

# Access of Women in Jail to Cytological Exam: a Quantitative Analysis

ORIGINAL

Danielle Aurília Ferreira Macêdo Maximino<sup>1</sup>, Danúbia de Andrade Laurentino<sup>1</sup>,  
Eva Pôrto Bezerra<sup>1</sup>, Danielle Martins do Nascimento Oliveira<sup>2</sup>, Cássia Surama Oliveira da Silva<sup>2</sup>,  
Josélio Soares de Oliveira Filho<sup>1</sup>, Nereide de Andrade Virgínio<sup>1</sup>,  
Cláudia Germana Virgínio de Souto<sup>1</sup>, Emmanuella Costa de Azevedo Mello<sup>3</sup>,  
Amanda Benício da Silva<sup>1</sup>, Camila Navarro Rocha Saraiva<sup>2</sup>, Paulo Emanuel Silva<sup>1</sup>,  
Andréa Márcia Cunha Lima<sup>2</sup>, Lucas Cunha Pimenta Barbosa<sup>4</sup>, Daniela Karina Antão Marques<sup>1</sup>

## Abstract

**Goal:** To know the access of women prisoners to cytological examination.

**Method:** Exploratory-descriptive quantitative study, carried out at the Maria Júlia Maranhão Female Rehabilitation Center, in the city of João Pessoa/PB. The study population was of all closed regimens, and the minimum sample was 168 (one hundred and sixty-eight). Data collection was formalized through approval by the Research Ethics Committee of the Faculdade de Enfermagem Nova Esperança (FACENE), CAAE: 18363713.8.0000.5179, besides the official referral of the Coordination of the Course to said prison. The present study respected the ethical aspects recommended by Resolution CNS 466/12, in art. III, of the ethical aspects, which deals with the involvement with human beings in research, as well as Resolution COFEN 311/2007, which deals with the code of ethics of nursing professionals.

**Results and Discussion:** Data from the survey show that 33% of study participants were between the ages of 18 and 25; 58% reported being single; 48% have Incomplete Elementary Education; 39% with the profession of domestic; 48% have a family income of one minimum wage; 58% have one to two years imprisonment; 74% inflicted the drug trafficking article; 67% mentioned working in general prison services.

- 1 College the Nursing and Medical Nova Esperança (FACENE/FAMENE). João Pessoa, (PB), Brazil.
- 2 University of Paraíba (UFPB). João Pessoa (PB), Brazil.
- 3 Faculty of Nursing São Vicente de Paula (FESVIP). João Pessoa (PB), Brazil.
- 4 Maternity Frei Damião. João Pessoa (PB), Brazil.

## Contact information:

Danielle Aurília Ferreira Macêdo Maximino.

✉ [dannyaurilia@hotmail.com](mailto:dannyaurilia@hotmail.com)

**Conclusion:** It is concluded that the participants of the research report having knowledge about the exam, but their answers do not correspond to the true meaning of the exam, showing the lack of knowledge, information, assistance and abandonment in which they live.

**Keywords**

Women; Papanicolaou Test;  
Prisoners; Nursing.

## Introduction

Since the earliest times, crime has been a controversial issue, since it is a serious problem of concern to all society. Criminal acts are committed by both men and women, and the number of women arrested is significantly lower than the number of men, but nowadays, women's crime has been increasing and intensifying [1].

In this way, it is sought the understanding of some aspects related to the criminality, making necessary the concept of prison. The word prison comes from the Latin, *prehensio*, which means the act of grabbing a person or thing. Juridically, imprisonment is defined as deprivation of liberty of the person, for having been caught in flagrante delicto or by virtue of a court order, duly substantiated (article 5, LXI, Federal Constitution) [2, 3].

According to the criminology literature, female participation in criminal activity is traditionally ignored or explained by virtue of the relationship of women with partners involved in illegal activities. The study of these women, including possible reasons for engaging in criminal activity, is commonly linked to the study of male crime [4].

An important aspect to be discussed is the gender relations linked to crime, and gender refers to the meaning of being a man and being a woman to society and to the culture in which they are inserted, and in which one can perceive the devaluation of women, which also occurs in the prison system [1, 3].

As for the profile of incarcerated women, it is noticed that most of the women were arrested because

they were involved in drug trafficking. However, these are not the only reasons that lead women to commit criminal acts, since some have the need to maintain the addiction and feel useful and valued and others because of economic difficulties [5].

The proposal for a penitentiary policy and its monitoring supervision are the responsibility of the Ministry of Justice, through the National Council of Criminal and Penitentiary Policy (CNPCCP), always in compliance with the Criminal Determination Law No. 7,210 of July 11, 1984, whose competence is established by Decree No. 5.535, of September 13, 2005 [6]. However, it is evidenced that the Brazilian penitentiary system, in general, lives a chronic crisis: overcrowding, slothfulness of Justice, precarious healthcare services, legal, psychological, social, bureaucratized institutional practices, lack of a channel that allows inmates and inmates Dialogue with managers of the criminal justice system and society, in short, a range of issues that seem to be insoluble [7].

The Ministry of Health recognizes that the specificities and needs of health actions for men and women in confinement are a matter of law, which requires progress in the management of the Prison System and the implementation of health policies [8].

