

### Children of the prison: social representations of women about birth in prison


**Khesia Kelly Cardoso Matos<sup>(a)</sup>**

<khesia.matos@gmail.com> 

**Susanne Pinheiro Costa e Silva<sup>(b)</sup>**

<susanne.pc@gmail.com> 

**Emanuela de Araújo Nascimento<sup>(c)</sup>**

<emanuela1410@hotmail.com> 

<sup>(a)</sup> Maternidade Municipal de Juazeiro. Avenida Raul Alves, 1000, Santo Antônio. Juazeiro, BA, Brasil. 48901-000.

<sup>(b)</sup> Departamento de Enfermagem em Saúde Coletiva, Centro de Ciências da Saúde, Universidade Federal da Paraíba. João Pessoa, PB, Brasil.

<sup>(c)</sup> Secretaria Municipal de Antonio Gonçalves. Antonio Gonçalves, BA, Brasil.

The objective of this study was to understand the social representations of pregnant and puerperal detained women regarding giving birth of prison. A qualitative approach was developed with nineteen women, housed in the prisons of the state of Pernambuco, Brazil. Data collection was done through group interviews, analyzed by Iramuteq software. Representations about giving birth during incarceration are marked the suffering occasioned by the fear of separation. The process of labor is manifested by the prejudice of society; the type of delivery seems to influence the conception of giving birth and being a mother. The study points out the importance of understanding the problems of maternity in prison, as well as the difficulties that are related. In addition, it's necessary to improve the attention and care of health professionals and managers in guaranteeing the rights of this population.

**Keywords:** Social representations. Childbirth. Prisons.



## Introduction

Throughout the world, there has been an increase in the number of women incarcerated for committing crimes and, therefore, a high percentile of incarcerated female mothers. Among the main factors described as responsible for the female insertion in the world of crime are: financial difficulties, unemployment, relatives involved in drug traffic, threats, family support, obtaining the power and influence of their companions<sup>1</sup>.

The increase in the female prison population is expressive, reaching around 12% in the last five years. Drug trafficking is the main responsible for such imprisonment in this period in Brazil, with an index of 62,4%<sup>2,3</sup>. Thus, Brazilian women's prisons face difficulties such as overcrowding, improper physical structure, lack of hygiene, violence, discrimination, lack of leisure areas, few social reintegration activities, return to prison, deficiency in medical care, and inadequate specific policies for women<sup>4</sup>.

In view of the health conditions of the prison population, the Federal Government, through the Ministries of Health and Justice, established the National Health Plan in the Penitentiary System – PNSSP, through the inter-ministerial ordinance nº 1.777/2003. The PNSSP proposes a specific health policy aimed at reducing the damages and injuries caused by the current conditions of confinement, allowing access to basic care within these institutions through the multidisciplinary integrated work of the prison health team<sup>5</sup>.

Even so, prisons still exist with improvised cells to perform the function of infirmaries, in addition to the shortage of professionals, equipment and medicines necessary for the maintenance of health. Disease prevention practices and programs such as prenatal care are practically non-existent, as well as poor police escort to bring the incarcerated to health services outside the walls. This scenario needs urgent improvements, especially to assist pregnant women and women who have given birth, since they need maximum attention due to the greater fragility and changes, especially hormonal and emotional changes that emerge with pregnancy<sup>6</sup>.

In countries such as the United States and the United Kingdom, studies show the need for effective guidance and care to improve the health and wellbeing of pregnant women incarcerated, especially as this does not occur in many prisons. In this way, the risks to the health of the developing mother and fetus are further enhanced<sup>7,8</sup>.

With regard to pregnant women, previous identification of problems, prevention and treatment of diseases, as well as preparation for childbirth need to be incorporated into the planning of care by the health team, in order to minimize possible complications. It is worth mentioning that access to services will be done inside and outside the prison unit, requiring coordination between managers to ensure quality care<sup>9</sup>.

