

Women prison inmates' perceptions of access to health as a tool for resocialization

Percepção de mulheres encarceradas sobre o acesso à saúde como ferramenta de ressocialização

Percepción de las mujeres reclasas sobre el acceso a la salud como herramienta de resocialización

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ABSTRACT

Objective: to unveil women's perceptions of access to health services as a tool in the re-socialization process. **Method:** this qualitative, phenomenological-sociological study was conducted between November 2018 and November 2019 with 10 women at a women's prison in Maceió, Alagoas, Brazil. **Results:** the participants were 22 to 54 years old, of mixed race, single, had not completed lower secondary school, and had already experienced motherhood. Two thematic categories emerged: "Perceptions of access to health services: women's invisibility" and "Access to health services as a resocialization tool: ties in shreds and Work and Education as an alternative escape route from oblivion, idleness and loneliness. **Conclusion:** the women deprived of their freedom were found to perceive themselves to be invisible and disconnected from access to health services as a tool in the re-socialization process.

Descriptors: Delivery of Health Care; Women's Health; Prisons; Socialization.

RESUMO

Objetivo: desvelar a percepção das mulheres sobre o acesso aos serviços de saúde como ferramenta do processo de ressocialização. **Método:** trata-se de um estudo fenomenológico-sociológico, qualitativo, realizado entre novembro de 2018 e novembro de 2019, com 10 mulheres de um estabelecimento prisional feminino de Maceió, Alagoas. **Resultados:** as participantes possuíam de 22 a 54 anos, ensino fundamental incompleto, pardas, solteiras, já haviam vivenciado a maternidade. Emergiram duas categorias temáticas: percepções do acesso aos serviços de saúde: a invisibilidade das mulheres e acesso aos serviços de saúde como uma ferramenta de ressocialização: elos dilacerados e Trabalho e Educação como alternativa de Fuga do esquecimento, ociosidade e solidão. **Conclusão:** evidenciou-se a percepção de invisibilidade das mulheres privadas de liberdade e desvinculação do acesso aos serviços de saúde como ferramenta do processo de ressocialização.

Descriptores: Assistência à saúde; Saúde da mulher; Prisões; Socialização.

RESUMEN

Objetivo: revelar las percepciones de las mujeres sobre el acceso a los servicios de salud como herramienta en el proceso de resocialización. **Método:** este estudio cualitativo, fenomenológico-sociológico se realizó entre noviembre de 2018 y noviembre de 2019 con 10 mujeres en una cárcel de mujeres en Maceió, Alagoas, Brasil. **Resultados:** las participantes tenían entre 22 y 54 años, mestizas, solteras, no habían completado el primer ciclo de secundaria y ya habían experimentado la maternidad. Surgieron dos categorías temáticas: "Percepciones del acceso a los servicios de salud: invisibilidad de las mujeres" y "Acceso a los servicios de salud como herramienta de resocialización: lazos en jirones y Trabajo y Educación como vía alternativa de escape al olvido, la ociosidad y la soledad. **Conclusión:** las mujeres privadas de libertad se percibieron a sí mismas invisibles y desconectadas del acceso a los servicios de salud como herramienta en el proceso de resocialización.

Descriptores: Prestación de Atención de Salud; Salud de la Mujer; Prisiones; Socialización.

INTRODUCTION

Based on the history and prison models in the mid-17th century and the beginning of the 18th century, the conclusion was drawn that the system was based on the correction of individuals and on attempts to transform their soul and behavior for social interaction. However, deprivation of liberty still does not reach the proposed social function of re-socialization. Prison, which should be restricted to deprivation of the right to liberty, today is much more than that for those who experience conviction¹⁻².

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Although punishment has arisen over the centuries for the moral recovery of inmates, this model, by removing and depriving the individual of services, makes recovery impossible. With a view to the female population, the growth in the number of reeducated women draws the attention to multiple problems that affect the universe of women, such as gender inequalities and the various forms of violence that women are exposed to and which multiply in prison and entail serious health problems for this population³⁻⁴.

The Criminal Execution Law reiterates that assistance to prisoners and detainees is the duty of the State, with the aim of preventing crime and guiding the return to living in society. The assistance highlighted above includes assisting in material, health, legal, educational, social, and religious aspects^{5,6}. In this perspective, this paper aims to elucidate the following guiding question: What is the perception of incarcerated women about access to the health services as a tool in the re-socialization process?

