




Post-prison expectations of women deprived of liberty: Health and work conditions

Expectativas pós-cárcere de mulheres privadas de liberdade: condição de saúde e trabalho

Expectativas post carcelarias de las mujeres privadas de libertad: condiciones de salud y trabajo

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ABSTRACT

Objective: to estimate negative expectations about post-prison life in relation to health and work conditions and the factors associated with these two variables in women deprived of liberty. **Method:** cross-sectional study, through a census with 99 women who were serving sentences in the provisional, closed and semi-open regimes. In data analysis, the chi-square test and Poisson regression were used. In the multiple analysis of the factors associated with the outcome, a theoretical model of determination with hierarchical blocks was built. **Results:** the final adjusted model showed that post-prison negative expectations regarding health conditions were associated with negative self-rated health (PR: 6.14; 95%CI: 2.27-16.60). Negative post-prison expectations about work conditions were associated with post-prison negative expectations about personal life (PR: 7.65; 95%CI: 2.82-20.79) and standard of living. **Conclusion:** the associations found in the study demonstrate the importance of investing in health and work policies for better post-incarceration future conditions.

Descriptors: Women's Health; Women; Censuses; Prisons; Health Evaluation; Work.

RESUMO

Objetivo: estimar as expectativas negativas sobre a vida pós-cárcere com relação à condição de saúde e de trabalho e os fatores associados à essas duas variáveis em mulheres privadas de liberdade. **Método:** estudo transversal, por meio de censo com 99 mulheres que estivessem em cumprimento de pena nos regimes provisório, fechado e semiaberto. Na análise dos dados, foram empregados o teste qui-quadrado e a regressão de Poisson. Na análise múltipla dos fatores associados ao desfecho, foi construído um modelo teórico de determinação com blocos hierarquizados. **Resultados:** o modelo final ajustado mostrou que a expectativa negativa pós-cárcere em relação à condição de saúde se associou à autoavaliação negativa de saúde (RP: 6,14; IC95%: 2,27-16,60). A expectativa negativa pós-cárcere sobre a condição de trabalho se associou com as expectativas negativas pós-cárcere em relação a vida pessoal (RP: 7,65; IC95%: 2,82-20,79) e ao padrão de vida. **Conclusão:** as associações encontradas no estudo demonstram a importância de investimento em políticas de saúde e trabalho para melhores condições futuras pós-encarceramento.

Descritores: Saúde da Mulher; Mulheres; Censos; Prisões; Avaliação em Saúde; Trabalho.

RESUMEN

Objetivo: estimar las expectativas negativas sobre la vida después de la cárcel en relación con las condiciones de salud y de trabajo y los factores asociados a esas dos variables en mujeres privadas de libertad. **Método:** Estudio transversal mediante censo con 99 mujeres que cumplían condena en regímenes temporal, cerrado y semiabierto. En el análisis de los datos, se utilizó la prueba de chi-cuadrado y la regresión de Poisson. En el análisis múltiple de los factores asociados al resultado, se construyó un modelo teórico de determinación con bloques jerárquicos. **Resultados:** El modelo final ajustado mostró que la expectativa negativa después del periodo en la cárcel, con respecto al estado de salud, se asoció con la autoevaluación negativa de salud (RP: 6,14; IC 95%: 2,27-16,60). La expectativa negativa post carcelaria sobre las condiciones de trabajo se asoció con las expectativas negativas post carcelarias sobre la vida personal (RP: 7,65; IC 95%: 2,82-20,79) y el nivel de vida. **Conclusión:** Las asociaciones encontradas en el estudio demuestran la importancia de invertir en políticas de salud y trabajo para mejorar las condiciones futuras después del encarcelamiento.

Descriptor: Salud de la Mujer; Mujeres; Censos; Prisiones; Evaluación en Salud; Trabajo.