Meanwhile, women occupy places of subordination and are underprivileged, in the spheres of power. They end up living in extremely precarious conditions of life and work, with serious implications in the health-disease process [9]. Because they find themselves more often in poverty, work longer

hours and spend at least half of their time with unpaid activities, they become more vulnerable and have little time left to care for themselves [10].

In health problems associated with the exercise of sexuality, women are particularly affected and because of their biological, have as complication the vertical transmission of diseases such as syphilis, HPV and HIV virus, maternal mortality and morbidity problems, as yet little studied [11].

In Brazil, the main pathologies and causes of death of the female population are cardiovascular diseases, especially acute myocardial infarction and stroke; the *neoplasias*, mainly cancer of breast, lung and the cervix; diseases of the respiratory tract, markedly pneumonias (which may be covering undiagnosed AIDS cases); Endocrine, nutritional and metabolic diseases, especially diabetes; and external causes [12, 13, 14].

Although Brazil was one of the first countries in the world to introduce Pap smears for the early detection of cervical cancer, this disease persists in being a serious public health problem, since this type of cancer occupies the 3rd place in incidence, and the fourth in mortality in Brazil. The cytopathological examination should be carried out, as a matter of priority, on women 25 to 59 years of age, once a year, whose collection consists of a sample from the outside (ectocervix), and another from the inside (endocervix). The exam is painless, inexpensive, fast and free [15, 3].

Although the collection of cytopathological evidence of uterine cervix is proven as an effective and effective technique, its coverage is still insufficient, in which it is shown that in Brazil, in 2010 alone, the number of deaths due to cervical cancer was 4.986. At the Northeast level, this figure was 1,484; In Paraíba, corresponded to 75; And in Joao Pessoa, this number was 20 deaths from cervical or cervical cancer [16, 17].

In the area of women's health, NOAS establishes for municipalities the guarantee of basic minimum prenatal and puerperal actions, family planning and

prevention of cervical cancer. To ensure access to more complex actions, it provides for the establishment of functional and resolving health care systems, through the organization of state territories [17].

It is worth emphasizing that the practices directed to women's health are based on caring for the female body. Therefore, in Brazil, this conjuncture of speeches / truths is configured at the public policy level through the National Program of Integral Attention to Women's Health - PAISM [18]. According to the authors, created in 1983, the program represented a historical milestone in public policies for women.

The fact that prisoners do not have easy access to health services makes them more susceptible to various pathologies, including cervical and sexually transmitted diseases, so it is not because they are deprived of their liberty that they cease to be human and neither, nor, woman, and deserve a holistic look.

The book of the woman arrested, elaborated by the National Council of Justice, says that: The incarcerated also has the right to health care, respecting the peculiarities of their female condition. Thus, in addition to assistance by the general practitioner, if you need a gynecologist, obstetrician, psychiatrist or psychologist, you should be. They have the right to basic health care, including educational programs for the prevention of sexually transmitted diseases [19].

In view of the context, the following guiding questions of research were delimited: What knowledge do women deprived of the right to freedom have of the importance of cytopathological examination? Access to cytopathological examination is guaranteed?

Therefore, the present research had as objective to know the access of women deprived of the right of freedom to the cytopathological examination.

## Method

Exploratory-descriptive study with quantitative approach. Descriptive research allows us to describe characteristics of the population or phenomena, such as ethnographic studies, opinion surveys, attitudes, beliefs, etc. [20].

The methodology is the path of the thought to be followed, because it occupies a central place in the theory and it is basically the set of techniques to be adopted to construct a reality. Research is thus the basic activity of science in its construction of reality [21].

The research was carried out at the Maria Júlia Maranhão Female Rehabilitation Center (Bom Pastor Prison), in the municipality of João Pessoa - PB. The reason for the choice of place was due to the fact that the researcher participates in an extension project that has as target audience the prisoners of that prison institution, which favored the adhesion and evolution of said research.

Currently, in the aforementioned re-education center, there are 359 victims, 296 of whom live in a closed regime (108 sentenced and 188 provisional), 48 in a semi-open regime, 15 in open regime and 14 living under house arrest. However, the population was composed only by women living in a closed regime. Considering the population size, a maximum error of 5% was used and the event of interest occurred in a maximum of 50% of the population. With this, the minimum sample should be 168 (one hundred and sixty-eight) distressed, a result obtained after a sample calculation for finite populations. Included in the research were those that were oriented in time and space, and were excluded those who did not present psychological conditions for such procedure and did not sign the ICF.

The data collection instrument consisted of 14 questions divided into two parts: the first one with data related to the socioeconomic characterization of the individuals interviewed, such as: marital status, education, occupation/family income; and the second part, data related to the theme.

Data collection was formalized through the approval of the Research Ethics Committee of the Faculdade de Enfermagem Nova Esperança (FACENE), CAAE: 18363713.8.0000.5179, the data collection was carried out in the months of August and September of 2013.

The research was carried out on working days, on the morning and afternoon shifts, during which the objectives of the research and its importance were explained, as well as the Free and Informed Consent Form (TCLE), which was duly signed.

