

# Between bars and barriers: a review on the sexual and reproductive health of women prisoners

Entre barras e barreiras: revisão sobre saúde sexual e reprodutiva de mulheres presas

*Entre rejas y barreras: revisión sobre la salud sexual y reproductiva de mujeres encarceladas*

Gabriela Garcia de Carvalho Laguna<sup>1</sup> , Yago Soares Fonseca<sup>2</sup> , Laiane Silva dos Santos<sup>2</sup> , Lidhane Santos Coelho<sup>2</sup> ,  
Ana Clara Silva dos Santos<sup>2</sup> , Grasiely Faccin Borges<sup>2</sup> , Rodrigo Silva Santos<sup>2</sup> 

<sup>1</sup>Universidade Federal da Bahia – Salvador (BA), Brazil.

<sup>2</sup>Universidade Federal do Sul da Bahia – Vitória da Conquista (BA), Brazil.

## Abstract

**Introduction:** Brazil ranks third in the world for the number of women deprived of their liberty, highlighting the continuous growth of this incarcerated population. Although the Penal Execution Law mandates that these women be held in exclusive prisons, the reality shows a predominance of mixed facilities, compromising the guarantee of rights and access to adequate incarceration conditions. **Objective:** This study aims to describe the impacts of incarceration on the sexual and reproductive health of women deprived of their liberty in Latin America. **Methods:** The research follows the criteria of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) and analyzed 203 studies, of which 8 were selected for review. **Results:** The main challenges identified include menstrual insecurity, lack of access to contraceptive methods, early separation of the mother-baby bond, difficulties in accessing cancer screening tests and sexually transmitted infections, as well as recurrent institutional violence. These factors demonstrate the fragility of the prison system and its inability to meet the specific needs of these women. **Conclusions:** The complexity of this issue requires careful attention and a multidisciplinary approach to ensure effective public policies that promote adequate assistance and guarantee respect for the sexual and reproductive rights of incarcerated women. Expanding research on this topic is essential to better understand these challenges and propose more effective intervention strategies.

**Keywords:** Sexual health; Reproductive health; Women; Prisons.

### Corresponding author:

Gabriela Garcia de Carvalho Laguna

E-mail: gabrielagcl@outlook.com

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## Resumo

**Introdução:** O Brasil ocupa a terceira posição no ranking mundial de mulheres privadas de liberdade, evidenciando um crescimento contínuo dessa população carcerária. Embora a Lei de Execução Penal determine que essas mulheres sejam mantidas em prisões exclusivas, a realidade mostra uma predominância de estabelecimentos mistos, comprometendo a garantia de direitos e o acesso a condições adequadas de encarceramento. **Objetivo:** Esta pesquisa objetiva descrever os impactos do encarceramento na saúde sexual e reprodutiva de mulheres privadas de liberdade na América Latina. **Métodos:** Trata-se de uma revisão guiada pelo *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews* (PRISMA-ScR). Foram eleitos 203 estudos para análise, sendo 8 selecionados para compor a revisão. **Resultados:** Insegurança menstrual, falta de acesso de métodos contraceptivos, separação precoce do binômio mãe-bebê, dificuldade no acesso a exames de rastreamento de câncer e infecções sexualmente transmissíveis, além de violências institucionais, foram os principais pontos de discussão levantados nos estudos. **Conclusões:** A complexa e multifacetada problemática dos direitos sexuais e reprodutivos de mulheres presas reflete a fragilidade do sistema prisional que apresenta limitações, não conseguindo atender às especificidades desses públicos, o que destaca a necessidade de políticas públicas sensíveis a elas.