INTRODUCTION

Brazilian female incarceration has attracted attention in recent years due to the expressive growth of 455% over a period of 16 years. The country occupies the fourth position in the world with the largest female prison population, with a higher imprisonment rate than other nations. When analyzing the profile of the population deprived of liberty, there is a penal system mostly composed of black women, with low education and involved in drug trafficking, coming from territories marked by violence and a restriction of social rights¹.

The experience of incarceration has a direct impact on the health conditions of women deprived of liberty who are prone to physical illness, especially mental suffering²⁻⁴. In this context, public health actions are configured as a right of citizenship and influence the future prospects of individuals' lives, highlighting the importance of investing in intersectoriality.

After serving their imprisonment sentence, those released from the prison system face great difficulty in social reintegration, especially when entering the labor market due to the stigma of being an ex-prisoner, favoring criminal recidivism. Their often low professional qualification and the schooling delay present before the incarceration period favor insertion into more precarious jobs⁵⁻⁷. The focus on investment in repression policies in return for prevention becomes one of the great challenges for resocialization.

Therefore, the objective of this study was to estimate negative expectations about post-prison life in relation to health and work conditions and the factors associated with these two variables in women deprived of liberty.

METHOD

This is a cross-sectional epidemiological study arising from a research project called "Living and health conditions of women deprived of liberty in Juiz de Fora/MG, Brazil". The study was conducted between September 2019 and February 2020 through a census with women deprived of liberty in the female annex of a penitentiary in the city of Juiz de Fora, Minas Gerais, Brazil.

The municipality is part of the Zona da Mata of Minas Gerais with 1,435.749 km² of land area, and an estimated resident population of 577,532 people, being an important economic and educational hub of the state (IBGE, 2021). Public security in Minas Gerais organizes its territory into 19 Integrated Public Security Regions (*Regiões Integradas de Segurança Pública - RISP*). Juiz de Fora is located in the 4th RISP, which is made up of more than 80 municipalities. Although it is a large region, there are only two units dedicated to female care⁸.

The following inclusion criteria were defined: women aged 18 or over, who were serving sentences in the provisional, closed and semi-open regimes, and who completed at least 30 days of imprisonment throughout the study. The impossibility of communicating in Portuguese and/or inability to understand and/or respond to the questionnaire, as well as those who, at the discretion of the Director of the unit, could not participate because they put the physical integrity of the field researcher at risk, constituted exclusion criteria⁸.

According to the unit's Integrated Prison Management System (*Sistema Integrado de Gestão Prisional - SIGPRI*), there were 134 women in custody at the unit at the beginning of data collection who were eligible for the study. A total of 16 additional women were included during the study, totaling 150 women. The losses amounted to a total of 51 women due to transfer of prison units (n = 4), release permits (n = 21) and interruption of data collection necessary because of the sanitary regulations required to face the pandemic of the disease caused by the type e coronavirus (Covid-19) (n = 26). Thus, the final sample of the study consisted of 99 women, with no refusals to participate.

Some strategies were adopted before starting the data collection in order to guarantee methodological rigor and adherence to the research: a pilot study in the women's prison and institutional visits were conducted to the women's annex to disseminate aspects inherent to the research, clarify doubts and raise awareness of the protected women and penitentiary agents regarding the importance of the study.

The interviews were performed once a week individually with a single interviewer in the prison unit. The multidimensional questionnaire used in the interviews covered semi-structured questions and was based on the study entitled "Study of the health conditions and quality of life of prisoners and the environmental conditions of prison units in the State of Rio de Janeiro"⁹. All participants signed the Informed Consent Form.

Scales validated in the literature were used to measure subjective social status - MacArthur Scale - symptoms of anxiety and depression - Patient Health Questionnaire (PHQ-4) - and the impact profile of oral health - Oral Health Impact Profil (OHIP). The dependent variables of the study were expectations about post-prison life in relation to health and work conditions, which were dichotomized into: negative (regular and poor) and positive.