The data were analyzed in a quantitative approach. As far as the quantitative approach is concerned, there is a kind of objectivity and one of conceptual validity that contribute decisively to the development of scientific thinking. It transforms into numbers, opinions and information, through statistical techniques to classify and analyze them. In this sense, the data were grouped and distributed in the form of tables that contain absolute numbers and percentages [21].

The present study respected the ethical aspects recommended by Resolution CNS 466/12, in art. III, which implies respect for the research participant in their dignity and autonomy, recognizing their vulnerability, ensuring their willingness to contribute and remain or not in research, by means of the Free and Informed Consent Form; As well as Resolution COFEN 311/2007, which deals with the Code of Ethics of Nursing Professionals [22, 23].

Risks: Because it is a research involving human beings directly, this study presented minimal risks, which may be of a physical, psychological, social or educational order to its participants.

Benefits: they stand out their risks, considering that, through this study, the various professionals who work in this institution, as well as all those who have access to the work, will know the reality of access to the *cytopathological examination* that the afflicted have and, through this, be able to contribute to this public after the results.

## Results and Discussion

According to the table above, a statistically significant p-value was found for all variables except the "other" category of the civilian stay variable; Category "incomplete higher education" of the educational variable; Categories "Nursing Assistant, Professional of Sex and without occupation" of the variable profession, justifying itself by  $p > 0.05$ .

The sample of this study consisted of 168 women who were incarcerated. In the first table, it can be observed that the age of women interviewed predominated between 18 and 25 years, representing 33% (56), followed by the age group of 26 to 30 years, which was 24% (40), showing that, in the Brazilian social reality, the number of young women enrolled in the penitentiary and police system.

Corroborating with the aforementioned thinking, Ferreira (2010) states in his reports that it is part of the profile of these women being young with little formal education, single mothers, Afro-descendants, and live with their children before being deprived of the right of freedom. [24].

This population tends to be young, of low socioeconomic and educational level, proving the reality of the marital status of the victims, which prevailed that 58% (98) are single, since many have a stable union, is not aware of what it means, reporting only being single because she is not officially married [25].

As shown in **Table 1**, the educational background of these women is very low. Among the interviewees, 48% (80) reached incomplete elementary school, justifying the low level of formal education, socioeconomic and lack of knowledge that affect them. In Portal Brazil, page of the Ministry of Education, the data indicate that 66% of the inmate population did not finish elementary school, less than 8% have high school and the same proportion is illiterate. The lack of schooling especially affects men and women of productive age from 18 to 35 years [8].

**Table 1.** Distribution of the sample (n = 168) according to the socioeconomic profile of the study participants. João Pessoa, PB, 2013.

Variables	f	%	p-value P-E	p-value P+E	p-value
<b>Age group</b>					
18 – 25 years	56	33	0.259	0.401	<0.0001
26 – 30 years	40	24	0.175	0.305	<0.0001
31 – 35 years	26	15	0.096	0.204	<0.0001
36 – 40 years	17	10	0.055	0.145	<0.0001
41 – 45 years	16	10	0.055	0.145	<0.0001
Over 45 years	13	08	0.039	0.121	<0.0001
<b>Marital status</b>					
Married	22	13	0.079	0.181	<0.0001
Single	98	58	0.505	0.655	<0.0001
Stable union	18	11	0.017	0.083	0.0003
Divorced	20	12	0.071	0.169	<0.0001
Widow	09	05	0.063	0.157	<0.0001
Others	01	01	0.005	0.025	1
<b>Education</b>					
Non-Literated	05	03	0.004	0.056	0.0247
Ens. Med. Incomplete	58	34	0.268	0.412	<0.0001
Ens. Med. Complete	15	09	0.047	0.133	<0.0001
Ens. Fund. Incomplete	80	48	0.404	0.556	<0.0001
Ens. Fund. Complete	09	05	0.017	0.083	0.0003
Incomplete higher	01	01	0.005	0.025	1
Graduated	0	0	0.000	0.000	
<b>Profession</b>					
Domestic	66	39	0.316	0.464	<0.0001
Nursing Assistant	01	01	0.005	0.025	1
Student	16	09	0.047	0.133	<0.0001
Autonomous	60	36	0.287	0.433	<0.0001
Sales	23	14	0.088	0.192	<0.0001
Professional Sex	01	01	0.005	0.025	1
No occupation	01	01	0.005	0.025	1
<b>Income (Minimum Wage)</b>					
Less than one	67	40	0.326	0.474	<0.0001
One	80	48	0.404	0.556	<0.0001
Two	15	09	0.047	0.133	<0.0001
Above two	06	03	0.004	0.056	0.0247
Total	168	100			

Source: Direct Search, 2013

Still in **Table 1**, with respect to the professions of the interviewees, it is noticed that the profession of domestic worker predominated, which represented 39% (66) of the same; Then there is the profession of autonomous, which was 36% (60) of the women interviewed. It can be observed, through the reports during the interviews, that the involvement of women with work in the world before entering prison does, however, be indefinite professions with low remuneration, characterizing a situation of social exclusion, prior to joining the System Prison. With this, it increases even more the recidivism in the practice of crimes, which leads to unemployment and consequently to poverty.

