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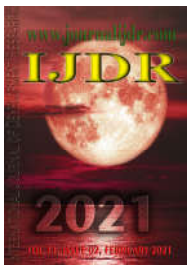

RESEARCH ARTICLE OPEN ACCESS

VULNERABILITY TO SEXUALLY TRANSMITTED INFECTIONS IN WOMEN SERVING CUSTODIAL SENTENCES

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ABSTRACT

Toidentify vulnerability markers to Sexually Transmitted Infections (STIs) of women in the prison complex in Santarém, Pará. Exploratory, descriptive, cross-sectional, and qualitative approach, carried out through semi-structured interviews, having as participants 62 women, whose statements were transcribed and analyzed in their content. The following categories of analysis resulted: 1 Women's knowledge about STIs; 2 Identification of STIs as a problem in the prison system; 3 Health care in the prison system.Women in deprivation of liberty have correct knowledge about STIs, ways of transmission, and prevention. As vulnerability markers to STIs,there were low school level, the concentration of blacks and browns, overcrowded cells with poor ventilation, personal hygiene, and difficulty of information access and health services.The vulnerability markers of women deprived of their liberty to STIs are related to broad social contexts and prior to prison. It is reiterated the need to guarantee dignified conditions and opportunities for the promotion and protection of health, accessibility, comprehensiveness, resolution, and humanization of health care.

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INTRODUCTION

Brazil has the third-largest worldwide prison population, behind the United States and China, and takes first place in South America[1, 2]. According to the National Penitentiary Department, the Brazilian prison population had 773,151 prisoners in February 2020[3]. It is a great challenge to guarantee the attention to the health of this population in the Unified Health System (SUS), which is essential to the National Health Plan in the Penitentiary System[4] (LERMEN et al 2015). Access to health is essential for the incarcerated population in addition to their civil rights that should be guaranteed, even if deprived of liberty. The present study focuses on women serving custodial sentences in the prison system. Despite advances in expanding access to health care for this population, quality of care, health, and inmates' lives have not been achieved yet, as highlighted by the study in the female public chain of a municipality in the mid-northern region of the state of Mato Grosso[5]. There is a significant increase in their participation, going from 455% between 2000 and 2016, registering 42,300 women in prison[6]. In 2014, it was created the National Policy for Attention to Women in Situation of Deprivation of Liberty and Graduates of the Prison System[7], in recognition of the specific needs for the health of women serving a custodial sentence and the contexts that characterize them as part of a socially vulnerable population. A study conducted in Rio de Janeiro[8] showed that women have been suffering from prison conditions that affect their health due to triggering factors such as low quality of food, lack of physical activity, sedentary lifestyle, smoking, and restriction to sun exposure. The study highlights the fundamental existence of public policies that encourage actions to prevent diseases, health promotion, comprehensive health care; and reiterates the need to guarantee women's rights to safe care, without restrictions on health actions, in the perspective of comprehensive care. Among health problems that affect women in this condition, there are Sexually Transmitted Infections (STIs). The official notification data do not correspond to the real situation, given the underreporting and underestimation of cases [9, 6]. In the study by Batista et al [10] carried out with 113 female prison inmates in the Northeast Region, it was identified that 22.1% had positive syphilis serology, among which two were pregnant women. HIV / AIDS infection affects between 3 and 16% of women in the prison population [11]. With different percentage results, in the investigation carried out by Matida et al [12] in the female prison system in São Paulo state, from 8,914 women tested for syphilis, 7% had a rapid reagent screening test and 2.8% for HIV. Studies have been carried out in prisons in large cities as well as in the South-eastern,