The collected data were entered by two independent researchers to check for possible inconsistencies, and organized into a database using the Statistical Package for Social Sciences (SPSS) version 15.0 software program. All variables were first analyzed descriptively. Then, the prevalence and respective confidence intervals for the investigated outcomes were obtained. Pearson's chi-squared were performed in the bivariate analysis and linear trend chi-squared tests in the case of ordinal variables. Poisson regression was used to analyze the independent variables associated with the outcome, controlled for possible confounding factors (adjusted PR) in the multiple analysis.

The adjusted analysis was performed controlling for possible confounding factors according to a theoretical model of determination with hierarchical blocks of variables. Socioeconomic and demographic characteristics of women deprived of liberty, health and living conditions in the prison unit were analyzed as independent variables. At first, the variables were fit to each other within each block. Variables with a significance level <0.20 were included in the regression model and adjusted to a higher level than this. The statistical significance level of the final model was p<0.05.

RESULTS

Table 1 presents the socioeconomic and demographic profile by investigated outcomes.

TABLE 1: Characterization of the sample by post-prison expectations regarding health and work conditions. Juiz de Fora, MG, Brazil, 2020.

		Expectations regarding health conditions		Expectations regarding work conditions	
		Positive n (%)	Negative n (%)	Positive n (%)	Negative n (%)
Age	20 to 29 years	11 (45.8)	25 (33.3)	14 (34.1)	22 (37.9)
	30 to 39 years	9 (37.5)	30 (40.0)	19 (46.3)	20 (34.5)
	40 to 59 years	4 (16.7)	20 (26.7)	8 (19.5)	16 (27.6)
Skin color	Black	17 (70.8)	57 (76.0)	32 (78.0)	42 (72.4)
	Non-black (other)	7 (29.2)	18 (24.0)	9 (22.0)	16 (27.6)
Marital status	Married/stable relationship	14 (58.3)	39 (52.0)	23 (56.1)	30 (51.7)
	Single/divorced/widow	10 (41.7)	36 (48.0)	18 (46.5)	28 (48.3)
Have children	Yes	21 (87.5)	64 (85.3)	35 (85.4)	50 (86.2)
	No	3 (12.5)	11 (14.7)	6 (14.6)	8 (13.8)
Living situation	Living with family	22 (91.7)	64 (85.3)	34 (82.9)	52 (89.7)
	Living alone or on the street (homeless)	2 (8.3)	11 (14.7)	7 (17.1)	6 (10.3)
Education	Illiterate/Incomplete elementary school	14 (58.3)	47 (62.7)	25 (61.0)	36 (62.1)
	Completed high school/Completed post-secondary school	6 (25.0)	11 (14.7)	7 (17.1)	10 (17.2)
	Completed elementary/incomplete high school	4 (16.7)	17 (22.7)	9 (22.0)	12 (20.7)
Function exercised	Inserted in the labor market	19 (79.2)	64 (85.3)	33 (80.5)	50 (86.2)
	Student, homemaker, unemployed	5 (20.8)	11 (14.7)	8 (19.5)	8 (13.8)
Monthly income before imprisonment	0 to 1 minimum salary	17 (70.8)	53 (70.7)	31 (75.6)	39 (67.2)
	> 1 and ≤ 2 minimum salaries	5 (20.8)	17 (22.7)	9 (22.0)	13 (22.4)
Reason for incarceration	> 2 minimum salaries	2 (8.3)	5 (6.7)	1 (2.4)	6 (10.3)
	Drug trafficking	16 (66.7)	36 (48.0)	25 (61.0)	27 (46.6)
Penal regime	Theft/Larceny/Fraud/Robbery	4 (16.7)	26 (34.7)	12 (29.3)	18 (31.0)
	Others	4 (16.7)	13 (17.3)	4 (9.8)	13 (22.4)
Social visitation	Closed	13 (54.2)	33 (44.0)	20 (48.8)	26 (44.8)
	Provisional	6 (25.0)	23 (30.7)	16 (39.0)	13 (22.4)
	Semi-open	5 (20.8)	19 (25.3)	5 (12.2)	19 (32.8)
Scheduled visitation	Yes	22 (53.7)	38 (65.5)	15 (62.5)	45 (60.0)
	No	19 (46.3)	20 (34.5)	9 (37.5)	30 (40.0)
Study activities	No	29 (70.2)	45 (77.6)	17 (70.8)	57 (76.0)
	Yes	12 (29.3)	13 (22.4)	7 (29.2)	18 (24.0)
Work activities	No	37 (90.2)	50 (86.2)	22 (91.7)	65 (86.7)
	Yes	4 (9.8)	8 (13.8)	2 (8.3)	10 (13.3)
Practice regular physical activity	Yes	18 (43.9)	22 (37.9)	12 (50.0)	28 (37.3)
	No	23 (56.1)	36 (62.1)	12 (50.0)	47 (62.7)
	No	36 (87.8)	43 (74.1)	19 (79.2)	60 (80.0)
	Yes	5 (12.2)	15 (25.9)	5 (20.8)	15 (20.0)