In view of the above, it is evident that deprivation of liberty should have, in the practice, the purpose of returning the possibility for people to reconstruct their history enjoying all their rights. This research aims to reveal the perception of women about access to the health services as a tool in the re-socialization process.

THEORETICAL FRAMEWORK

Alfred Schutz's Phenomenological Theory argues that subjectivity has the main essential role of meaning, revealing an important role of subjectivity as a social constitutive and inherent to objective self-understanding. His detailed studies resulted in a recombination of the foundations of a phenomenological-sociological theory, which recommends the appreciation of the mutual social relationships that surround people. Everyday life and the way that the anxieties and concerns experienced by the individuals are interconnected among their peers, inferring the relationship of subjectivity. The way of experiencing an event becomes the starting point for social phenomenology, since social existence, the present life, and the interpersonal relationship are essential characteristics and facts for a phenomenological analysis⁷⁻¹⁰.

METHOD

This is a qualitative phenomenological-sociological study, with a theoretical-methodological framework based on Alfred Schutz's Social Phenomenology, carried out in a female prison in the city of Maceió, state of Alagoas, Brazil, between November 2018 and November 2019. Ten women participated in this study, chosen according to the approval of the professionals working in the prison institution, respecting the safety criteria, and who met the inclusion criteria: women in the condition of "convicted" and who have already been able to enjoy health care; women who were diagnosed with cognitive or behavioral deficits were excluded from the study.

Data collection was characterized by an interview with a semi-structured questionnaire, consisting of closed questions that allowed for the characterization of the participants and of two guiding questions: What is your perception about access to the health services as a tool in the re-socialization process? What does having access to health services represent/mean to you in the re-socialization process?

The collected data were categorized and typified, based on the methodological principles of the Phenomenological research in Schutz¹⁰: 1. Disinterested attitude of the scientific observer; 2. Rules of sociological relevance (What/Who and Where?); 3. Postulate of logical consistency (Approximation, transcription, and unveiling of structures); 4. Postulate of subjective interpretation (Considering the biographical history of the studied actor); 5. Postulate of adequacy (Ensuring consistency of the constructs with the statements); 6. Scientific logical rationality (Understanding and analyzing the categories).

The study was approved by the institution's Research Ethics Committee, pursuant to opinion No. 2,826,927 and CAAE No. 92124418.1.0000.5013, in compliance with resolutions 466/12 and 510/16, in addition to obtaining a favorable opinion from the State Secretariat of Re-socialization and Social Inclusion (*Secretaria de Estado de Ressocialização e Inclusão Social, SERIS*). In order to personify the women who participated in this study, they were initially named with flower names and more striking characteristics, ensuring above all the anonymity of these protagonists.

RESULTS AND DISCUSSION

The participants in this research were 10 women, aged between 22 and 54 years old, predominantly with incomplete elementary education, brown-skinned, and single; among the participants, only one did not experience motherhood, varying between mothers with one child and more than two children and, at the time of the interview, two were pregnant. With respect to religion, they identify themselves as Evangelical or Catholic. Regarding the number

of jail convictions, most of them reported being first offenders; the time of imprisonment was from five months to 11 years, and all performed informal work activities before imprisonment.

The following categorization emerged from the typifications constructed, considering the biographical situation and the "why and for" reasons described in the Phenomenological Theory and which permeate the world of women deprived of their liberty. In this phase, the third Postulate of phenomenological research based on Schutz was fulfilled, which refers to logical consistency (approximation, transcription, and unveiling of structures) and the fourth Postulate of subjective interpretation (considering the biographical history of the studied actor)^{7,9,10}.

Perceptions on access to the health services: The Invisibility of women

The perceptions of women deprived of their liberty about access to the health services as inherent to constitutional law is a controversial topic and distant from what legal progress seeks to guarantee; the statements reveal perceptions of invisibility in face of the real needs and peculiarities of the female universe, mainly, experiencing imprisonment and all the consequences of deprivation of liberty in a person's life.

It is observed that, even though the growth of the prison population represents less than 10% of the contingent of prisoners in the country and that these numbers indicate the need for attention and concern, the importance is evident of moving forward in debates in favor of the freedom of women who remain subordinate to contexts of deprivation and oppression¹¹. In view of this evidence, the meaning of invisibility is exposed through this participant's statement:

We who are women and suffer a lot, we're sensitive, afraid, we have cramps, we cry, have short temper; we need many things that the system deprives us. In the state of Alagoas, we women are forgotten; we have no support from anyone (Dreamy Sunflower).