Southern, and North-eastern regions of the country. However, there is little research on the condition of women in the prison system in the North. Studying the Human Papilloma Virus (HPV) in a sample of 233 users of Basic Health Units (UBS) and 199 women in prison in the state of Pará, the study by Plácido [13] stands out, which identified differences between the two populations. Highlighted, women in prison had a higher prevalence of HPV in older age, above 45 years; they were mostly single, separated, or widowed; the average age of onset of sexual activity at 15 years old, lower than the women in the UBS (17 years old). There was a statistically significant association between prison women who did not use contraceptives and HPV acquisition, and between altered cytology and the presence of symptoms of HPV infection. Another study conducted with pregnant women in the prison system of Pará exposed difficulties they face in health issues related to the misconduct of some prison officers / other employees and lack of medication and found two cases: one of syphilis and another of HPV[14]. Considering these women as vulnerable to STIs in the perspective of the existent unfair conditions in relation to the right to health, which determine the process of illness, this article is proposed to deepen the discussion, particularly because few studies have investigated the condition of women serving a sentence in prisons in the Northern Region and the state of Pará. Given the exposed considerations, the objective is to identify markers that indicate the vulnerability to STI of women deprived of their liberty in the prison complex in the municipality of Santarém, in the state of Pará.

METHODOLOGY

This is a case study, exploratory, descriptive, with a cross-sectional and qualitative approach. The research took place at the Sílvio Hall de Moura Agricultural Recovery Center (CRASHM), located in a rural area in the municipality of Santarém, in the western region of the state of Pará. For health assistance, CRASHM has a Basic Prison Health Unit (UBSp), with a team composed of a doctor, a nurse, technicians and nursing, a dentist, oral health technicians, a social worker, and a psychologist. The study had the participation of 62 women, which corresponded to 100% of the eligible population. In-depth interviews were conducted from September 2016 to February 2017. A script with open questions was used in the recorded interview for further investigation of knowledge and preventive practices, and to identify contexts that could indicate these women's vulnerabilities to STIs. The content of the recordings was fully transcribed and typed in the Microsoft Word program, version 2013. After several full readings, the digitized transcriptions were organized in the Nvivo 11 pro student software that helps the speech coding process, which serves as the basis for creating the analysis categories [15]. Three categories were conceived composing the central contents: 1) Women's knowledge about STIs; 2) Identification of STIs as a problem in the prison system; 3) Health care in the prison system. To maintain the confidentiality of the participants, their speeches were organized in a coded alphanumeric sequence, starting with the letter M for “Mulher” (woman, in Portuguese), followed by an Arabic number in the range 1 to 62 in order of the interviews.

Key contents emanating from the categories were organized in an analysis matrix add to the synthesis of the vulnerability markers to STIs. The analysis of the results took the concept of Health Vulnerability [16, 17, 18, 19]. Vulnerability comprises two inseparable dimensions: individual and collective [16,17]. The first designates the conditions of cognitive and behavioral order related to the degree of information, awareness, ideas and beliefs, aspects of life history, and the singularity of individuals. The second is didactically composed of a social and a programmatic subdimension. The social dimension encompasses the contextual conditions of individuals, which place them in lower or greater negotiating power and access to a set of goods and conditions, these related to the exercise of the right to health, education, work, material resources, in addition to the degree of liberty and autonomy (according to gender, social class, ethnicity, sexual orientation, generation, among others). In the programmatic scope, the collective dimension comprises the conditions that refer to the programmatic, local, and global commitments and efforts of cities, states, and countries about resources of different orders, which must be engendered for actions that promote, protect and guarantee rights (for example, the right to health, the multiple resources needed for prevention and care). This article is part of the results of the study “Vulnerabilities to Sexually Transmitted Infections of women deprived of liberty in Santarém-Pará” (doctoral thesis) approved by the Research Ethics Committee (CEP) of the University of São Paulo School of Nursing (EEUSP) under opinion number 1,725,469, dated 09/13/2016.

RESULTS

There were 62 women who participated in the research. They remained in the prison complex under state custody, with no possibility of leaving. The sociodemographic profile was characterized as the majority in the age group of 21 to 40 years (59.7%), with a median of 26.50 years, minimum age of 18 years and maximum of 57 years; of brown color (75.8%); and who finished Elementary School (56.5%). The majority (71.0%) responded to Articles 33 and 35 of the Brazilian Penal Code, corresponding to “Narcotics Trafficking”.