It is also necessary to understand other dimensions that incarceration affects. In addition to the harmful effects on women, reclusion can have consequences for her and the fetus, considering that biopsychosocial factors directly influence the development of motherhood<sup>10</sup>.

Therefore, it is necessary to understand the universe of these women by which they share and organize their common sense, guiding their behavior and interpersonal relationships. For that, we propose the use of the Theory of Social Representations, understanding the significance and meanings shared in the prison environment.



Thus, understanding the universe of these representations is to elucidate issues related to women's imprisonment, wrapped by the distance of the family, lack of emotional support, disinformation about motherhood and disenfranchised to make decisions about their health, getting suppressed to environmental behaviors. Thus, elaborate constructions to confront the tension between a world that is already established and their own efforts in order to be an independent subject within this new reality.

The issue is still under discussion, especially when it comes to the conditions of prisons to care for pregnant and prisoners giving birth, as well as the possible consequences of motherhood during detention for mother and child. Therefore, the study aimed at analyzing the Social Representations of pregnant and puerperal women incarcerated about giving birth while living in the prison colonies of the state of Pernambuco, Brazil.

## Methodology

It is a descriptive-exploratory study of a qualitative approach, in which the Theory of Social Representations, supported by the Central Nucleus Theory, was used as theoretical-methodological reference<sup>11,12</sup>.

The research was carried out in the female criminal colonies of Petrolina, Abreu e Lima and Recife, in the state of Pernambuco. Participants were pregnant and women who gave birth while incarcerated, with children up to six months of age, regardless of gestation time, number of previous pregnancies, obstetric history, age and time of incarceration. Those that did not meet these criteria were automatically excluded. Women who were with the child, but did not experience the gestation in the jail; those who presented abortion; and those who were not in the prison during data collection were not included.

Nineteen women from the three institutions participated, three of them from the municipality of Petrolina; two from Abreu and Lima and fourteen from Recife. The mean number of participants was six per prison unit, with a standard deviation of 6.65. Among them, ten were pregnant and the others, puerperal. The sample was made by means of a census of the researched population. All the inmates who met the inclusion criteria were invited and accepted to participate, stopping when data saturation occurred.

The group interview technique was applied, and all the content was recorded through an audio device, with subsequent transcription. The mean total collection time in each institution was 5 hours.

The approach to women was carried out in the prisons where they were serving their sentence between October and December 2016, by the researcher herself, who had previously trained for the application of the instruments. The acceptance of the participation was documented by signing the Term of Free and Informed Consent, respecting the ethical aspects as recommended in the Resolution 466/12 of the National Health Council.

In order to preserve anonymity, fictitious names were used throughout the text to identify the participants. Data collection only started after approval by the Ethics Committee (CAAE 56619316.5.0000.5196).



The report generated by Iramuteq classified 136 Units of Elementary Context (UCE), considering 77.94% of the material considered relevant. To ensure stability of results, it is acceptable to classify at least 70% of text units<sup>13</sup>. Note that the title of each of the classes is accompanied by the number of UCE and is given by the characterization of the words as a function of the coefficient of association  $\chi^2$ . Thus, the ideas organized by the program were grouped into six classes, in turn arranged around two major axes, presented through the dendrogram.

## Results and discussion

In the analysis of the corpus, from the transcription of the group interviews, 4725 occurrences of words were verified, being 148 distinct forms, with average frequency of three words for each form. The corpus was divided into 136 elemental context units. Of these, 106 (77.94% of total words) were matched by descending hierarchical classifications (CHD) of text segments of different sizes, indicating the degree of similarity of the themes.

The corpus of the interviews was divided into two main distinct axes. The first, “Maternity”, contained four classes that included 58.84% of the total content of UCE analyzed, being: “Absence of the companion in childbirth, Joy and fear, Son in jail and Veiled prejudice.” The second axis, “Labor”, concentrated 41.06% of the total content, placing 02 classes called “Labor process” and “Labor experience”. Figure 1 shows the dendrogram, which shows the classes / categories that emerge from the content partitions.

