

Impacts on assistance to pregnant women assisted by the prison system in times of COVID-19*Impactos en la asistencia a gestantes atendidas por el sistema penitenciario en tiempos del COVID-19**Impactos na assistência em gestantes assistidas pelo sistema penitenciário em tempos de COVID-19***Abstract**

The aim was to understand the perception of women deprived of their liberty, given the assistance offered in a penitentiary in the south of Paraná during the pandemic of COVID-19. Cross-sectional, descriptive study with a qualitative approach. Data collection was carried out in times of the COVID-19 pandemic, via audio calls, recorded and transcribed in full, later analyzed by Bardin. Developed with 11 women in the gestational process of a Paranaense penitentiary. As a result, three categories emerged that portray the quality of care and the vulnerability of the environment from the perspective of pregnant women. The research contributed to expand scientific and social knowledge on a theme that is still scarce. Considering the factors reported, care is insufficient in the perception of pregnant women, due to the lack of specialized care with a multidisciplinary team, intensified in the pandemic of COVID-19.

Descriptors: Prenatal Care; Prisoners; Coronavirus Infections.

Resumen

El objetivo fue comprender la percepción de las mujeres privadas de libertad, dada la asistencia brindada en un centro penitenciario del sur de Paraná durante la pandemia de COVID-19. Estudio descriptivo transversal con abordaje cualitativo. La recolección de datos se realizó en tiempos de la pandemia COVID-19, mediante llamadas de audio, grabadas y transcritas íntegramente, posteriormente analizadas por Bardin. Desarrollado con 11 mujeres en proceso de gestación de un penal de Paraná. Como resultado, surgieron tres categorías que retratan la calidad de la atención y la vulnerabilidad del entorno desde la perspectiva de la mujer embarazada. La investigación contribuyó a ampliar el conocimiento científico y social sobre un tema que aún es escaso. Considerando los factores reportados, la atención es insuficiente en la percepción de las gestantes, debido a la falta de atención especializada con un equipo multidisciplinario, intensificada en la pandemia de COVID-19.

Descriptorios: Atención Prenatal; Prisioneros; Infecciones por Coronavirus.

Resumo

Objetivou-se compreender a percepção de mulheres privadas de liberdade, frente a assistência oferecida em uma penitenciária do Sul do Paraná durante a pandemia da COVID-19. Estudo transversal, descritivo, com abordagem qualitativa. A coleta de dados foi efetuada em tempos de pandemia da COVID-19, via áudio chamada, gravadas e transcritas na íntegra e, posteriormente, analisadas por meio de Bardin. Desenvolvido com 11 mulheres em processo gestacional de uma penitenciária Paranaense. Como resultados surgiram três categorias que retratam a qualidade da assistência e a vulnerabilidade do ambiente na perspectiva das gestantes. A pesquisa contribuiu para ampliar o conhecimento científico e social sobre uma temática ainda escassa. Considerando os fatores relatados, o atendimento demonstra-se insuficiente na percepção das gestantes, devido à falta de atendimento especializado com equipe multiprofissional, intensificados na pandemia da COVID-19.

Descritores: Cuidado Pré-Natal; População Privada de Liberdade; Infecções por Coronavírus.

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Introduction

The penitentiary system was developed to be a transformative environment, prioritizing social isolation and the use of disciplinary techniques, thus causing social and moral changes in the reality of the sentenced individual. The reintegration of these individuals into difficult society, providing a consequent return to penitential exclusion due to the recurrence of criminal acts¹.

The population deprived of liberty has a high risk of infection with the new coronavirus, resulting from the agglomeration for a prolonged period, causing health entities to call the attention of prison services in the face of hygiene conditions, access to health services and overcrowding².

The new coronavirus (SARS-Cov-2) was first identified in China, specifically in the city of Wuhan, in December 2019. A month later, the disease was already registered in 17 countries and was declared by the World Health Organization (WHO) as a public health emergency. With the exponential increase in the number of cases in several countries and regions of the world, in March the disease was considered as a pandemic^{2,3}.

These measures are since contagion rates inside and outside prisons are counted, according to data from the Federal University of Rio de Janeiro (UFRJ) and the Oswaldo Cruz Foundation (FIOCRUZ), incidence rates inside the prison are 38 times higher when compared with infection data from the general population, making Brazil the fourth country with the highest worldwide rate of COVID-19 diagnoses in prison populations³.