Women's knowledge about STIs: Women demonstrated knowledge about the ways of transmission of STIs, highlighting three situations: “transmission by sexual intercourse, transmission by sharp objects and transmission without the use of condoms”. This statement was based on the understanding that STIs are diseases transmitted by sexual intercourse, whether vaginally, anally, or orally and by sharing contaminated sharp objects. They recalled that nail pliers and other cutting instruments, such as eyebrow tweezers, nail pliers, and hair removal equipment must be for personal use and not for sharing. They explain that this indicates good personal care practice and helps to prevent diseases, including STIs. (M2, M9, M35, M36, M46, M48, M49). From the 62 women interviewed, 23 correctly pointed out that one way of transmission is through sexual intercourse. However, some women have some confusion and even lack of knowledge about the forms of STIs transmission; for instance, they believe that sharing the same toilet seats is a way of infection. They ask with doubt in the situation of gonorrhea, for example, “you take it when you sit, right? or having sex ... but it has a cure, right?” (“você pega, do sentar né? ou fazendo relação sexual...mas ela tem a cura né?”), M54;“... it’s because they say that when the person is sick, that the disease passes on to us if we sit in the same chair... isn’t it?” (“...é por que falam assim que quando a pessoa tá doente, que senta na mesma cadeira, que a doença passa pra gente...não né?), M54.

It is worth mentioning the statements that express situations in which there is no risk of transmission, correctly indicated, such as a handshake, kiss, or hug, living in the same environment. In their speeches, they emphasized the importance of non-discrimination against people with STIs (M17; M27; M39; M41; M46; M48). The women referred to diseases caused by bacteria and viruses, correlating to signs and symptoms such as discharge, itching, and vaginal discomfort (M2, M25, M46, M48). Among the best known, HIV / AIDS, syphilis, and gonorrhea were remembered. Popular names were mentioned, such as “crista de cavalo” (horse crest) and “cavalo de Cristo” (Christ’s horse), these referring to the condyloma acuminata - Human Papillomavirus - HPV. In the reports, it was possible to apprehend that among STIs AIDS is highlighted as “... a disease that has no cure” (“...doença que não tem cura”), that is only controlled by treatment, and that one hears a lot on television (M17); "STIs are dangerous, can often lead to death”(“As IST são perigosas, por muitas vezes pode levar até a morte), M27. The feeling of fear was identified, as highlighted in M22's speech: “Infection? I think it is a very ugly disease[linking to body image, suffering and the consequences, experienced by patients with STIs]. I think [silence] ... I'm afraid of that, I think we have to prevent it, right?”(“Infecção? eu acho que é uma doença muito feia oh [ligando a imagem corporal, ao sofrimento e as consequências, vivenciadas pelo portador de IST]. Eu acho que [silêncio]...eu tenho é medo disso aí, eu

acho que tem que se prevenir né?"). Some women added in their reports that sexual transmission occurs when condoms are not used (M1, M6, M13, M20, M23, M24, M27, M38, M39, M46, M53, M56). In this speech, it is perceived the concern and the importance of preventing STIs using condoms, whether male or female.

There are situations in which prevention is not practiced, especially when associated with drug use, illustrating the double condition of vulnerability to which the women in this study are exposed: prostitution without the use of protection from STI and the use of drugs, such as a report by M20, drug user, arrested for drug trafficking and serving a prison sentence in closed conditions. She reports that there are women who prostitute themselves to finance the use of drugs and alcohol: "... there are people who do not care, after they invented this drug, people exchange themselves for drugs to consume their addiction, in this way, for 10 reais, you get AIDS, right?"("...tem gente, que não tá nem aí, depois que inventaram essa droga aí, as pessoas se trocam por droga para consumir o vício, aí lá por 10 reais, tu pega uma aids né?"). One of the women, a drug user, points out that transmission occurs through contact with blood and describes this condition of drug users and STIs: "I have already smoked with people who have HIV, I always smoke when I am out of here. But it does not come from the mouth, only if there is a wound in a mouth, if there is bleeding... then yes, but it has nothing to do, it is not because the person has AIDS that I will have it too..."("Já fumei com gente que tem HIV, sempre eu fumo, quando eu tô lá fora. Mas, isso aí não vai da boca, só se tiver um ferimento numa boca, se tiver um sangramento...aí sim, mas não tem nada a ver, não é porque a pessoa tem aids, que eu vou ter também..."), M58.