Further demonstrating the situation of social inequality of the interviewees, **Table 1** shows the reality in which these families live with monthly income of a minimum wage, which represented 48% (80) of the women interviewed. It is worth noting that, most of the time, it is not just a family living in the same residence, but several that are crowded together. These families who often live with the monthly income of the only elderly person in the household, with only one woman providing the income, or even with *Bolsa Familia*, which joining all will reach this reality of a minimum wage. Showing even more this reality, it is shown that the other part of these families survives with less than one minimum wage, representing 40% (67) of the women interviewed, justifying the high level of poverty and the marginality that surround them.

According to the Brazilian Institute of Geography and Statistics, the family, at the beginning of history, underwent a process of transformation, as a consequence of the economic and cultural changes of society. Approximately 25% are headed by women, the majority of low income, forming a sociological category of new poor [26].

We can not disregard the labor difficulties of women, knowing that in the sexual division of labor, they have the most exhausting, socially devalued

tasks and the lowest wages. Currently, 70% of the 1.3 billion people living in poverty in the world are women [27].

The Ministry of Justice also contributes by pointing out that women prisoners belong to groups of vulnerability and social exclusion: most are between the ages of 20 and 35, head of the family, have a low family income, and have, on average, more than two Children under 18 years [27].

The argument is that, although the feminist movement has achieved important successes, the woman remains in a situation of social and economic inequality, and, being head of the family and often renegade to a situation of poverty, resort to crime to ensure their own survival and that of their families [28].

According to **Table 2**, a statistically significant p-value was found for all variables, except for the category "more than 5 years" of the time of confinement variable and category "corporal injury" of the violated article, 0.05.

**Table 2** shows that the prison time interviewed showed that 58% (98) were in a closed regime. In reports during the interviews, it was noticed that many of them are repeat offenders. They justified themselves by claiming a lack of job opportunity, thus, without having anyone to appeal, they returned to traffic or to commit other crimes, becoming a repeat offender.

The issue of discrimination faced, including to enter the labor market, develop as a fact of a society not open as a door for those who have experienced an experience of deprivation of liberty. This 'opening the door' is linked to employment. Because they can not get a job because they have a criminal background, they "opt" for continuity in criminal practice [29].

Unfortunately for society, arrested one day, will always be arrested. If the person has been through the jail once, it will never be the same again. For society, you will never return and act with dignity, for it will always be criminal, stained for the rest of

**Table 2.** Distribution of the sample (n = 168) according to the prisoner profile of the study participants. João Pessoa, PB, 2013.

Variables	f	%	p-value P-E	p-value P+E	p-value
Time in seclusion					
Less than 1 year	51	30	0.231	0.369	<0.0001
1 to 2 years	98	58	0.505	0.655	<0.0001
3 to 5 years	18	11	0.063	0.157	<0.0001
More than 5 years	01	01	0.005	0.025	1
Infringed Article					
Drug trafficking	125	74	0.674	0.806	<0.0001
Bodily injury	04	02	0.001	0.041	0.17693
Murder	07	04	0.017	0.083	0.0003
Theft	23	14	0.088	0.192	<0.0001
Other crimes	09	06	0.024	0.096	<0.0001
Works in prison					
Yes	68	40	0.326	0.474	<0.0001
No	100	60	0.526	0.674	<0.0001
What do you work in?					
General Services	27	67	0.599	0.741	<0.0001
Sewing Atelier	17	42	0.345	0.495	<0.0001
Craft	10	25	0.185	0.315	<0.0001
Kitchen	11	27	0.203	0.337	<0.0001
Manicure	03	07	0.031	0.109	<0.0001
Total	168	100			

**Source:** Direct Search, 2013

your life, and consequently will not enter the labor market [29].

With regard to the infringed article, drug trafficking remains the leader with 74% (125) of the women interviewed. Many enter this world, not having a job, being a provider of their family, having relationships with partners who are users or drug traffickers, or even wanting to become known in the world of crime.

The main convictions of women in recent times were for trafficking, followed by robbery and theft, respectively. Between 2010 and 2011, there is an increase in arrests of women for drug trafficking in Brazil, from 14,643 to 16,911 [30]. Embora a participação de mulheres no mundo do crime seja menor em comparação ao envolvimento dos homens, os

estudos mais recentes revelam uma tendência de aumento da participação de mulheres na prática de crimes [31]. The study [30] further reports that these women involved in drug trafficking have possibly had a clear influence of men in initiating women in criminal activities, including drug trafficking.

According to the Government of the State of Paraíba, the reality of drug trafficking is no different. In August of 2013, drug seizures made by DRE in the Metropolitan Region of João Pessoa surpassed all of 2012. In 2011, 122 kilos of drugs were seized; In 2012, we reached 303 pounds; And by 2013, through the month of August, we have reached 329 kilos, and some of these drugs were learned from women [32].

Currently, within the Maria Júlia Maranhão prison, of the interviewed women, 60% (100) of the survey participants did not work within the prison, followed by 40% (68) of them, who perform some function within the prison, whose sector in which more they stand out is the one of general services with 67% (27) of them; In second place was the sewing which represented 42% (17). It should be noted that it is of fundamental importance that the prisoners have some type of work function inside the prison, since with this initiative it will make the victims feel less idle, it will bring financial return to their families, besides diminishing their Punishment and contribute to their resocialization, preparing them to leave the prison.