During the period in which women are institutionalized, it was evident in their speeches the intense presence of feelings related to sadness, pain, loneliness, abandonment, outrage, and anxiety, and these feelings are identified as stressors that contribute to the impairment of the mental health of this population; in view of the above, there is lack of health actions at all levels of care recognized as a right and not as a privilege¹², as described below:

For me not to feel a health problem from time to time, seeing a doctor doesn't hurt anyone, we have this right, but not here, in any other corner, although I'm already here; I believe I have this right of at least taking some vitamin (Free Anthurium).

The authors of the study entitled "*The invisibility of women in the Brazilian prison system: forgotten in time and space*" claim that, even though the number of women is much lower than that of men (inmates), they are almost forgotten with regard to public policy actions, the right to health, and their sexual and reproductive rights^{13,14}. Regarding the professionals who provide access to the health services, nurses, despite all their daily limitations, are part of the category most mentioned in the health care speeches. However, the statements described below offer the opportunity to reveal the perception on the lack of health care reflected in the speech of admiration for the work carried out by students who carry out health education and promotion actions that, present in their imagination, reflect the desired and expected care, but that distance themselves from the practice experienced in the prison setting.

I feel proud of you [students], I think it's beautiful, taking care of people, without prejudice, the attitudes of getting close, treating, talking, here many are prejudiced (Talking Azalea).

There are a lot of women here, there has to be more care; there is lack of health care, with the nurse here there is a bit more, but it's still rare; here there are many sick people, it's important to be treated, there are many addicts and psychiatric patients! (Talking Azalea).

The women's experiences, as well as the storage of information and experiences with a view to accessing the health services in the prison system, configure the knowledge stock, where, through it, the subjects base their actions. Sociological phenomenology is based on experiencing the events and values the uniqueness of the experience, where only the social actor, subject of the action, can say what he/she intends to feel in relation to it, where every intentional action has its meaning^{7,9,10}.

Thus, it is evident that the information stocks of these women carry perceptions that are far from the core of nursing and from access to the health services, which is "*the care*", mainly, the integrality of health care, which constitutes the second principle of the National Policy of Comprehensive Health Care for Persons Deprived of their Liberty, recommended by means of actions of promotion, protection, prevention, assistance, recovery and surveillance in health, at different levels of care¹⁵.

Access to the health services as a re-socialization tool: Torn links

The constructs reveal the limitation of knowledge with a view to the integral concept of health, associated only with appointments with professionals from different areas, access to examinations, and delivery of medications; in many occasions, even the classification system of women who will need care is done by the representatives of the modules and by the choice of agents to remove them from the cells. In view of this restricted view and of the limited health initiatives, a disconnection of access to the health services was evident as one of the tools of the re-socialization process.

In the prison system, the integral concept of health is directly related to the disease; the recognition of the health pillar, as a fundamental factor for complete re-socialization, is far from the reality in which the inmates are inserted; some women understand that, if their needs are met when they need and they have access to appointments, thus their complaints stop, they are already having access to the health services and receiving satisfactory care, as described below:

Here they're already doing something better for us, they examine, give medicine; I don't complain about not being seen, I have nothing to complain about, if I did I would be lying (Silent Eucalyptus).

Every time I needed assistance I did receive it, so for me it's great; I always worry about my health, I'm afraid of dying, so I keep an eye (Studio Gypsophila).

In a study conducted with 40 women in a prison in Rio de Janeiro on what women deprived of their liberty say about access to the health services, the findings are consistent with the evidence presented in this material, where the health service is characterized by individualized, curative assistance or is performed by free demand at the mercy of a classification that is not made by health professionals, experiencing difficulties for this access to health-related activities¹⁶. "Sweet Calla Lily"'s outburst reveals a little of the scenario in which she is inserted:

To go to school there are screams; to put on the uniform there are screams; for pain there's paracetamol; we don't see any changes on the part of the management (Sweet Calla Lily).

In health, the State should help with more funds, more appointments every week; I've been here for 4 years, I never had a chance to go to a hospital; it's a long time without getting an ultrasound, I have a back problem and I take injections all the time; truth be told, the system likes those who give more work; I also ask for assisted visit and I never had and I didn't even see my brother, it's not because he doesn't love me, I know! (Dreamy Sunflower).