Identification of STIs as a problem in the prison system: According to the interviewees, cases of STIs in the prison system among women are rare. They recall that a time ago when a case of HIV was diagnosed, for example, a Release Permit was granted immediately so that this was not a problem for them in prison. In the analysis of the interviews, it was possible to identify that for a group of 15 women, STIs are not a problem in prison, justifying that they do not identify STI cases among them. They say it is more common to hear of occurrences among the arrested men. In his speech, M17 highlights: "it's not a problem, because men do not stay together with women, understand?" ("não é um problema, pois os homens não ficam junto com as mulheres entendeu?"), Demonstrating that they do not recognize the possibility of STI transmission, precisely because they live only among women; therefore, they do not see it as a problem. These women do not consider themselves vulnerable to STIs because they are at a prison for women, believing that infections may occur only through sexual intercourse with men and because there are not known cases among women deprived of their liberty. For 42 women, STIs are a problem within the prison system, and sometimes they are referred to as "very severe" or "very serious", precisely because they have difficulty accessing treatment when imprisoned.Some women recognize that infection in the sexual relationship between them can occur, as highlighted in the statements: "We get involved with each other, even due to lack of affection, and there are many interns there that have a pretty face, but still needssome treatment, ashamed to speak" ("A gente se envolve umas com as outras, até mesmo pela carência afetiva, e tem muita interna aí, que é um rostinho bonito, mas falta se tratar, por vergonha de falar"), M26; "Yes, for sure [IST] is a problem! Because you can pass it on to others, right? Like if I have a wound and someone has another, then like [silence] ... there are many women there, who kiss, there are women who like it too" ("Sim, com certeza [IST] é um problema! Por que pode passar para as outras né? Tipo se eu tiver com uma ferida e pessoa tiver com outra, aí tipo [silêncio]... tem muitas mulheres aí, que se beijam né, tem mulher que gosta também", M27.

"Except that for us women interns, I can speak in a particular way, like the ones who have a relationship with other women, we don't have access to any type of prevention, no type of prevention is provided. For the 7 months that I am here, I participated in a single lecture, I wish there were more, that there was a partnership system about diseases which is particularly important" ("Só que para nós internas mulheres, posso falar de forma particular, assim que mantem relação com outras mulheres, a gente não tem acesso a nenhum tipo de prevenção, não é fornecido nenhum tipo de prevenção. Durante 7 meses que tô aqui, participei de uma única palestra, gostaria que tivesse mais, que tivesse um sistema de parceria acerca das doenças que é muito importante"), M26. "... I am like this, I live with a woman, you know? I like having my things, when I ended up here, people rejected me so as my wife" ("... eu sou assim, eu vivo com mulher, entendeu? Gosto de ter as minhas coisas, quando eu caí aqui, as pessoas me rejeitaram e a minha mulher também). For women who recognize STIs as a problem in the prison system, the difficulty in treatment becomes the biggest concern. They mention the fact that there is no adequate medication, as highlighted in M5's speech: "I believe so because there is no adequate treatment for this, it is serious, because medicine is very difficult, even more for a disease like this, it is more difficult so there isn't even the right treatment, not here" ("Eu acredito que sim, porque não tem tratamento adequado para isso, é sério, porque remédio é muito difícil, quanto mais pra uma doença dessa aí, é mais difícil ainda, então nem tem o tratamento certo, aqui não"). Some women list STIs as a critical problem aggravated by living in a shared, crowded, and poorly hygienic environment. They emphasize that there is no appropriate cleaning routine; there is insufficient availability of cleaning supplies and a small area with little ventilation. Sometimes, the cell capacity of inmates is exceeded, making hygiene control even more difficult.

Health care in the prison system: Regarding the prevention and protection of women to STIs in the prison system, it was highlighted that the visits were restricted to the distribution of condoms, lectures, and tests (rapid test for HIV, Syphilis, Hepatitis B and C). Medical and nursing consultations are carried out according to complaints or rapid reagent test results. Prevention and protection actions do not happen programmatically; most of the time, they are carried out on time, by institutions such as universities, schools, and social movements, in partnership with the prison system. Therefore, there is no evidence of health care organized by the Basic Prison Health Unit (UBSp) healthcare team. In the opinion of 10 women, these actions should be expanded in a routine of health education activities, on themes aimed at prevention and health protection (M5, M6, M7, M8, M10, M12, M13, M26, M49, M57). The lack of therapeutic support for cases diagnosed with syphilis is confirmed in the statement by M2: "the people who do that exam [rapid test] come every two months, every three months, then the person who is positive [reagent], she has to buy the medicine, because, in the penal system, there is no Benzetacil for syphilis. In the case of HIV, then they go there and they pass the medication, which is in the system" ("o pessoal que faz aquele exame [teste rápido], vem de 2 em 2 meses, de 3 em 3 meses, aí na pessoa que dá positivo [reagente], ela tem que comprar o remédio, porque no sistema penal, não tem a Benzetacil para sífilis. No caso do HIV, aí eles vão lá e passam a medicação, que tem no sistema").