According to the National Prison Information Survey (INFOPEN), the scenario of the female prison population in Brazil has increased considerably in recent years. The rate of women incarcerated in 2000 was 5,600, with a peak of growth in 2016 with more than 42,000 prisoners, according to a 2019 survey, Brazil has 37,200 prisoners⁴.

Penal Execution Law (LEP) No. 11,942 / 09, ensures certain specific provisions for convicted women, promoting medical monitoring from prenatal to postpartum. As well as accommodation with a nursery for mothers to be able to care for and breastfeed their offspring until at least 6 months of age⁵.

In Brazil, prenatal care follows the guidelines of the Humanization of Childbirth and Birth Program (PHPN), instituted by the Ministry of Health (MS) and Ordinance / GM No. 569, of June 1, 2000, which establishes to all pregnant women a quality, humanized and safe care during the gestational process, childbirth, and the puerperium, extending the assistance to the newborn⁶.

The principles and guidelines established by PHPN have become ineffective for women prisoners in prisons, so aiming to increase the quality of care provided to pregnant women in prison, the National Policy for Comprehensive Health Care for Persons Deprived of Liberty originated (PNAISP), which prioritizes women during pregnancy and the puerperium, through an effective health service⁷. In addition, PNAISP ensures the prison population access to

health care, respecting the precepts of human rights and citizenship, in compliance with the Unified Health System (SUS)⁸.

It is known that there is a deficit in the quality of life inside the prison, for all inmates since the penitentiaries do not have structures to support the high demand. This increases vulnerability and the spread of diseases, intensified by pregnancy, due to changes in the immune system, which is susceptible to some infections. The environment in which they live offers a lack of specialized medical and nursing care, causing damage to the development of the fetus⁹.

Nurses are professionals who work directly with incarcerated pregnant women. For the care and the provision of care to be safe, resolute and of quality, it is essential that the nurse knows the laws and policies that ensure the rights and duties of the convicted pregnant women¹⁰.

Nursing is a fundamental piece for the dissemination of health promotion and prevention information to prevent injuries during the gestational process. In the prison context, SUS, through nurses, offers the female public services such as: cytopathological examination, breast examination, childcare, prenatal and puerperal consultation¹¹.

Pregnant women deprived of their liberty need attention and differentiated studies from the rest of the female population who are in the same conditions, as the gestational process is difficult for most women, regardless of their ambience, the lack of professional monitoring and the absence of living with society, amplify the difficulties experienced¹².

This reality is still little discussed in the scientific community, presenting few studies on this topic, even with an increasing number of women in prison. Therefore, the question is: What is the quality of health care provided to women deprived of liberty in times of COVID-19?

The objective of the study was to understand the perception of women deprived of their liberty, given the assistance offered in a penitentiary in the south of Paraná during the COVID-19 pandemic.

Methodology

Cross-sectional, descriptive study with a qualitative approach, located in a heterogeneous penitentiary, with about 8 thousand square meters, reserved to receive detainees from all states, who need therapeutic resources due to diseases, psychiatric problems, wheelchair users, elderly, pregnant women and ordinary prisoners, such as police officers and individuals with higher education convicted of crimes, located in the southern region of the state of Paraná.

The site has 29 health professionals and due to the COVID-19 pandemic, the unit has 18 temporary professionals, thus providing a general staff of 11 nurses and 32 nursing technicians.

The study was composed of 11 women in gestational process, who are inmates. Inclusion criteria



were: age over 18 years, able to answer questions without interference from another person (adequate cognitive system).

Data collection was carried out through intensive audio-recorded interviews, guided by a management guide, containing information to identify sociodemographic characteristics such as: age, education, race, family income, gestational age, and number of children as far as their perception is concerned the assistance provided by the prison system during this pandemic period by COVID-19. The interviews were conducted during the month of June 2020 through the Criminal Execution Management System, developed by the Celepar team, with the objective of making information more secure and reliable within the prison system, in addition to providing family members of people prisoners carry out online visits. Its purpose was to provide a dialogue, enabling the capture of information relevant to the study, thus facilitating the completion of the objective.