In Paraíba, the program "Citizenship is Freedom", whose objective is the professional qualification of inmates and inmates of the prison system, benefited 596 inmates in 2011, in a partnership of the State Government with public and private institutions. Released last year, the program has as its guideline the policy of resocialization for the deprived of liberty, with actions of education, labor supply, culture and health. With this action, the state creates spaces of socialization and inclusive public policies, preparing inmates and prisoners for the return to social life [32].

The Government of the State of Paraíba explains that the importance of professional qualification in the resocialization of the intern is one of the means of human valorization brought to the distressed, opportunities of knowledge, since many did not have the chance to train professionally. Within prisons, human methods should be used in prison treatment, with educational and socializing services so that, when leaving the system, the prisoners can return to social and family life.

According to **Table 3**, a statistically significant p-value was observed for all variables, except for the category "vaginal dressings" of the available treatment variable and category "from 7 to 10", number of uterine cancer cases in prison, Was added at  $p > 0.05$ .

**Table 3.** Distribution of the sample (n = 168) according to the access of Presidiaries to the Cytopathological Examination. João Pessoa, PB, 2013.

Variables	f	%	p-value P-E	p-value P+E	p-value
Knowledge about the Cytopathological Examination					
Yes	160	95	0.917	0.983	<0.0001
No	08	05	0.017	0.083	
Knowledge about the Importance of Cytopathology					
Yes	147	87	0.819	0.983	<0.0001
No	21	13	0.079	0.181	
Description of Importance					
Caring for Women's Health	23	16	0.105	0.215	<0.0001
Treat diseases	07	11	0.063	0.157	
Prevent diseases	54	37	0.297	0.443	<0.0001
Prevent Uterine Cancer	28	19	0.131	0.249	<0.0001
Prevent STDs	24	16	0.105	0.215	<0.0001
Observe internal inflammation	11	07	0.031	0.109	<0.0001
Periodicity of the cytopathological exam in prison					
1 time per month	05	03	0.004	0.056	0.02569
Every 6 months	10	06	0.024	0.096	<0.0001
1 times a year	47	28	0.212	0.348	<0.0001
Every 2 years	05	03	0.004	0.056	0.02469
Never did	101	60	0.526	0.674	<0.0001

Variables	f	%	p-value P-E	p-value P+E	p-value
Access to the exam result					
Yes	26	39	0.088	0.192	<0.0001
No	41	61	0.808	0.912	
Who takes the exam					
Voluntaries	19	73	0.663	0.797	<0.0001
Prison Health Team	04	15	0.096	0.204	<0.0001
Hospital staff	03	11	0.063	0.157	<0.0001
There is a guarantee of treatment					
Yes	58	35	0.278	0.422	<0.0001
No	110	65	0.578	0.722	
Treatment provided					
Distribution of Ointments	29	50	0.424	0.576	<0.0001
Tablet delivery	18	31	0.240	0.380	<0.0001
Injection Injection	03	05	0.017	0.083	0.0003
Vaccines	03	05	0.017	0.083	0.0003
Vaginal Dressings	01	01	0.005	0.025	0.17693
Burned	04	07	0.031	0.109	<0.0001
Knowledge about partners with Cancer in the Uterus in Prison					
Yes	63	37	0.297	0.443	<0.0001
No	105	63	0.557	0.703	
Number of Cancer Cases in Uterus in Prison					
From 1 to 3	62	37	0.297	0.443	<0.0001
From 4 to 6	0	0	0.000	0.000	
7 to 10	01	01	0.005	0.025	0.17693
Total	168	100			

Source: Direct Search, 2013

As can be seen in **Table 3**, 160 (95%) of the interviewees mentioned having knowledge about the cytopathological exam and only 08 (5%) said they did not know. However, when asked about their importance, 147 (87%) women reported having knowledge, followed by 21 (13%) who mentioned not having knowledge. In this case, it is verified that the women who mention having knowledge about the cytopathological examination do not agree with those who report having knowledge about the same. This raises a question: if they report having knowledge, how they do not know its importance?

Access to inadequate information is directly related to the lack of knowledge among women regar-



ding cervical cytology. The same author also reports that a health orientation is necessary, as well as the accomplishment of the cytopathological examination [17].

It is the responsibility of the government, together with the directors of the Prison Systems and health professionals, to implement awareness-raising strategies and encourage the routine practice of cervical cytology examination among women. Therefore, it is necessary to develop activities that promote health, with the implementation of preventive measures, considering women's beliefs and values [17].

Each woman interviewed had an idea about the concept of the cytopathological exam and its specifications. Among the answers, 37% (54) of them answered that their importance was to prevent diseases; 19% (28) mention preventing cervical cancer; 16% (23) to care for women's health and prevent STDs, runny-nose and bacteria; 11% (07) treat diseases, and finally 7% (11) observe inflammation from among.

The test can detect diseases that occur in the cervix before the development of cancer. This test mainly serves to determine the risk of a woman developing cancer [17].