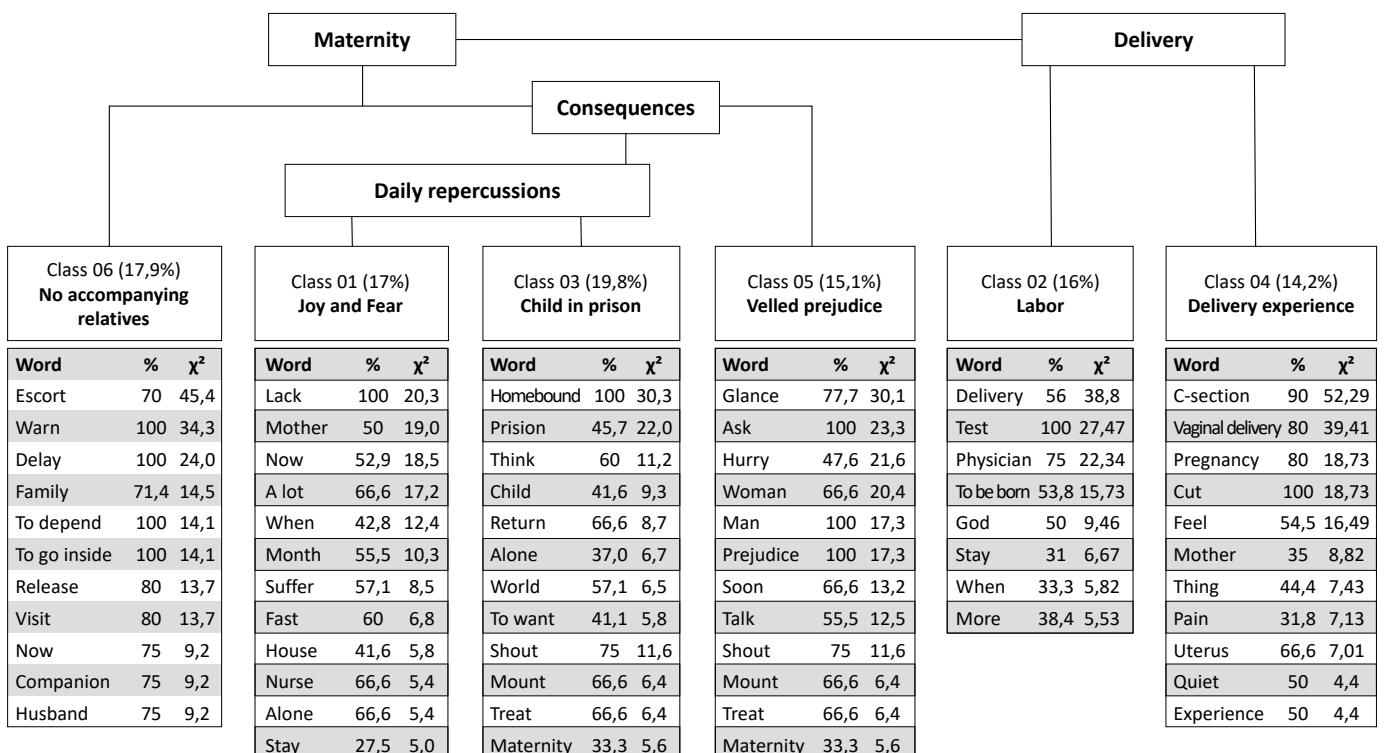


Figure 1. Dendrogram to give birth in prison.



## Maternity: consequences of imprisonment

### Daily repercussions

The representations of the delivery in the jail are marked by the reflexes evoked in all the involved: women, children and family. Class 03, represented with greater expression, carries with it how significant is the presence of the child in the jail in its most varied dimensions. The content is grouped around the words household, prison, thinking, son and return, among others. These, in turn, revealed that the prison units do not have adequate conditions to shelter the child, who for indisputable reasons should not stay in prison. For this reason, they believe that the possibility of house arrest would minimize risks and contribute to the proper development of the baby, which is a utopia.