For the qualitative data analysis process, the software ATLAS.ti (Qualitative Data Analysis) was used, an elementary tool that allows different processing and analysis of produced texts, such as classic textual statistics, research of specific groups, descending hierarchical classification, analysis similarity and word cloud¹³.

Based on the transcript of the interviews carried out with the aid of Microsoft Word 2016 software, the content was analyzed using Bardin, which implies the structuring of three stages: pre-analysis, analytical description, and inferential interpretation. The first stage comprises all the material collected, which was subsequently subjected to a more in-depth study, the second stage of description, which covers coding, classification, and categorization. In the last

stage, relations with the studied reality were deliberated. Thus, obtaining the material necessary for inferential interpretation supported by data and latent content. From the association of the results found in the analysis of the word cloud (Figure 1) and content, three thematic categories emerged: identifying the physical structure; meaning the food context; identifying the assistance provided.

For the ethical conditions of the research and to preserve the anonymity of the participants, these were not identified, using fantastical names of cities. The research took place after authorization by the National Penitentiary Department (Depen) protocol 16.217.930-6 and with the approval of the CAAE Ethics and Research Committee with Humans 26888719.7.0000.5539. The subjects signed the Informed Consent Form, in two copies of the same content, following Resolution No. 466, of December 12, 2012, which were sent and returned via email¹⁴.

Results

The study included 11 women in gestational process, located in a Paraná prison, aged between 21 and 28 years. Among them, 6 are white, 4 brown and 1 black. Regarding the level of education, few have completed high school, when questioned, report that despite having attended school, they did not complete their studies. In socioeconomic issues, they mostly report not having any kind of aid or income.

Among the interviewees, 03 have completed high school, 03 incomplete high school, 01 complete elementary school and 04 incomplete elementary school, according to Chart 1 below.

Chart 1. Sociodemographic profile of pregnant women. Curitiba, PR, Brazil, 2020

NOME	AGE	RACE	EDUCATION	GESTATIONAL AGE
Bahia	21 years	White	Complete high school	7 weeks
Tokyo	31 years	White	Incomplete elementary school	12 weeks
Denver	25 years	White	Incomplete elementary school	27 weeks
Rome	21 years	White	Complete high school	20 weeks
Alaska	24 years	Brown	Incomplete elementary school	20 weeks
Paris	28 years	Brown	Incomplete elementary school	20 weeks



Ventura	23 years	Brown	Incomplete high school	37 weeks
Berlin	27 years	Black	Incomplete high school	9 weeks
Aspen	22 years	White	Incomplete high school	18 weeks
Dubai	23 years	White	Complete high school	28 weeks
Hawaii	23 years	Brown	Complete primary education	24 weeks

The gestational age of the population studied is one between 5 and 8 weeks, two between 9 and 12 weeks, three between 7 and 20 weeks, one between 21 and 24 weeks, two between 25 and 28 weeks and one between 37 and 40 weeks. As for parity, all of them are multigravidae with an average of 3 children born alive, the largest route of natural childbirth that corresponds to 73% of the births of the women studied.

The pregnant women share their perceptions about the assistance provided by the prison system. According to the word cloud (Figure 1), the most frequent words were causally related to medical consultations and health professionals' care, offered food, and setting, supporting the categories identified in the data analysis, which allowed to understand the perception of pregnant women jailed in the face of conditions and changes caused in the penitentiary in times of pandemic caused by COVID-19.

Figure 1. Word cloud provided by the ATLAS.ti software. Curitiba, PR, Brazil, 2020



Given the detailed reading of the interviews, it was possible to identify the perception of the pregnant women described in three categories, they contemplate the physical structure demonstrating the perception of the pregnant women in relation to the environment in which they are inserted, the food offered by the system and assistance provided by the health team prison.

Identifying the physical structure

The perspective of these women incarcerated in the face of the environment in which they are inserted, demonstrates a fragility in the prison physical structure.

"It sucks, there's no structure for a pregnant woman" (Denver).

"A very unpleasant place for a pregnant woman, for hygiene reasons, these things" (Berlin).

Therefore, given the local particularities and considering the vulnerability present in pregnancy, when asked about the environment, they report their experiences.