In the above answers, there is a misunderstanding on the part of the women who claimed to have knowledge about the cytopathological examination, in which the answer that preponderated was to prevent diseases and when questioned about what type of diseases could be avoided, they did not know how to respond, showing the Lack of knowledge and information they face within prisons. They should therefore only be punished for an unlawful act they have committed and should not be punished for the meager assistance and lack of information and knowledge. This goes beyond their conviction, making it necessary that the transfer to the prison system, known as the National Health Plan of the Penitentiary System is actually invested in the health of these women.

It is considered relevant the development of activities with women, permanent education in health, partnerships between several services that deal with this issue, prioritizing campaigns to clarify the cytopathological examination and uterine cancer, because they do not always understand the need for such prevention [33].

Regarding the periodicity of performing the Cytopathological Examination in Prison, 60% (101) have never performed cytopathological examination inside the prison. An alarming fact, given the reality of these women who have active sex life, is that they are forced to live in an unhealthy environment, without information and the vast majority without medical attention. According to the Ministry of Health, the examination is a priority for women who have already started sexual life and have never had the cytological examination. The negative test for cancer should be repeated after one year and if it remains negative, the new collection should be done in three years. Already the positive test for cancer, the continuation of your treatment will depend on your particular result [34].

Of the women who underwent the cytopathological exam with regard to the result of the same, only 14% (26) had access to the result. Of the professionals who performed the exam, 73% (19) reported being outsiders (volunteers) regarding the guarantee of treatment. 65% (110) of the women reported having no type of treatment; And of those who mentioned having some treatment, 50% (29) reported the distribution of ointments; Second, was the distribution of tablets with 31% (18) of the sample. It is clear that even when receiving some kind of medical care, the health care of women in prison is precarious. The lack of health equipment, equipment and medicines is serious, and it is necessary to have a better perception of the authorities so that this negligence, together with the lack of care with those who are in the prisons, is minimized.

Among the situations that plague the Prison System, the lack of health care is one of the most se-

rious aspects. The victims do not have the possibility to seek any other kind of care or medication other than those offered by the system, by becoming hostage to the mistreatment, neglect and violence embodied in the lack of care with those in custody [17, 3].

Although prison institutions receive a transfer of the National Health Plan in the Penitentiary System, the situation is that there is a total absence of medical teams and equipment in these places, where most of the teams are incomplete [35].

Regarding the knowledge about other women who have cancer of the uterus in prison, 63% (105) reported not having knowledge; Followed by 37% (63) who reported knowing some "colleague" with uterine cancer. When questioned about the number of cases within the prison, those who reported knowing about one to three cases, representing 37% (62), predominated. In reports during the interviews, it was mentioned that there should be more cases, as they pointed out those who admit to having the disease, those who have the disease and do not know, or do not want to say.

Therefore, even without being aware of the diseases they may be exposed to, the unhealthy environment in which they live and with all their epidemiological factors, these women can perceive that they may have some kind of disease and do not know, because they do not have the assistance they should, although There is some kind of care inside the prison, but very uncertain.

It is known that the prison population, in every part of the world, tends to need more health care than the population contingent as a whole.

Cancer of the cervix, also called cervical cancer, takes many years to develop. Changes in the cells that can trigger the cancer are easily discovered in the preventive exam (also known as Papanicolau), so it is important to perform periodically. The number of deaths in 2010 was 4,986, and the estimate of new cases in 2012 was 17,540 [17].

Health is the right of everyone and the duty of the State, guaranteed through social and economic policies aimed at reducing the risk of disease and other diseases and universal and equal access to actions and services for their promotion, protection and recovery (Brazilian Constitution, Art 196) [36].

## Conclusion

This work is the result of the observation and experiences experienced as extension of an extension project developed in the aforementioned prison unit, which aroused the interest of knowing the access that the prisoners had to the cytopathological examination, considering that they always requested attention in this area and it was perceived that health care was not effective and efficient.

It is observed that, from the most distant periods, crime is a subject that motivates controversial discussions, being a serious problem that affects the whole society. Criminal actions are mostly carried out by men, but the insertion of women into the world of crime has become increasingly frequent.

It is notable that, today, women who are in prison have found great difficulties for their survival within the Brazilian prisons, which were made by men and for men and do not seek to fit the needs of them. It is therefore clear that women in this situation are being punished for an unlawful act they have committed and can not, once again, be punished by the lack of health care in regional prisons. The fact that they are imprisoned does not imply that they are no longer women and have their particularities within the health area. The risk situations in which these women are or are exposed are still seen as insufficient by the authorities that provide them with an unhealthy and precarious environment.

We find that these women, in addition to being kept incarcerated, are victims of various prejudices, taboos and abandonment by some relatives, society, politicians and health managers. Therefore, this study sought to bring to the surface the difficulty

of accessing the health of women who are serving their sentence.

The results show that, even if they receive some type of health care, everything is still very improvised, lacking environment, materials, equipment and medical staff to carry out procedures aimed at their particularities. In their socioeconomic reality, it is perceived that the incarceration of young women has been increasing, with low level of schooling and income, for the most part. 60% (101) reported never having performed the cytopathological examination, a simple and extremely important examination in women's health, which should be performed at least once a year, evidencing the lack of access of the prisoners to cytopathological examination.