Concerning condoms, the male one is the input available by the prison system and distributed more frequently only to those who have access to an intimate visit. "I only know for those who have a visit, that does it with someone, it's just like me, I go to the visit every 15 days, but I stop by, get a condom and take it; sometimes there is a lack of condoms" ("Eu só sei pra quem tem visita, faz relação com outra pessoa assim como eu, vou pra visita de 15 em 15 dias, mas, eu passo por aqui, pego preservativo e levo; tem vez que falta camisinha"), M5 e M6. "Look, nobody has protection, because almost nobody has relationships, almost nobody has a partner, who does not open a visit, only those who have a husband from outside who are entitled to visit, for example, for those who have no visit, have no relationship, they can't get it, right?" ("Olha ninguém tem proteção, porque ninguém quase faz relações, quase ninguém tem parceiro, que não abre visita, só quem tem marido desde lá de fora que tem direito, pra visitar por exemplo pra quem não tem visita, não tem relação, não tem como pegar né?"), M18. The female condom is almost non-existent as it is available only in sporadic actions in partnership with universities and social movements (M1, M4, M11, M24, M36, M58). It is noticeable

the dissatisfaction with the care provided to women prisoners. There are situations in which, even in need, they prefer not to seek the prison unit infirmary for care, remaining in the cells while they hope to recover. In situations that request care from the infirmary, they report that they are treated inappropriately, as highlighted by M52 in her report: "And they here [healthcare team], they don't do the right thing, sometimes we scream, scream and when the people come here [nursery] they give us some pill and say it's normal, they don't do an exam"(*"*E eles aqui [equipe de saúde], eles não fazem a coisa certa, às vezes a gente grita, grita e quando a gente vem aqui [enfermaria] eles dão uma 'pilulazinha' e dizem que é normal, não fazem um exame"). There are reports about the fear of becoming ill inside the prison system and not obtaining adequate treatment, resulting in complications in their health status as a profoundly serious situation as highlighted in M31's speech: "...besides being stuck here, with a problem in society, and taking the risk of acquiring such a health problem, it's the last! Really!" ("...além de estar presa aqui, com problema na sociedade, e se arriscar a ponto de adquirir uma / um problema desse na saúde, é a última! É sério!".)

"The service here is insufficient because we have some difficulty in accessing the infirmary, due to employees who often do not even want to bring us. Sometimes we feel that we have an intense vaginal discharge, then the employee thinks we want to go for a walk, many times it is not, you know?"("O atendimento aqui, é insuficiente, porque a gente tem certa dificuldade de ter acesso à enfermaria, por conta de funcionário que muitas vezes nem quer trazer a gente. Às vezes a gente sente que tem um corrimento vaginal mais forte, aí o funcionário pensa que a gente quer passear, muitas vezes não é isso né?"), M26. Eleven women reported dissatisfaction with the health care provided at UBSp. Some women mentioned that the assessment for care in the infirmary is performed by the prison officer on duty and that they are not health professionals, even saying "you don't have anything" ("tu não tens nada"), "you want to go for a walk in the infirmary" ("quer ir passear na enfermaria"), highlighted by M26 as "...concerning, a lack of respect, I don't know" ("...preocupante, uma falta de respeito, sei lá"). It is evident that there is a concern about the need for "a moment of listening" to provide more humanized care and not simply the dispensing of medications, as highlighted in this report: "you should have qualified care, right? Because this kind of thing must be treated here, and we don't have it. If you have colic, they give you paracetamol, if you feel some pain in your belly, they give you paracetamol. So it's very complicated to treat this type of disease [STI] here in the penal system, right?" ("deveria ter um atendimento qualificado né? Porque esse tipo de coisa tem que ter tratamento aqui, e a gente não tem. Se tu sentes uma cólica, eles te dão paracetamol, se tu sentes uma dor na barriga, eles te dão paracetamol. Então é bem complicado para tratar esse tipo de doença [IST] aqui no sistema penal né?"), M46.