**Palavras-chave:** Saúde sexual; Saúde reprodutiva; Mulheres; Prisões.

## Resumen

**Introducción:** Brasil ocupa el tercer lugar en el mundo en número de mujeres privadas de libertad, evidenciando el crecimiento continuo de esta población encarcelada. Aunque la Ley de Ejecución Penal establece que estas mujeres deben ser alojadas en prisiones exclusivas, la realidad muestra una predominancia de establecimientos mixtos, lo que compromete la garantía de derechos y el acceso a condiciones adecuadas de encarcelamiento. **Objetivo:** Este estudio tiene como objetivo describir los impactos del encarcelamiento en la salud sexual y reproductiva de las mujeres privadas de libertad en América Latina. **Métodos:** La investigación sigue los criterios del *Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews* (PRISMA-ScR) y analizó 203 estudios, de los cuales 8 fueron seleccionados para la revisión. **Resultados:** Los principales desafíos identificados incluyen inseguridad menstrual, falta de acceso a métodos anticonceptivos, separación temprana del binomio madre-bebé, dificultades en el acceso a pruebas de detección de cáncer e infecciones de transmisión sexual, además de la recurrencia de la violencia institucional. Estos factores demuestran la fragilidad del sistema penitenciario y su incapacidad para atender las necesidades específicas de estas mujeres. **Conclusiones:** La complejidad de esta problemática requiere una atención cuidadosa y un enfoque multidisciplinario para garantizar políticas públicas eficaces que promuevan una asistencia adecuada y aseguren el respeto por los derechos sexuales y reproductivos de las mujeres encarceladas. Ampliar la investigación sobre este tema es fundamental para comprender mejor estos desafíos y proponer estrategias de intervención más efectivas.

**Palabras clave:** Salud sexual; Salud reproductiva; Mujeres; Prisiones.

## INTRODUCTION

Brazil has the largest incarcerated population in Latin America and ranks third globally in the number of individuals deprived of liberty. According to the National Council of Justice, both the number of correctional facilities and the incarcerated population in Brazil continue to increase, in contrast to countries with the highest numbers of detainees, such as the United States, Russia, and China, which have shown a downward trend.<sup>1,2</sup>

With regard to the female incarcerated population, Brazil ranks third globally, reflecting a significant disparity compared to the male population.<sup>3</sup> The prison system is intended as a mechanism for enforcing criminal penalties and promoting the social reintegration of individuals. However, the effectiveness of this model in Brazil has been widely criticized. Several issues have been identified, including overcrowding and unsanitary conditions that contribute to the spread of disease; the social cost, involving stigma and diminished opportunities for individuals upon release, as well as for their families; and the overall disorganization and dysfunctionality of the system, as reported even by professionals working within it.<sup>2,3</sup>

Upon incarceration, the specific needs of women are often not adequately recognized or respected. Although the Penal Enforcement Act stipulates that women should be held in facilities designated exclusively for female detainees, mixed-gender institutions outnumber those reserved solely for women.<sup>4</sup> This situation contributes to the denial of appropriate care tailored to their needs, the violation of basic rights, and the lack

of minimum conditions necessary to preserve their dignity. Deficiencies include limited access to personal hygiene products, gynecological services, prenatal care, and adequate security. In such settings, women are also exposed to the risk of sexual violence, which is frequently reported in these environments.<sup>4</sup>

In recent years, the literature on this subject has expanded, particularly in the United States and Canada, where reviews have examined pregnancy, motherhood, and reproductive health.<sup>5,6</sup> Additional analyses have focused on specific subgroups within the prison population, including Black women,<sup>7</sup> as well as women, transgender individuals, and non-binary people released from incarceration.<sup>8</sup> However, Latin American and Brazilian literature on the topic remains limited. This study seeks to address this gap by describing the impact of incarceration on the sexual and reproductive health of women deprived of liberty in Latin America, with the aim of contributing to improved health care through the recognition of their specific needs. The research is based on an integrative literature review and considers factors such as access to contraceptive methods, prevention of sexually transmitted infections, prenatal care, and the experience of motherhood during incarceration.

## METHODS

This study is an integrative review guided by the research question: “What are the impacts of incarceration on the sexual and reproductive health of women deprived of liberty in Latin America?” According to Botelho, Cunha, and Macedo (2011),<sup>9</sup> this type of review involves the following steps: (1) identification of the topic and formulation of the research question; (2) establishment of inclusion and exclusion criteria; (3) identification of pre-selected and selected studies; (4) categorization of the selected studies; (5) analysis and interpretation of the results; and (6) presentation of the review and synthesis of knowledge. The research was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).<sup>10</sup>

Original studies published between 2018 and 2023 in Portuguese, English, or Spanish were included, provided they addressed the research question. Exclusion criteria comprised duplicate studies; review articles of any kind; textual formats such as letters and editorials; articles published outside the specified time frame or in languages other than those established; and studies that did not focus on the context of Latin American countries or were not directly related to the research objective.

