprisonment. Rev enferm UERJ [Internet] 2016 [cited 2018 Jun 02]. 24(6):e27774. DOI: http://dx.doi.org/10.12957/reuerj.2016.27774
29. Silva M. Saúde penitenciária no Brasil: plano e política. Brasília (DF): Verbena; 2015.
30. Coutinho FMM, Mourão PM, Costa PR, Lopes TC. O cuidado de mulheres privadas de liberdade e seus filhos: percursos e mediações necessárias de gestores e trabalhadores para a garantia do direito à saúde dessa população. In: Pinheiro R, Gerhardt TE, Silva Junior AG, Di Leo PF, Ponce MV, organizadores. Cultura do cuidado e o cuidado na cultura: dilemas, desafios e avanços para a efetivação da integralidade em saúde no MERCOSUL. Rio de Janeiro: IMS-UERJ; 2015. p. 199-210.
31. Ministério da Saúde (Br). Secretaria de Vigilância em Saúde. Guia de Vigilância em Saúde [Internet]. Brasília (DF): Ministério da Saúde, 2016.
32. Mann J, Tarantola DJM, Netter TW. A AIDS no mundo. Rio de Janeiro: Relume-Dumará; 1993.
33. Spindola T, Braga RMO, Marques SC, Formozo GA, Cecilio HPM, Oliveira DC. The self-protection against HIV for nursing professionals: study of social representations. Rev. enferm. UERJ [Internet] 2018 [cited 2018 Dec 30]; 26:e34277. DOI: https://doi.org/10.12957/reuerj.2018.34277
34. Gagnon, JH. Uma interpretação do desejo. Rio de Janeiro: Garamond; 2006.