The difficulty of accessing health services and the lack of health education, even if individual, is also evident in the analyzed reports: "...because for us to order an anti-inflammatory, a vaginal cream here, it is more difficult to get anything here, we ask and they don't give it" ("...porque pra gente pedir um anti-inflamatório, um creme vaginal aqui dentro, é maior dificuldade, pra conseguir qualquer coisa aqui, a gente pede e eles não dão), M49. Women mention that responsibility for individual health is also a collective issue, as it is consistent with quality health care, surveillance, and assistance, as highlighted in the statements: "Actually, I think it's everyone's responsibility for health because there arepeople who are ashamed. I think that not only the family, the government but everyone" ("Na verdade, eu acho que é de todos... a responsabilidade pela saúde, pois, tem gente que tem vergonha. Acho que não só a família, o governo, mas de todos"), M9."In my opinion, it belongs to the group. Everyone must do their part because there are a lot of interns back there (the cell) who are in trouble and don't really look for it, because they don't want it to come up, they don't trust the team. And the part of the penal system, which is clear, because there is a lot that is lacking, a lack of structure, I think there is a lack of more qualified people." ("Em minha opinião é do conjunto. Todos têm que fazer sua parte, porque tipo assim tem muita interna lá atrás [cela] que está com problema e não procura realmente, porque não quer que venha à tona, não confia na equipe. E a parte do sistema penal, esse que é nítido mesmo, pois falta muita coisa, falta estrutura, eu acho que falta gente mais capacitada"), M26. For 32 women in the study, each person should be responsible for their health, maintaining hygiene habits, and doing routine exams. From the individual concern, when perceiving any change or problem, the UBSp health team should be called (M4, M7, M10). The speech of M21 exemplifies this statement: "... it must come from us, from ourselves. Because if I don't get to be involved with someone to talk to, it's difficult, right? So we have to have willpower, right? We have to go there with the person and say what we're feeling..."("...deve ser da gente mesmo, de si próprio. Por que, se eu não chegar a ter um envolvimento com alguém para conversar, para dialogar, fica difícil né? Então a gente tem que ter força de vontade, né? A gente, tem de ir lá com a pessoa e dizer o que sente..."). The interviewed women recognize that the fundamental responsibility for health care for women in incarceration lies exclusively with the prison system, in the person of the director, and the UBSp health team. According to them, the prison system must carry out prevention, protection, and care actions for women in custody. In this way, it would maintain quality service, providing tests and appropriate medication to each health problem, and promoting the training of a multidisciplinary team to tend to inmates, with access to the health sector and agility in attending to existing problems.

DISCUSSION

Chart 1. Matrix of analysis and vulnerability markers to Sexually Transmitted Infections (STI) of women deprived of liberty in Santarém, Pará 2018

STI Vulnerability Markers		
Individual	***Collective***	
	Social	***Programmatic***
✓ Low school level; ✓ Concentration of black and mixed-race women; ✓ High percentage of women involved in drug trafficking (users and dealers); ✓ Not knowing what STIs are and how they are transmitted; ✓ Incorrect knowledge about STIs; ✓ Prejudice related to STIs; ✓ Drug use X Prejudice X STIs;	✓ Overcrowded cells, with little ventilation, poor sanitation and rationed water; ✓ The right to health is not considered to be ensured in the penal system; ✓ Difficulty in accessing information and health services. ✓ Failure to recognize the vulnerability to STIs in the criminal justice system; ✓ Confinement in clusters with those who have STIs; ✓ Lack of access to condoms for lesbians; ✓ Lack of knowledge about forms of transmission and prevention among lesbians.	✓ It is the prison agent or a member of the health team who determines the service and not an expressed health need; ✓ Lack of space in the prison UBS for "listening"; ✓ Offer of condoms only during intimate visits, held every 15 days; ✓ Access to intimate visits, only to those who prove marital union by documentation; ✓ There is no regularity and quantity necessary for health education activities in the penal system; ✓ Lack of regularity in carrying out laboratory tests and rapid diagnostic tests; ✓ There is no regular provision of specific drugs for the treatment of STIs, for example, syphilis; ✓ Health care is based on the dispensation of symptomatic drugs, without assessment of health needs. ✓ The right to health in the penal system is not considered to be ensured; ✓ Difficulty in accessing information and health services. ✓ STIs are not a subject discussed within the families.