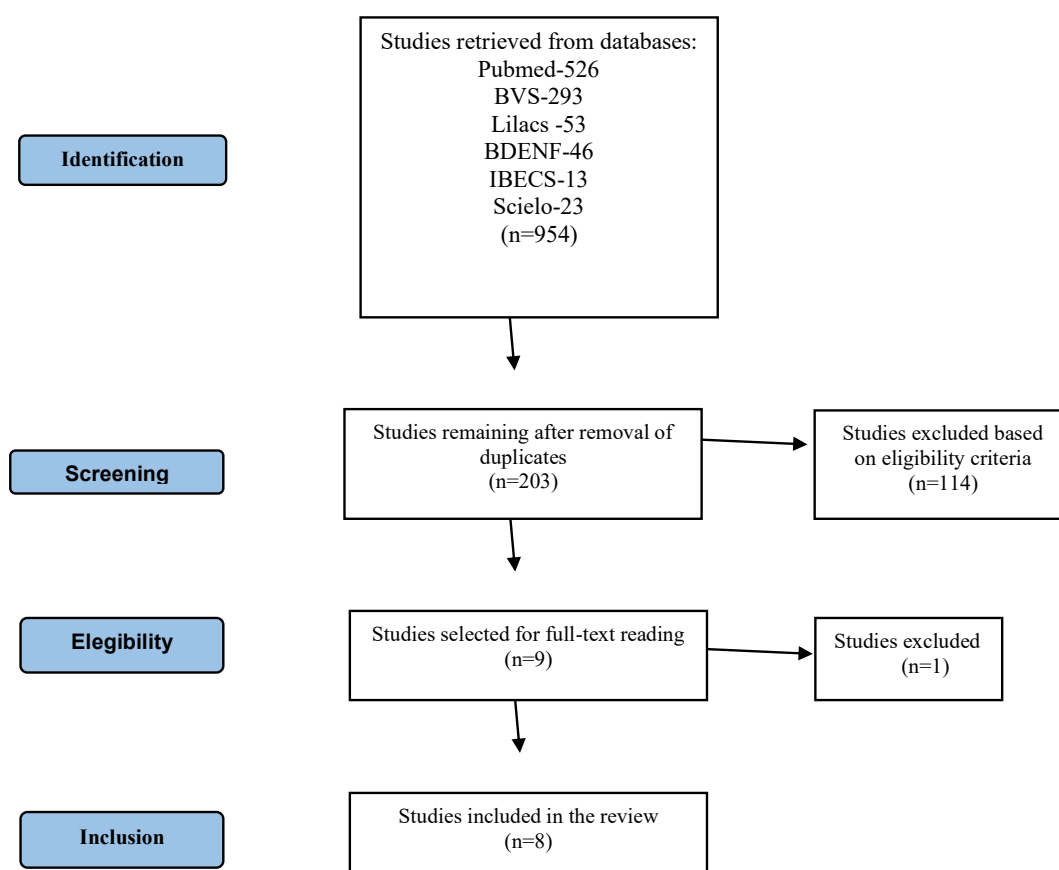
Five search strategies were developed by combining the Boolean operator AND with the following Health Sciences Descriptors (*Descritores em Ciências da Saúde* – DeCS) in Portuguese: “*Saúde reprodutiva*,” “*Mulheres*,” “*Prisões*,” “*Instalações correcionais*,” “*Encarcerados*,” “*Prisioneiros*,” “*Direitos dos prisioneiros*.” These strategies were adapted for use in English and Spanish. The searches were conducted in October/2023 across the following databases: Medical Literature Analysis and Retrieval System Online (Medline), Latin American and Caribbean Literature in Health Sciences (*Literatura Latino-Americana e do Caribe em Ciências da Saúde* – LILACS), Nursing Database (*Base de Dados em Enfermagem* – BDENF), Spanish Bibliographic Index in Health Sciences (*Índice Bibliográfico Español em Ciências de la Salud* – IBECS), and Scientific Electronic Library Online (SciELO).