"It has broken glass, a lot of wind comes in. The bathroom is not a normal toilet, it is one that we have to bend over, so we get high infections" (Rome).



"The bathroom is clogged, you have to eat in the smelly cubicle, there is a leak in the shower, so it gets wet and slips on the floor, we get very cold because there is no glass in the windows" (Paris).

so he was removed because of COVID-19, he has not had a doctor in 4 months" (Ventura).

"I think that because of the Coronavirus, it is exceedingly difficult. I never saw a doctor, I never listened to my son's heart once. I draw blood straight, but as soon as I listen to my son's heart, I know he is alive because he moves. It's very difficult, complicated" (Hawaii).

Other elements are mentioned by the interns in relation to the everyday image they see in prison.

"It's cold, very cold. The beds are made of wood, some are loose with the risk of breaking, its sucks" (Denver).

"It has a lot of leaks when it rains it floods everything. There is a lot of mold, it is very cold, there is a rat and there is a lot of wind" (Ventura).

The lack of medical staff makes it necessary to move individuals to external care, the difficulties listed by pregnant women are waiting for escorts and lack of material to perform procedures.

"But there is a lot to be desired, I am diabetic, I have gestational diabetes, the right-handed was supposed to be done 3 times a week, the nurse stopped for a second due to lack of material" (Bahia).

Meaning the food context

According to the report of pregnant women regarding the food offered by the system, they show important implications.

"Despite having the fruit that the other interns do not have, we have a dessert fruit, after all the lunchbox, but the lunchbox has already come sour for us" (Paris).

"She came sour, but they changed, the guards went after us and we told the girls who serve the food and they went after" (Hawaii).

"If a pregnant woman is ill, she has to wait for hours to be able to get an escort to go to the hospital, there is no care even here, then when the general practitioner is here, he just asks how it is, does the care quickly and leaves" (Bahia).

Another obstacle described by the inmates was the difficulty in receiving specialized care during the gestational period, due to the shortage of an obstetric team.

"They attend as they can, there is not a dedicated service for pregnant women, there is no pregnant woman's doctor, only the general practitioner" (Bahia).

In the perception and experience, the inmates report that the amount of food offered by the penitentiary system is limited, consequently these women report not feeling satiated.

"It's difficult, here we feel like eating things" (Alaska).

"We go hungry, we have nothing to do, we get hungry, sometimes we go to sleep hungry, the situation is very sad, very precarious" (Ventura).

"I think that even here, even though the service is difficult, taking a long time, I still have the option of if I feel sick, I run, have a nurse, health care specialist" (Paris).

When describing drug treatment, they report using only one drug for any of the symptoms presented.

"If you are experiencing pain, they do not take it out for medical care, they just give paracetamol to us at the door of the cubicle, without knowing what it is, the symptom or trying to better assess what the pregnant woman is feeling" (Paris).

Another limiting point described by pregnant women is related to the number of meals and food offered daily. The need to supplement food with food sent by family members is emphasized.

"We have breakfast at 7 am, together with coffee there is always fruit, noon comes lunch, bread and usually another fruit and five hours for dinner. Another fruit comes for dinner, from time to time, tea or milk to add" (Berlin).

"Sometimes to complement myself I eat things from the bag, a bread, a ramen. But there are girls who don't have, they live on donation" (Hawaii).

On the other hand, women mention receiving daily vitamin supplementation, which add benefits in the formation of the fetus.

"The house supplies us with ferrous sulfate, so the only vitamin we take" (Paris).

"Ferrous sulfate and a vitamin they give to pregnant women, which is the normal thing we take" (Hawaii).

Identifying the assistance provided

According to reports of those convicted in the face of the perception of assistance, the unit does not have a multidisciplinary team, only a nursing team and the aggravation of the COVID-19 pandemic, the lack of medical care is recurrent.

"The consultations are not taking place, but when they did, they saw the size of the belly, so as to this, they were having it, being ideal, but because of this Pandemic, they are no longer having the correct procedures. Because the doctor he had is already old,

Based on the above, the inmate pregnant women demonstrate that they receive limited assistance resources during the pregnancy period, when adding their gender specificities and their gestational process associated with a prison environment, even with the addition of the body of servers installed after the pandemic.