Young women between 20 and 39 years old, black, with a low education level (illiterate or with incomplete primary education), lower income, inserted in the labor market before imprisonment and with worse subjective social status are the majority among those who had negative expectations for health and work. Most of the women for both investigated outcomes in relation to the family arrangement are mothers, married or have a partner and reside with the family.

Among the 83.8% women who were included in the labor market, 61.6% worked with services and sales in stores and markets. The average monthly income of these women prior to the incarceration period was one minimum salary. With regard to daily life in the prison unit, the majority of women with negative expectations regarding health and work do not receive scheduled visits and none reported receiving intimate visits. Most of them also do not study and do not perform physical activity in prison.

The prevalence of negative post-prison expectations regarding health conditions was 24.2% (95%CI=16.2-33.9) and 41.4% regarding work conditions (95%CI=31.6-51.8). There was a higher prevalence of negative expectations regarding post-prison health status in women with poor self-rated health ($p=0.01$) and presenting morbidities ($p=0.067$). With regard to living in prison, it was observed that women who suffered prejudice from inmates due to their physical appearance ($p=0.120$) and who suffer risks inside the prison due to psychological violence ($p=0.039$), burns ($p=0.019$) and explosion ($p=0.082$) showed a higher negative expectation prevalence. It is also possible to notice a higher frequency of negative expectations in women who have emotional ties living closer to the prison ($p=0.066$) and in those who have a negative expectation about the standard of life after prison ($p=0.052$).

The outcome in the bivariate analysis in block 1 was associated with the post-prison expectation in relation to the health condition, and the distance where the people with whom they maintain emotional ties live (PR:2.67; 95%CI:1.04-6.84). the variables poor self-rated health (PR:6.14; 95%CI:2.27-16.60) and presence of morbidity (PR:2.78; 95%CI:1.03-7.47) were significant in block 2. The significant variables in block 3 were prejudice due to physical appearance (PR:3.11; 95%CI:1.15-8.44), risk of psychological violence (PR:3.72; 95%CI:1.16-11.95), risk of burning (PR:2.51; CI95%:1.35-10.40) and risk of explosion (PR:2.57; CI95%:0.99-6.62), while in block 4 it was only the post-prison negative expectation in relation to the standard of living (PR:2.93; 95%CI:1.09-7.89).

After multiple regression analysis, self-rated health remained significantly associated with post-prison expectations regarding health status in the fitted model ($p<0.05$) (Table 2).

TABLE 2: Multiple regression analysis in hierarchical blocks for the occurrence of negative expectations regarding post-imprisonment health conditions. Juiz de Fora, MG, Brazil, 2020.