Studies with women in prison reveal that "*the confinement of the person to the private space contributes to their invisibility since they are not seen by others and their specificities are devoid of interest*". The situation of limited access to the health services reflects the inequalities between people of different social classes, as incarcerated women already come from these socially marginalized groups and experience restrictions on access to the health services before and after incarceration¹⁷⁻¹⁹.

This panorama differs from the imaginary and prediction of the public policies that see in the condition of imprisonment a possibility of greater control and access to the health services, since women are in a closed environment, more accessible to the health professionals, and with the ease of monitoring the health situation. To fulfill their re-socializing role, prisons would need to be "reinvented"; they should cease to be a storehouse for people with multiple social-adaptation problems to become a place where they could be treated with dignity and relearn how to live with others, minimizing the risks of recidivism²⁰.

Access to the health services as a re-socialization tool: Work and Education as an alternative to Escape from oblivion, idleness, and loneliness

Regarding the initiatives to experience the re-socialization process and the most effective ways of achieving social reintegration in the universe of female prisons, the problems that permeate these scenarios are even greater. When they are sentenced, women receive a double conviction, for the crime they committed and for being women, carrying their criminal passions and motivations with them due to socially ingrained values, the feminine idea of the "fragile gender" associated with the fantasy title of the transgressed "role of women", in which the penal system assumes the domesticating role¹².

The oppressions and deprivations of the prison system initiate the process of "*mortification of the self*", from the constant humiliations, violence, and degradation to which prisoners are subjected, making it difficult for them to see the prison as a legitimate space for re-socialization. Reasserting the above, Schutz explains that understanding the behaviors of the individuals is to extract the meaning of what they do in the present, did in the past, and/or will do in the future^{7,9,10}.

The perceptions showed that, even in the face of the invisibility of women, the untying of health with one of the tools of re-socialization, and the limitations of re-socialization initiatives, they look for, in the possibilities of leaving the cells, a way to overcome numerous limitations and needs. According to Schutz, understanding the behaviors of the individuals is to extract the meaning of what they do in the present, did in the past, and/or will do in the future^{7,9,10}.

They put you to work to reduce the sentence and that's motivating, but when they discover that you're pregnant, you can't do it anymore; there are no lectures for pregnant women and no assistance, and this affects your behavior, you have no motivation (Cheerful Rose).

Inside here it's a new teaching; who wants, it's not everyone, to observe, listen, better understand the most intelligent cellmates; it's not easy, every day you learn more (Dreamy Sunflower).

Regarding the situations of violence experienced in prison, some women reported that, during their convictions, countless are the ways in which they are exposed to episodes related to both physical and psychological violence. Therefore, they hold on to work or education as an opportunity to momentarily forget the prison bars and all the forms of violence that surround deprivation of liberty, seeking in the family the strength they need to experience this phase, as described in the statements below:

Here there's no complete re-socialization; one makes a mistake everyone pays; many are upset about this, but I don't want my family to be disappointed, I want to prove that I've changed, many leave and come back again for lack of support (Silent Eucalyptus).

Re-socialization initiatives represent the possibility of interacting with other people, sharing experiences, acquiring knowledge, and re-signifying the personal image, especially regarding the family and the children. In their natural attitude, human beings understand the world by interpreting their own experiences, and any understanding of a grounded object turns to what has a meaning. In this case, the subjective meaning directed to the attempt to re-signify the image turns to the opportunities found by them to reconstruct their stories through the re-socialization initiatives⁷. The statement below reasserts the above:

I don't want that life from outside anymore; the chance that I didn't have out there is wonderful; a mistake is to remain in the mistake, you have to want to change and believe in yourself; several girls want to come, but there is no place left, while others don't want to learn, they come and just sit here, just to get out of there... I stay at work because it's work that will enable me to support my son; here there is no way to work and study! (Talking Azalea).

Despite the female prison having a good physical structure, not having overcrowded cells, having a health structure with a nursing team, a psychologist, a social worker, and weekly medical and dentist appointments, in addition to work and study initiatives, it is still under-served and requires the involvement of policies and managers that monitor and enable the implementation of projects in practical daily activities.

CONCLUSION

The perception of women shows a disconnection between health and re-socialization; the connections that characterize health as a fundamental pillar for total re-socialization are not noticeable. The invisibility of women is also reflected in their perceptions about the health services offered, and the possibility of re-socialization is seen as an additional offer of the prison system, being their own responsibility to be re-socialized and less expressively seen as the States duty. Initiatives of re-socialization projects, such as education and work activities, are alternatives used as attempts to escape from the cells, oblivion, loneliness, and imprisonment.

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