Vulnerability markers of women deprived of their liberty: It was possible to extract vulnerability markers to STIs from the statements gathered in the analysis matrix (Chart 1). Concerning the individual dimension, it was possible to identify low school level, the concentration of blacks and browns, a high percentage of women involved in drug trafficking (users and traffickers), lack of knowledge about what STIs are and how they are transmitted, incorrect knowledge about STIs, and prejudice related to STIs. In the study, the participants were identified as a population with a low school level, which contributes to the lack or incorrect knowledge about STIs, one of the aggravating factors of vulnerability for women in incarceration situations. Costa et al [20] consider that adequate and correct knowledge about STIs is essential for adopting preventive measures. The lack of knowledge or insufficient or incorrect knowledge about STIs makes women vulnerable to these diseases, as studies have indicated. Regarding the incorrect knowledge about "what are STIs, how it is transmitted, what are the forms of prevention and health protection", the results show that the majority (93.5%) stated they know what STIs are; however, some statements expressed the need for confirmation, as it is incorrect or mistaken knowledge. Knowledge by itself does not guarantee the adoption of preventive measures. However, adequate knowledge about STIs and understanding of vulnerability through the programmatic development of educational activities can favor and encourage the adoption of preventive measures, thus in line with Barros, Nascimento, and Galiza [21]. This information reinforces the importance of working on health education with these women, especially regarding STIs, since many are unaware of their vulnerability and, consequently, did not use condoms in all sexual relations.

The devaluation of listening was possible to be identified as a marker of programmatic vulnerability, since there is a need for a welcoming environment, a safe place for health promotion, especially in situations of deprivation of liberty. By being confined, the incarcerated population is more accessible to health education work carried out by health professionals (mainly nurses) for directing curative and preventive actions, according to the peculiarities of inmates in the prison system. Therefore, Barros, Nascimento, and Galiza [21] state that it is necessary to create educational strategies to prevent harm to the sexual and reproductive health of prisoners. Also, it is essential to develop approaches to break educational barriers, thus generate behavior change and promote self-care. In addition, spaces for interaction and dialogue are useful not only as a measure of health protection but for socialization. A review carried out by Ribeiro and Deus [22] describes the understanding that the female prison population has and maintains a high risk for HIV / AIDS infection and other STIs, requiring adequate health services that act in the promotion, prevention, treatment, and maintenance of the health of these women in incarceration. Implemented in the prison system in 2014, the National Policy for Comprehensive Health Care for People Deprived of Liberty (PNAISP) is undoubtedly an advance in ensuring health care for people deprived of their liberty[23], but there are many challenges so that forms of care can be genuinely expanded. In the study with women, the prison reality in Santarém does not differ from the national one in the aspect that deals with the difficulties in access to health in an integral and effective way.

An integrative review discussing health care in Brazilian prisons highlighted the urgent need for emergency improvements in the physical structure of prisons, aiming that professionals in the prison and health systems can carry out actions to promote, protect and recover the health of the population deprived of liberty. The study also highlights the necessary acquisition of knowledge, skills, and attitudes for developing the competencies expected from each area of professional practice in prison, which must be mandatory to qualify the attention. It emphasizes that health care needs to be urgently systematized and carried out based on scientific evidence [24]. An identified marker of the social dimension was the lack of space for discussion in families or other opportunities to socialize about STIs. Before serving a sentence, few of these women could talk about this with family members or remember hearing it at school and in the media.