Variable	%	Crude PR (95%CI)	P-value	Adjusted PR (95%CI)	P-value	Final adjusted PR (95%CI)	P-value
Block 1: Socioeconomic, demographic and cultural variables							
<i>Distance from people who maintain emotional ties</i>			0.066		0.066	2.22 (0.78-6.31)	0.134
≥ 888	17.5%	1		1			
< 888	36.1%	2.67 (1.04 -6.84)		2.67 (1.04-6.84)			
Block 2: Variables related to health condition							
<i>Self-rated health</i>			<0.001		0.002		
Good	13.2%	1		1		1	0.003
Bad	48.4%	6.14 (2.27-16.60)		5.21(1.83-14.80)		4.80 (1.71-13.52)	
<i>Morbidity</i>			0.067		0.354		-
Absent	14.9%	1		1		-	
Present	32.7%	2.78 (1.03-7.47)		1.67 (0.56-4.98)		-	
Block 3: Variables related to living in the prison unit							
<i>Prejudice by detainees due to physical appearance</i>			0.120		0.120		-
No	18.7%	1		1		-	
Yes	41.7%	3.11 (1.15-8.44)		3.08(0.74-12.77)		-	
<i>Risk of psychological violence</i>			0.039		0.444		-
No	11.1%	1		1		-	
Yes	31.7%	3.72 (1.16-11.95)		1.71 (0.43-6.73)		-	
<i>Risk of burning</i>			0.019		0.127		-
No	18.2%	1		1		-	
Yes	45.5%	3.75(1.35-10.40)		2.51 (0.77-8.82)		-	
<i>Risk of explosion</i>			0.082		0.471		-
No	25.3%	1		1		-	
Yes	18.8%	2.57 (0.99-6.62)		1.50 (0.50 -4.46)		-	
Block 4: Post-prison expectations							
<i>Expectation in relation to the standard of living</i>			0.052		0.052		0.081
Positive	14.6%	1		1		1	
Negative	33.3%	2.93 (1.09-7.89)		2.93 (1.09-7.89)		2.61 (0.89-7.64)	

The prevalence of negative expectations with regard to working conditions was higher in women with poor subjective social status ($p=0.036$), sentence received for more than seven years ($p=0.061$) and provisional penal regime ($p=0.013$). With regard to the experience in prison, it was observed that women who had a poor satisfaction level with the service provided by the Social Service ($p=0.017$) and by the Dental Service ($p=0.044$) had worse expectations related

to their future work condition. The outcome was even more frequent among women who expressed negative expectations regarding their personal life ($p < 0.001$) and standard of living ($p < 0.001$).

In addition, worse subjective social status in the bivariate analysis in block 1 was associated with the outcome related to work condition (PR:4.42; 95%CI:1.19-16.44). The variables in block 3 of sentence for more than seven years (PR:2.52; 95%CI:1.04-6.07), provisional criminal regime (PR:4.67; 95%CI:1.37-15.95), poor satisfaction with the service provided by the social service (PR:4.01; CI95%:1.37-11.75) and the dental service (PR:3.74; CI95%:1.12-12.01) were significant. The variables that were significantly associated with post-prison negative expectations regarding work conditions in block 4 were negative expectations regarding personal life (PR:7.65; 95%CI:2.82-20.79) and standard of living (PR:7.30; 95%CI:2.91-18.32). Only the variables in block 4 related to poor post-prison expectations regarding personal life and standard of living remained associated with the model in the final fit ($p < 0.05$) (Table 3).

TABLE 3: Multiple regression analysis in hierarchical blocks for the occurrence of negative expectations regarding post-prison work conditions. Juiz de Fora, MG, Brazil, 2020.