We identified that, when questioned about the knowledge and importance of the examination for women's health, the answers do not correspond to reality, in which many report a totally erroneous knowledge about the exam, showing a fragility in health care and education.

Of the few women who reported the test, we found that 14% (26) said they had access to the test result; when asked if there is any treatment, 35% (58) mentioned having access to treatment. In reports during the interviews, they mentioned receiving ointments to reduce vaginal dryness, which is understood by them as a treatment. However, it was noted that there are no criteria for this treatment, mainly because, in general, it is not prescribed by doctors.

Therefore, it is necessary that prison and health management seek to implant a new model of health care, launching proposals directed to the particularities of women who are in prison. It is also important to raise awareness of society, since it is preferable to resocialize lives judging, thereby benefiting those who are in prisons and other members of society.

## References

1. Minzon CV, Danner GK, Barreto D. J. Sistema prisional: Conhecendo as vivências da mulher inserida neste contexto. *Akrópolis Umuarama*, 2010, v. 18, n. 1 jan, mar. Available at: <http://revistas.unipar.br/akropolis/article/viewFile/3118/2212>.
2. Brasil. Ministério da Justiça. Relatório de Gestão do Departamento Penitenciário Nacional. 2005. Brasília.
3. Cartaxo Gomes De Arruda, Aurilene Josefa et al. Incarcerated Health: Profile Of The Multidisciplinary Team Provider Of Health Assistance In Prisons. *International Archives of Medicine*, [S.l.], v. 10, feb. 2017. ISSN 1755-7682. Available at: <http://imedicalsociety.org/ojs/index.php/iam/article/view/2310>. Date accessed: 25 feb. 2017. doi: <http://dx.doi.org/10.3823/2311>.
4. Steffensmeier D, Allan E. Gender and Crime: Toward a Gendered Theory of Female Offending. *Annual Review of Sociology*, 1996, v. 22, n. 4, p. 459-487.
5. Cortina MOC. Women and Drug Trafficking: Feminine Imprisonment and Feminist Criminology. *Rev. Estud. Fem.* 2015, vol.23 no.3 Florianópolis Sep./Dec. Available at: <http://dx.doi.org/10.1590/0104-026X2015v23n3p761>.
6. Brasil. Constituição Federal. Código civil, Código penal, Código de processo penal e legislação complementar. 2003. Barueri, SP: Manole.
7. Moura M. Porta fechada, vida dilacera, mulher, tráfico de drogas e prisão. 2005. Mestrado (Graduação em Políticas Públicas e Sociedade) – Universidade Estadual do Ceará, 2005. Available at: [http://www.uece.br/politicasuece/dmdocuments/dissertacao\\_juruena\\_moura.pdf](http://www.uece.br/politicasuece/dmdocuments/dissertacao_juruena_moura.pdf).
8. Brasil. Defensoria Pública do Estado de São Paulo. Núcleo Especializado de Situação Carcerária. Direitos e Deveres das Mulheres Presas. 2012. Available at: <http://www.defensoria.sp.gov.br/dpesp/Repositorio/30/Documentos/cartilhamulherpresa1.pdf>.
9. Fernandes RAQ, Narchi NZ (Org.). *Enfermagem e saúde da mulher*. 2007. São Paulo: Manole.
10. Azevedo Da Silva, Thais Dandara et al. Burnout Syndrome in Community Health Agents: an Integrative Review. *International Archives of Medicine*, [S.l.], v. 9, dec. 2016. ISSN 1755-7682. Available at: <http://imed.pub/ojs/index.php/iam/article/view/2013>. Date accessed: 25 feb. 2017. doi: <http://dx.doi.org/10.3823/2222>.
11. Santos NJS. Mulher e negra: dupla vulnerabilidade às DST/HIV/aids. *Saude soc.* [Internet]. 2016 Sep [cited 2017 Feb 25]; 25(3): 602-618. Available at: <http://dx.doi.org/10.1590/s0104-129020162627>.
12. Caxias De Souza, Maurício et al. Contributions of Nurses in Health Education of Patients with Heart Failure. *International Archives of Medicine*, [S.l.], v. 9, feb. 2017. ISSN 1755-7682. Available at: <http://imed.pub/ojs/index.php/iam/article/view/2098>. Date accessed: 25 feb. 2017. doi: <http://dx.doi.org/10.3823/2258>.