The pavilion is a square. We're stuck, the baby is stuck! They do not even breathe ... there's only one square open for sunbathing. (Eduarda)

Being arrested pregnant is being arrested twice. The baby can not even feel the sensation of the outside world! (Clara)

I'm not afraid of the baby being born! My fear is the insecurity here; if we have house prison, my son will not suffer as much... (Júlia)

According to the Bangkok rule, with regard to item 64, non-custodial sentences will be preferable to pregnant women and their children when this is permissible and appropriate. Prison should be reserved for those who commit serious or violent crimes, posing a continuing threat to society. The interest in the child should come to the fore to avoid that during the period of breastfeeding, they are in prison<sup>14</sup>.

In the situation where house arrest does not occur, it is important to point out that even in the precarious environment of the prison, with no suitable places to raise the baby, it is necessary to stay with the mother for bonding, which is essential for the mental health of the mother-child binomial, among other actions<sup>15</sup>.

The state of Pernambuco has different behaviors in relation to the house arrest of pregnant women and puerperal women. In some units, they can have this benefit, while other locations have not implemented any action in this direction, according to what was perceived during the immersion in the field of study.

Complementing, class 01 provides subsidies on the arrival of the baby, which generates a mixture of joy and fear for the future separation. The words that obtained the highest association in descending order of frequency were: lack, mother, already, much and when. Here the representations exhibit the yearning for the arrival of the child, although the uncertainty is striking, especially about the amount of time they will spend together until their exit from that environment. According to the legislation, the arrested women have the right to stay with their children during the period of breastfeeding. When it is over, it is time to turn them over to family members.



When the six months period ends I will suffer much because of the distance.  
(Marta)

They take the baby from me and give it to my mother. He'll get used to my mother, at least I put it on my head, and it's going to be the worst pain I've ever had! (Sara)

When the end of the period established for the child's stay is near, the inmates become very apprehensive and the separation is felt with great distress. They reported that the only thing to do is to hand the child over to relatives or to some shelter house if they cannot raise it. The loss of the right to exercise maternal care is somewhat distressing to them. After the end of the period of coexistence between mother and child in jail, they only see them on visiting days. Many of them end up meeting them again only after the fulfillment of the sentence, when they will be freed. Thus, the prison context becomes for them a weird universe that generates weakening of the family and affective bonds<sup>16</sup>.

### Veiled prejudice

The prejudice suffered in the hospital environment when it is time to give birth is explained in class 05. The most representative words were look, ask, arrested and woman. They pointed out that from the moment they enter the emergency, these women perceive to be subject of judgment, denoting the prejudice of other parturients, companions and health professionals towards them.

When it speaks "inmate", society already looks at it differently. Some doctors says: Holy Christ! (Mayara)

They came to interview me looking like a reporter in the maternity ward. Then, in the room, they kept looking at me and saying: it's an inmate, it's an inmate ... I woke up and said: inmate my A###! What do you want? (Carla)

The professionals say: "give me a guard with this inmate because I'm afraid!"  
(Adriana)

In this perspective, violence against women is perpetuated in obstetrics and occurs when unnecessary procedures are carried out without scientific justification, denial of rights, neglect, negligence, insensitivity to social and gender issues, discrimination, humiliations and prejudices, generating veiled aggression and its naturalization, tied to class and gender stereotypes<sup>17</sup>.

Hospital care during the labor process should be performed with care and hospitality, free of judgments. However, this moment is often marked by institutional violence, practiced exactly by those who should be careful<sup>18</sup>.

The prejudice and violence expressed in attitudes towards the pregnant female prisoner reflect the stigma of society, which ends up judging them due to the mistakes



they made, giving them attributes and social discredit linked to categories and value judgments, which makes their social integration even harder<sup>19</sup>.

Even with all the barriers to pregnancy and childbirth they face in jail, detainees still deal with different issues when they are taken to the outside world. The moment of childbirth is unique and marked by different feelings, potentiated when the mother faces a particular situation like this. It is important, then, to respect the arrival of the baby, regardless of the circumstances surrounding the mother-child binomial.