Variables	f (%)	Crude PR (95%CI)	P-value	Adjusted PR (95%CI)	P-value	Final adjusted PR (95%CI)	P-value
Block 1: Socioeconomic, demographic and cultural variables							
<i>Subjective social status</i>							
Better	16.7%	1	0.036	1	0.036	1	0.271
Worse	46.9%	4.42 (1.19-16.44)		4.42 (1.19-16.44)		2.29 (0.52-9.97)	
Block 3: Variables related to living in the prison unit							
<u>Block 3.1 Penal characteristics</u>							
<i>Sentence received</i>							
≤ 7 years	27.8%	1	0.061	1.66 (0.59-4.69)	0.341	-	-
> 7 years	49.2%	2.52 (1.04-6.07)					-
<i>Penal regime</i>							
Semi-open	20.8%	1	0.013	1	0.578	-	-
Closed	43.5%	2.92 (0.93-9.18)		1.30 (0.47 -3.63)		-	-
Provisional	55.2%	4.67 (1.37-15.95)		3.32 (0.81-13.51)		-	-
<u>Block 3.2 Social life in prison</u>							
<i>Level of satisfaction with the service provided by Social Service</i>							
Good	35.1%	1	0.017	1	0.278	-	-
Bad	68.4%	4.01 (1.37-11.75)		2.08 (0.55-7.79)		-	-
<i>Level of satisfaction with the Dental Service</i>							
Good	22.7%	1	0.044	1	0.136	-	-
Bad	52.4%	3.74 (1.12-12.01)		2.60 (0.74-9.12)		-	-
Block 4: Post-prison expectations							
<i>Personal life expectations</i>							
Positive	20%	1	<0.001	1	0.002	1	0.004
Negative	21%	7.65 (2.82-20.79)		5.19 (1.79-15.12)		4.95 (1.70-14.50)	
<i>Expectation in relation to the Standard of Living</i>							
Positive	9%	1	<0.001	1	0.001	1	0.002
Negative	32%	7.30 (2.91-18.32)		5.30 (2.00-4.01)		4.72 (1.75-12.71)	

DISCUSSION

The results of the present study demonstrate that poor expectations regarding post-imprisonment health conditions were associated with negative self-rated health. However, studies that analyze such associations for comparison purposes were not found in the literature.

Self-rated health is a multidimensional and overall measure based on an individual and subjective assessment of the health conditions of individuals, covering different emotional, physical and social aspects. It is considered an inequality marker between population groups and an important indicator of quality of life and health of a population¹⁰⁻¹². Studies indicate that negative self-rated health is directly related to the presence of self-reported morbidities and is a good predictive indicator for morbidity and mortality^{8,12}. Along these lines, it is plausible to think about the association between a worse self-assessment at the present time and a worse future expectation. The fact that the presence of

morbidity is more frequent among those who reported poor expectations regarding their post-prison health condition is also consistent with the association found.

Although no other associations were observed, the profile of the women who participated in this study highlights important aspects for understanding the self-perceived health construct and consequences that fall on expectations related to post-prison health, such as the continuous use of medication; it was found that 72.7% of participants reported using at least one medication, 75.8% had anxiety symptoms, and 65.7% depression symptoms. In addition, 72.7% reported being smokers.

Studies on self-rated health show that people with unfavorable socioeconomic conditions and low education have worse self-rated health^{8,11}, with such characteristics being present in the studied sample. A low education level interferes with the perception of health, since it impacts on appropriating information, adherence to treatment, self-care and the possibility of a better quality of life through access to leisure, knowledge, culture, goods and resources¹³⁻¹⁵.

Studies on the prison population point to a gender disparity in relation to family visits^{6,16-20}. The six-month average of visits per prisoner in male prisons is 7.8. In contrast, it is only 5.9 in female and mixed units. The average number of visits carried out in male units in the states of Amazonas, Maranhão, Paraíba and Rio Grande do Norte is five times higher than the average in female units¹. The literature also reveals a high rate of loneliness among incarcerated women^{16-18,20}.

The results found in previous studies indicate that the factors predisposing to this affective distance are based on the social position that these women occupied, with repercussions in the institutional sphere. Women have historically been responsible for taking care of the house, the spouse and sick family members, often experiencing an exemption of men in this process. Another factor related to a lack of intimate visits are the constraints that family members are exposed to in some prison institutions at the time of the search^{17,18,20}.

Family configurations over the years have undergone changes, and even so it continues to be an important core of the human health condition and their personal development in its most diverse spheres: psychological, emotional, affective, educational and social. The family presents itself as an important support for strengthening, future perspectives and recovery in situations of vulnerability. Family visits for women deprived of liberty represent the renewal of social bonds and access to the world and news outside prisons¹⁸.