13. Viana, Yullia Abreu et al. Nursing Professionals' Conception on Palliative Care. *International Archives of Medicine*, [S.l.], v. 9, dec. 2016. ISSN 1755-7682. Available at: <http://imed.pub/ojs/index.php/iam/article/view/1926>. Date accessed: 25 feb. 2017. doi: <http://dx.doi.org/10.3823/2223>.
14. Vasconcelos, Débora Amorim de et al. Sources of Information about STI/HIV/AIDS Used by Adolescent Students. *International Archives of Medicine*, [S.l.], v. 9, mar. 2016. ISSN 1755-7682. Available at: <http://imed.pub/ojs/index.php/iam/article/view/1465>. Date accessed: 25 feb. 2017. doi: <http://dx.doi.org/10.3823/1895>.
15. Audi CAF et al. Exame de Papanicolau em mulheres encarceradas. *REV BRAS EPIDEMIOL JUL-SET 2016*; 19(3): 675-678. Available at: <http://www.scielo.br/pdf/rbepid/v19n3/1980-5497-rbepid-19-03-00675.pdf>.
16. Brasil. Ministério da Saúde. Data SUS. 2010. Available at: <http://tabnet.datasus.gov.br/cgi/defthtm.exe?sinasc/cnv/nvpb.def>.
17. Gomes, Bruna Katarina da et al. Tracking of Breast Cancer in the Municipality of João Pessoa. *International Archives of Medicine*, [S.l.], v. 10, mar. 2017. ISSN 1755-7682. Available at: <http://www.intarchmed.com/>. Date accessed: 15 mar. 2017. Doi: <http://dx.doi.org/10.3823/2340>.
18. Hillesheim B et al. Saúde da mulher e práticas de governo no campo das políticas públicas. *Psicologia em Revista*, 2009. Belo Horizonte, v. 15, n. 1, p. 196-211, abr.
19. Brasil. Conselho Nacional de Justiça. Cartilha da Mulher Presa. 4ª Composição. 1ª Edição. 2011. Brasília. Available at: <http://www.tjdf.t.jus.br/institucional/imprensa/glossarios-e-cartilhas/cartilhadamulherencarcerada.junho.pdf>.
20. Gil AC. Métodos e técnicas de pesquisa social. 5. ed. 2006. São Paulo, Atlas.
21. Minayo MCS (org.). Pesquisa social: teoria, método e criatividade. 29. ed. 2010. Petrópolis, RJ: Vozes. (Coleção temas sociais). Resenha.
22. Brasil. Conselho Nacional de Saúde. Resolução 466/12: Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos, 2012. Brasília.
23. Cofen - Conselho Federal de Enfermagem. Código de Ética dos Profissionais de Enfermagem. Resolução 311 em 12 de maio de 2007. Como Elaborar Projetos de Pesquisa. 4. ed. São Paulo: Atlas.
24. Ferreira AR. Crime, prisão e crime: o círculo vicioso da pobreza e a reincidência no crime. 2010. Dissertação. (Mestrado em segurança publica) -Universidade Federal de Juiz de Fora Juiz de Fora.
25. Soares BM. Retrato das mulheres presas no estado do Rio de Janeiro. *BoSegurança e Cidadania*, 2007, v. 1, n. 1, p. 1-8.
26. IBGE - Instituto Brasileiro De Geografia E Estatística (2000). Censo 2000. Retrievedonfrom, 2004. Available at: [www.ibge.gov.br](http://www.ibge.gov.br).
27. Giffin K. Pobreza, desigualdade e equidade em saúde: considerações a partir de uma perspectiva de gênero transversal. *Cadernos de Saúde Pública*, 2002. 18 (Supl.), p. 103-112.
28. Ratton JL, Galvão C, Andrade R. Crime e Gênero: controvérsias teóricas e empíricas sobre a agência feminina. 2011. Curitiba.
29. Ferreira MRNP. Gênero e crime: um olhar sobre o perfil da população carcerária do estado do Paraná no período de 1998 a 2005. 2007. Trabalho de Conclusão de Curso.
30. Jacinto G. Mulheres presas por tráfico de drogas e a ética do cuidado. *Sociais e Humanas*, Santa Maria, 2011, v. 24, n. 2, p. 36-51.
31. Campos ALA, Trindade LS, Coelho LMS. Mulheres criminosas na abordagem interdisciplinar. *Pesquisa em Debate*, 2008. Ed. 9, v. 5, n. 2, p. 1-16.
32. Paraíba. Governo do Estado. Repressão qualificada ao tráfico faz delegacia aumentar apreensão de drogas na Paraíba, 2013. Available at: <http://www.paraiba.pb.gov.br/78311/repressao-qualificada-ao-trafico-faz-delegacia-aumentar-apreensao-de-drogas-na-paraiba.html>.
33. Duavy LM et al. A percepção da mulher sobre o exame preventivo do câncer cérvico-uterino: estudo de caso. *Cienc saúde colet*, 2007, v. 12, n. 3, p.733-742.
34. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Instituto Nacional do Câncer. Coordenação de Prevenção e Vigilância. Estimativa 2012: incidência de câncer no Brasil. 2012. Rio de Janeiro: INCA. Available at: <http://www.inca.gov.br/wps/wcm/connect/tiposdecancer/site/home/mama>.
35. Martins TPL. Políticas Públicas para Mulheres Encarceradas no Brasil: trajetória de uma Agenda Governamental Travada, 2013. Available at: <http://anaisenapegs.com.br/2012/dmdocuments/372.pdf>.
36. Bravo MIS, Matos MC. "A Saúde no Brasil: Reforma Sanitária e Ofensiva Neoliberal", In BRAVO, Maria Inês Souza; PEREIRA, Potyara A. (org.). Política Social e Democracia. 2007. Rio de Janeiro: Cortez.

### Publish in International Archives of Medicine

International Archives of Medicine is an open access journal publishing articles encompassing all aspects of medical science and clinical practice. IAM is considered a megajournal with independent sections on all areas of medicine. IAM is a really international journal with authors and board members from all around the world. The journal is widely indexed and classified Q2 in category Medicine.