### Absence of the companion at childbirth

Class 06 shows the absence of the companion in labor and postpartum, which ultimately influences the representations of the participants. The words that obtained the greatest association were escort, warning, delay and family. They reported the presence of only the penitentiary when the time of labor arrives and are directed to the hospital.

Moreover, the impositions generated by the prison system make it difficult for family members to be informed about the time of labor, although this right is guaranteed by the Law nº 11.108, of April 7, 2005, which determines the obligation of the companion in the health services of the SUS to the woman patient in the period of labor and immediate postpartum.

You have no right to a companion in childbirth. The escort will be the prison guard. You cannot tell your husband or family... (Monique)

no family member is allowed, just at the time of the visit. And it's up to the penitentiary to allow it... (Amora)

If the prison guard is a good person, he calls and warns the husband of the person, if he is good. If not, the husband will only know after the child is born! (Tânia)

The absence of the father of the child or of one of the family occurs throughout the gestational process in which the woman is incarcerated. To extend it to a moment as significant as the birth is disturbing to them, who are left wondering what will happen when the time comes, grieving them to remain alone.

Thus, all pregnant women have the legal right to receive full care, including the presence of companions throughout the hospital stay. She must also be treated with respect, fair and non-discriminatory attention, with professional care and access to quality health<sup>20</sup>.

### Birth: Experience and labor

The representations about labor arranged in class 02 refer to the moment of this in the hospital, on their arrival to such place. Among the words grouped in this class are birth, examination, doctor and birth.

These terms indicate poor familiarity of the participants with the environment in which they are inserted, the longing and experience of interpersonal treatment with





health professionals, as well as the absence of people close to them to support them. Add to this the fact that many reported feeling unprepared for experiencing childbirth, unaware of how this whole process occurs.

I screamed and despaired. All the other women giving birth and only mine was not born yet! (Luísa)

The person is: “Oh my God, what pain is that?” The doctor does not touch the person, it only says: “put the serum”! (Siane)

I do not even know how to go into labor! (Tâmara)

I cried, got sick, I was anxious, I was afraid, because I was alone! (Danielle)

It should be noted that labor is composed of periods of transition. Each progress is manifested by different situations, reactions and feelings that demand sensitivity on the part of those who care for the parturient. If, on the one hand, several advanced legal norms that promote conceptually, pragmatically and politically the practice of humanized care for women, on the other hand the indicators and quality of health services show serious flaws in relation to demands and expectations<sup>21</sup>.

Class 04, which refers to the experience of delivery and its specificities arising from the normal or cesarean type, brought as more frequent words cesarean section, normal birth, pregnancy and cut. It is perceived that the way of delivery elutes the experience of this period and generates representations about the best way to give birth to each one.

They reported greater advantages when a natural childbirth occurs due to the protagonism of the woman and recovery after childbirth, being the healthiest choice for them and the baby. They also reported that the pain of giving birth is remarkable for the act of being a mother. Among those who preferred cesarean delivery, the absence of pain in labor was highlighted as an advantage, but they emphasized the inherent risks, since it is a surgery.

I loved the natural way of giving birth because you feel the true pain of being a mother! (Patrícia)

Cesarean delivery is serious! You're being cut, but it's being a mother the same way! (Layse)

The moment of childbirth is incessantly debated in the life of the woman, as it is represented by changes in the life of a family, the woman acquiring a new role: that of being a mother. In this sense, most participants preferred normal delivery because it was considered a natural event, highlighting pain as present throughout the process, although tolerable. In the cesarean section, the pain is initially absent, however it appears as a result of the procedure, being more persistent and incapacitating<sup>22</sup>.

In the process of labor and delivery itself it is essential to respect the choices and explain possibilities to the woman when she is hospitalized. These attitudes can aid in





the assimilation of what is best for each of them, which, when well attended, tend to collaborate even more, making the experience less traumatic as possible.