The crude analysis revealed an association between poor post-prison expectations regarding health conditions and the shortest distance between the prison unit and the place where these women's emotional bonds reside. The greater possibility of having access to family visits due to geographic distance and still not receiving such visits is a plausible hypothesis for interpreting the findings found herein.

The elements which pervade forming affective bonds, the underlying social support network and family configurations can also explain the association found in the final model between worse expectations in relation to the standard of living and negative expectations in relation to the health condition.

The life trajectories of incarcerated women are marked by a context of fragile bonds and violation of rights, aggravated by the penitentiary context. The institutional experience is often constituted by overcrowding, precarious infrastructure, scarcity of personal hygiene resources and relationships with abuse of authority, being a propitious space for naturalized violence and aggravation of mental suffering^{6,18,19}.

In this regard, the associations found in the crude analysis between poor expectations regarding the post-prison health condition and psychological violence, prejudice against another detainee and the risk of suffering burns and explosions can be justified. Compared to a study carried out with convicts in the state of Rio de Janeiro, men considered themselves to be at greater risk of violence from firearms and explosions, while women were more afraid of psychological violence and risks of cutting weapons and burns⁶.

The study results with regard to poor expectations about working conditions show the existence of an association between poor post-prison expectations in relation to personal life and standard of living. The literature corroborates these findings and reports that female ex-convicts face difficulty in entering the job market after prison due to low education and professional qualifications, along with the stigma of ex-prisoners⁵⁻⁷.

Studies still show a gap in the provision of education and professional courses consistent with the market while they are in prison. The difficulty of reconciling work and motherhood and the absence of policies that help in hiring work also appear as obstacles⁹⁻¹⁶. Schooling, understood as a human right, represents possibilities for improving living conditions and economic ascension, especially for the poorest population.

In this regard, the higher frequency of worse subjective social status among women with poor post-prison expectations about their working conditions can be pointed out as an important element of analysis. It should be noted that subjective social status, verified using an image of a 10-step ladder, represents a measure that identifies individuals' perception of their social position based on socioeconomic indicators, such as education, occupation and income¹⁵.

It is still conceivable to think that women with a higher imprisonment sentence have a poor view of their working conditions, since they will be away from the labor market longer and less prepared to return to the labor market, which has been constantly changing and demanding an increasingly qualified workforce.

Some reflections should be woven from the evidence of the high incarceration rate for drug trafficking among women. For many, entry into the labor market, mainly due to low education and professional training, provides access to power, the acquisition of goods, belonging to a group and social visibility for a mostly peripheral population^{6,21,22}.

Taking into account the specificity of the condition of incarcerated women, the presence of primary care prison teams (*equipes de atenção básica prisional - EABP*) through the National Policy for Comprehensive Healthcare for Persons Deprived of Liberty in the Prison System (*Pessoas Privadas de Liberdade no Sistema Prisional - PNAISP*) are of paramount importance for promoting health and preventing injuries in the prison system. The association between future post-prison expectations in relation to working conditions and the satisfaction level with the service provided by Social Work and Dentistry in the crude analysis point to the important role that professionals assume in the life of the incarcerated population, especially in achieving human rights and in the perspective of a broader understanding of health as an essential substrate for developing work activities.

CONCLUSION

The results found herein suggest that self-assessment of health is an important factor in association with future prospects for health conditions. In this regard, social reintegration is fundamental in thinking about healthcare for the female prison population, especially with a broader view and also about the specificities of gender in the period during and after incarceration.

The high rate of bad expectations about post-prison work conditions and the understanding that work is fundamental for social reintegration, together with the results found in relation to the association with the standard of living and personal life, demonstrate the need for cross-cutting policies, such as investment in the educational system and income generation policy, in preventing incarceration and in the period after incarceration.

Finally, it is essential to give visibility to these women and to this phenomenon of increasing female incarceration in Brazil. It is necessary to look at their lives and their trajectories and the possibility of building new bridges and facing social problems that go beyond walls and bars.

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