The women said they usually discuss the subject with others who live in the same cell, thus the study by Barros, Nascimento, and Galiza[21] carried out in the state of Piauí intending to identify the sexual profile of the inmates, questions about the knowledge of women in prison context about STI / AIDS suggesting that it is not a topic discussed with health professionals, either out of shame or for not feeling confident to open this issue. As well as the precarious conditions of living and health, noteworthy are quotes about insalubrious cells, inadequate food, rationed water supply, poor hygiene, overcrowded cells, poor ventilation, and lighting. All these aspects aggravate the precariousness of the daily conditions experienced by women in prison, which is not a particularity of the Santarém prison system, since even in prison units cited as models in Brazil, aggravating and determining situations of vulnerability are pointed out. The survey by Néia and Madrid [25] stands out a penitentiary in Rio de Janeiro with a prison population of more than 331 inmates, which presents unhealthy situations for daily living, such as overcrowding and poor distribution of cells, lack of essential material as mattresses, among other problems. A similar example is the Nelson Hungria prison, which has a capacity for 500 prisoners already experiencing overcrowding problems without an adequate structure of life and habitability, and with inadequate nutrition records.

In the social dimension, following the analysis of "Identification of STIs as a problem in the prison system", insufficient disclosure of the importance of STI prevention was highlighted. The prison is characterized as a space of great value for carrying out activities that favor the development of strategies inherent to the construction and implementation of knowledge, skills, and competencies since many fail to perceive new possibilities of starting over. This condition is a favorable moment for recognizing situations of vulnerability and fulfillment of these spaces with feelings of hope for better life prospects, the dreamed social reintegration after prison. Another vulnerability marker highlighted in the research was the lack of occupation for women in the prison system: they spend days and nights in their cells without more productive and non-idle activities. In Santarém, 75.8% does not work in the prison system; work in prison is not compulsorily offered as provided by the Law of Criminal Execution (LEP); many inmates long for a job opportunity to remission their sentence, reduce idleness, or the possibility of re-socialization. Concluding the social dimension, in an analysis of "Attention to health in the penal system", vulnerability markers were listed such as difficulty in accessing information and health services,and prejudice and discrimination by gender and ethnicity.

Despite the efforts added since the implementation of PNAISP, the difficulties encountered and faced in the prison system are countless, specifically in the health sector, considering those already reported in this research, added to the construction of specific public policies for more vulnerable groups and, in this context, women deprived of liberty and all their specificities. Health care to women in prison in Santarém has been transformed into prompt service for drug dispensing, specifically analgesics. There is no programmatic health education. There are reports of unfamiliarity about the health services developed in prison units, corroborating the study by Alves et al [26], in which 89.1% of women in the female prison said they were unaware of the health services performed in the prison unit. It is noted that despite the existence of public policies directed at women deprived of their liberty and that although the flaws are related to the execution of actions in the penitentiary system, there is a need to guarantee the applicability of laws and ensure the rights of these women.

Conclusion

When proposing to analyze the vulnerability of women in the prison system to STIs, this research showed how essential is health care to the population deprived of liberty. It also presented that health careshould be based on the principles of PNAISP, in a qualified way and seeking to comply with the principles and guidelines of the SUS, both in the promotion, prevention and recovery of health. It became apparent how far the Brazilian prison system is from the humanitarian ideal, and how urgent, radical, and necessary changes are in the short,

medium, and long term, since, day by day, the unhealthy and even subhuman conditions inside jails in Brazil only diminish and depreciate the few, but still existing, chances of social reintegration. Regarding the rights of women deprived of their liberty, it was possible to improve the understanding of the reality in which these women live while serving a sentence in prison. Despite this, the laws guarantee the rights of the prison population, since they demand specific health care due to their living conditions and environment; however, the reality of prison does not match what is established in the legislation. The study identified as main vulnerability markers of women deprived of liberty: low school level; concentration of black and brown women; a high percentage of women involved in drug trafficking (users and traffickers); no use of condoms due to difficulty in negotiating with the partner; lack of space in the prison UBS for "listening"; offer of condoms only during intimate visits, held every 15 days; health care is based on dispensing symptomatic drugs, without evaluation of health needs; overcrowded cells, with little ventilation, poor sanitation and rationed water supply; difficulty in accessing information and health services, among others highlighted in the analysis matrix. It is necessary to recognize women in liberty deprivation as capable of making decisions about their bodies, lives, and health. Therefore, they must have decent conditions and opportunities for health promotion and education, as well as care within the principles guaranteed by public policies of accessibility, integrality, resoluteness, and humanization of health care.

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