## Final considerations

The Social Representations of giving birth in jail by women inmates are articulated with the fear of separation of the child, even considering the prison environment unfit for their permanence. The presence of the child promotes comfort in the midst of a series of deprivations. It is remarkable that they face many difficulties when they go into labor and are taken to maternity without the presence of any relatives.

In addition, they suffer prejudice both from society and professionals in the hospital environment, when they should receive humanized health care and support, without judgments. They express concerns about the type of delivery they will have, influenced by the common sense that dictates that a real mother is the one who gave birth by the normal route.

It is concluded that the representations indicated the discovery of a new reality that unfolds in the face of childbirth and maternity, anchored in the loneliness felt by experiencing this moment without the family. The yearning for the arrival of the son is linked to the experience, although this occurs in the prison environment.

The objectification of childbirth in prison emerges in the form of a mother, possibly themselves, being the one who takes care of the child, a fact that demonstrates the anticipated suffering arising from the future separation. The grandmother is usually the one who takes care of the baby when the newborn goes home. Therefore, it plays an important role in representations.

In view of the above, it is necessary to invest in the mental health of pregnant and puerperal women in prison, among other actions that enable quality care. Children are for such women great strength and encouragement to endure that condition. Thus, it is common to have negative feelings and emotional shocks that strongly impact their lives.

The main limitations of the study were the lack of an environment reserved for data collection, without the presence of employees of the penal colonies, as well as the difficulty of entering within their walls, since the security protocol requires many legal requirements.

Because it is a subject rarely found in the literature, it is hoped to contribute to the development of research that addresses the prison population and that elicits reflections among the professionals that attend such women, especially in the health services, promoting integral and humanized practices. In addition, that managers and government agencies will attend to the difficulties and problems faced, guaranteeing public policies that improve the living conditions of those involved.



## Authors' contributions

Khesia Kelly Cardoso Matos and Susanne Pinheiro Costa e Silva participated in the design and delineation of the work and writing of the manuscript. Emanuela de Araújo Nascimento participated in the discussion of the results and critical review of the content. All authors participated in the final review of the content and approval of the final version of the manuscript.

## Copyright

This article is distributed under the terms of the Creative Commons Attribution 4.0 International License, BY type (<https://creativecommons.org/licenses/by/4.0/deed.en>).



## References

1. Ferreira VP, Silva MA, Neto CN, Neto GHF, Chaves CV, Bello RP. Prevalência e fatores associados à violência sofrida em mulheres encarceradas por tráfico de drogas no Estado de Pernambuco, Brasil: um estudo transversal. *Cienc Saude Colet*. 2013; 19(7):2255-64. doi: <https://dx.doi.org/10.1590/1413-81232014197.10012013>.
2. Brasil. Ministério da Justiça. Departamento Penitenciário Nacional – DEPEN Informações penitenciárias (INFOPEN) [Internet]. Brasília: Ministério da Justiça; 2018 [citado 20 Jan 2019]. Disponível em: <http://www.mj.gov.br/depen>.
3. Scherer ZPA, Scherer EA, Nascimento AD, Ragozo FD. Perfil sociodemográfico e história penal da população encarcerada de uma penitenciária feminina do interior do estado de São Paulo. *Rev Eletronica Saude Mental Alcool Drog*. 2011; 7(2):55-62. doi: <https://dx.doi.org/10.11606/issn.1806-6976.v7i2p55-62>.
4. Agnolo CMD, Belentani LM, Jardim APS, Carvalho MDB, Pelloso SM. Perfil de mulheres privadas de liberdade no interior do Paraná. *Rev Baiana Saude Publica*. 2013; 37(4):820-34.
5. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Plano Nacional de Saúde no Sistema Penitenciário. Brasília: Ministério da Saúde; 2004.
6. Militão LP, Kruno RB. Vivendo a gestação dentro de um sistema prisional. *Saúde (Santa Maria)*. 2014; 40(1):75-84. doi: <http://dx.doi.org/10.5902/223658349180>.
7. Kelsey CM, Medel N, Mullins C, Dallaire D, Forestell C. An examination of care practices of pregnant women incarcerated in jail facilities in the United States. *Matern Child Health J*. 2017; 21(6):1260-6. doi: <http://dx.doi.org/10.1007/s10995-016-2224-5>.
8. Powell C, Marzano L, Ciclitira K. Mother–infant separations in prison. A systematic attachment-focused policy review. *J Forensic Psychiatr Psychol*. 2017; 28(2):274-89. doi: <http://dx.doi.org/10.1080/14789949.2016.1204465>.
9. Delziovo CR, Oliveira CSD, Jesus LOD, Coelho EBS. Atenção à saúde da mulher privada de liberdade. Florianópolis: Universidade Federal de Santa Catarina; 2015.