Discussion

This study sought to understand the experience of incarcerated pregnant women and their views regarding the



services provided in a penitentiary in Southern Paraná. In view of the questions related to the quality of the assistance provided by the prison system, it triggered a process of reflection and challenges in the face of a reality that until then had been little explored.

Since its creation, the penitentiary system has been an environment developed to meet the needs of the male population and, considering the particularity of women, it has become an uncomfortable place¹⁵. Even when it comes to gender distinctions, the prison system treats men and women equally¹⁶. For pregnant women, this situation is more serious, inserted in this environment and needing special care.

According to the Law of Penal Execution No. 7,210, of June 1984, Art. 88 "Healthiness of the environment due to the competition from factors of aeration, insolation and thermal conditioning adequate to human existence"¹⁷.

During pregnancy, monitoring by a multidisciplinary health team and healthy eating is essential, changes in eating habits are part of a pillar provided for in the prenatal plan, all pregnant women should receive nutritional guidance based on the recommendations provided by the Ministry of Health¹⁸.

According to the Bangkok Rules - United Nations Rules for the treatment of women prisoners, it describes that pregnant women have the right to receive healthy diet instructions by qualified health professionals. Food should be free, provided on time and opportunities for exercise should be offered¹⁹.

Prenatal care characterizes the possibility for pregnant women to monitor the evolution of pregnancy and is also an opportunity to express doubts and feelings related to the gestational process and motherhood. In the case of Brazilian prisons, it is understood that for many of these pregnant women this is cruel, because in addition to being condemned, they also recognize the consequences of their actions for the fetus still in the womb.

In most cases, the monitoring of prenatal and childbirth is inadequate because, in addition to posing a threat to the health of pregnant women, they also present a risk to the health of babies, during the training process and after²⁰.

The World Health Organization (WHO) recommends that all pregnant women make their first prenatal consultation at up to one hundred and twenty days of gestation and perform a service in the first trimester, twice in the second trimester and three times in the third trimester. During pregnancy, at least six prenatal consultations should be performed, with alternate medical and nursing care, ensuring that pregnancy develops with quality^{21,22}.

Prison units have a deficit in the health service provided, they do not have a complete multidisciplinary team. The reality is that only professional nurses and nursing technicians are responsible for providing daily care to the entire prison population. According to Silva, the lack of

professionals and insufficient physical space, makes it impossible for the nursing team to provide effective care²³.

The nurse's professional duties in relation to the care provided to women during the gestational process consist of creating a bond during a humanized care, in the prison environment, the lack of resources added to the ambience makes the quality of the consultations is impacted and the consultations are reduced. when it comes to holistic care²⁴.

It is private to the nurse to carry out the nursing consultation, this service aims to promote health, preventing and treating diseases that occur during pregnancy and the puerperium. Develop assistance plans based on the identified needs, carry out intervention measures, guide and refer to referral services when necessary, in prison, nursing should fulfill all these steps²⁴.

The concomitant performance between the Primary Care and Prison Health teams ensures that the necessary assistance is taken effectively to pregnant women deprived of their liberty. The attendance to the population demands more than qualified technical behavior, therefore it is essential that professionals expand their skills, promoting active listening, free from prejudices and judgments, with the purpose of establishing a link from pregnancy to the moment of delivery²⁵.

The constitutional guidelines of SUS are principles used by the Rede Cegonha aiming at a more efficient prenatal care, women incarcerated were included in this network to reduce mortality and expand assistance to guarantee quality in maternal and childcare.

Therefore, the Ministry of Health, seeking to expand assistance to prenatal care, childbirth, and the puerperium, advocated a primer for the inclusion of women in deprivation of liberty in Rede Cegonha claiming that all pregnant women and children who meet their mothers deprived of their freedom should have access to health services²⁶.

Conclusion

This work was extremely important for the scientific community, health professionals and the population to understand how these women feel inserted in an environment of seclusion and their perceptions regarding the care they receive.

Thus, it allowed us to better understand their experience and from these findings, it is concluded that prenatal care in the prison environment is different from care outside the system when analyzed by the guidelines and recommendations of the Ministry of Health.

Therefore, since the topic is not widely discussed in the scientific community, it is expected to favor the development of new research that portrays the prison population and that provides reflections on the subject to health service professionals.



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