10. Leal MC, Ayres BVS, Esteves-Pereira AP, Sánchez AR, Larouzé B. Nascer na prisão: gestação e parto atrás das grades no Brasil. *Cienc Saude Colet*. 2016; 21(7):2061-70. doi: <https://dx.doi.org/10.1590/1413-81232015217.02592016>.
11. Moscovici S. Representações sociais: investigações em psicologia social. Guareschi PA, tradutor. 6a ed. Petrópolis: Vozes; 2009.
12. Sá CP. Núcleo central das representações sociais. 2a ed. Petrópolis: Vozes; 2002.
13. Kronberger N, Wolfgang W. Palavras-chave em contexto: análise estatística de textos. Em *Pesquisa qualitativa com texto, imagem e som: um manual prático*. Petrópolis: Vozes; 2002. p. 416-41.
14. Brasil. Conselho Nacional de Justiça. Regras de Bangkok. Regras das nações unidas para o tratamento de mulheres presas e medidas não privativas de liberdade para mulheres infratoras. Brasília: Conselho Nacional de Justiça; 2016.
15. Soares IR, Cenci CMB, Oliveira LRF. Mães no cárcere: percepção de vínculo com os filhos. *Estud Pesqui Psicol*. 2016; 16(1):27-45. doi: <https://dx.doi.org/10.1590/1413-81232015217.02592016>.
16. Ferreira BTC, Araujo FNE, Jandiroba FJ. Gestar e parir na prisão: difíceis caminhos. In: *Anais da 7a Jornadas Santiago Wallace de Investigación en Antropología Social*; 2013; Buenos Aires. Buenos Aires: Facultad de Filosofía y Letras, UBA; 2013.
17. Silva RLV, Lucena KDT, Deininger LDSC, Monteiro ACC, Moura RDMA. Violência obstétrica sob o olhar das usuárias. *Rev Enferm UFPE*. 2016; 10(12):4474-80. doi: <http://dx.doi.org/10.5205/reuol.9978-88449-6-ED1012201606>.
18. Aguiar JMD, d'Oliveira AFPL. Violência institucional em maternidades públicas sob a ótica das usuárias. *Interface (Botucatu)*. 2011; 15(36):79-92.
19. Junqueira MHR, Lima VAAD, Alencar FBD, Tada INC. A inclusão social de encarcerados e ex-apanados. *ECOS - Est Contemporaneos Subj*. 2016; 6(2):271-82.
20. Silva MG, Marcelino MC, Rodrigues LSP, Toro RC, Shimo AKK. Violência obstétrica na visão de enfermeiras obstetras. *Rev RENE*. 2014; 15(4):720-8. doi: <https://dx.doi.org/10.15253/2175-6783.2014000400020>.
21. Oliveira ASS, Rodrigues DP, Guedes MVC, Felipe GF. Percepção de mulheres sobre a vivência do trabalho de parto e parto. *Rev RENE [Internet]*. 2010 [citado 20 Jan 2019]; 11 Esp:32-41. Disponível em: <http://www.redalyc.org/html/3240/324027973004/>
22. Velho MB, Santos EKA, Collaço VS. Parto normal e cesárea: representações sociais de mulheres que os vivenciaram. *Rev Bras Enferm*. 2014; 67(2):282-9.



**Translator:** Félix Héctor Rigoli

Submitted on 01/24/18.  
Approved on 02/27/19.