The Rayyan<sup>11</sup> web application was utilized for data storage and the initial screening of studies based on titles and abstracts. Articles deemed eligible were subsequently read in full. Data were extracted, categorized, and analyzed using Excel, including the author and year of publication, study objective, research design and location, methodology, sample, and main findings. The studies were classified according to methodological approach, central theme, and target population. Quantitative data were presented as absolute values and/or percentages, based on descriptive statistical analysis.

This stage was carried out by two independent, blinded reviewers (GGCL and YSF), ensuring greater methodological rigor and minimizing potential biases in data selection and analysis.

## RESULTS

In the identification stage, a total of 954 studies were retrieved, of which 417 were screened after applying a publication date filter for the period between 2018 and 2023. During the selection stage, 294 articles were excluded due to duplication, 22 for being review articles, 2 for being of a different type (letters), 1 for involving animal research, and 89 for not aligning with the objectives of this study. In the eligibility stage, the remaining nine articles were read in full. In the inclusion stage, eight articles were selected and tabulated to form the bibliographic sample for this research (Figure 1).



**Figure 1.** Flowchart of bibliographic selection.

This review comprised eight studies, including seven qualitative and one quantitative. The total sample consisted of 2,968 participants, encompassing women in closed and semi-open prison regimes, as well as those already released. The geographic scope of the analysis included Latin American women residing in Cochabamba, Bolivia (n=1); the south-central region of Texas, United States (n=1); and various regions of Brazil (n=6), covering the states of Minas Gerais, Rio Grande do Norte, Rio de Janeiro, Pará, Rondônia, Ceará, Distrito Federal, Mato Grosso, São Paulo, and Paraná. The findings highlight numerous weaknesses and challenges within the female prison system (Chart 1).

**Chart 1.** Individual characterization of studies included about the main impacts of incarceration on the sexual and reproductive rights of women.

| Author and year                              | Study type and country                        | Objective   | Method                                 | Outcomes  |
|--|---|---|--|---|
| Villarroel-Torrico et al. 2018 <sup>12</sup> | Qualitative study<br>Bolivia                  | To determine the prevalence and factors associated with infection by syphilis, HIV, hepatitis B, and herpes simplex virus type 2 in incarcerated women at San Sebastián prison, Cochabamba (Bolivia). | Individual interviews with 219 women   | Prevalence of syphilis, herpes simplex (HSV2), HIV, and chronic hepatitis B (HBV) was 12.8%, 62.6%, 1.4%, and 0.5%, respectively. Syphilis and HSV2 associated with low education and casual sexual partners. HBV associated with low education, age, and having more than three children.                            |
| Santana et al. 2020 <sup>13</sup>            | Quantitative study<br>Brazil                  | To analyze the lifetime prevalence of syphilis and associated risk factors among incarcerated women in Brazil.  | Individual interviews with 1,327 women | Prevalence of syphilis antibodies was 11%, associated with homelessness, higher prevalence among Black or Brown ethnicity/race, history of sexual violence (nearly one-third had suffered), and previous abortions. Syphilis prevalence was lower among those exposed to sexual and reproductive education in school. |
| De Oliveira et al. 2020 <sup>14</sup>        | Qualitative study<br>Brazil                   | To analyze the vulnerability of women to sexually transmitted infections (STIs) and cervical cancer in a prison unit.   | Individual interviews with 28 women    | Fragilities in the prison system related to the effectiveness of educational, preventive, and healthcare actions on women's sexual and reproductive health. Highlighted lack of screening for STIs, breast cancer, and cervical cancer.   |
| de Araújo, et al. 2020 <sup>15</sup>         | Qualitative study<br>Brazil                   | To describe the socioeconomic and reproductive health of women in Brazilian prisons and the specific assistance received within the prison system.  | Individual interviews with 1,327 women | Evidence of abandonment by family, partners, and the system itself: approximately 32% received no visits, 90% no conjugal visits, 69.9% did not use condoms, and only 15% received condoms for free.  |
| Dalenogare et al. 2022 <sup>16</sup>         | Qualitative study<br>Brazil                   | To analyze vulnerabilities and perspectives on restructuring the lives of women who experienced motherhood in prison.   | Individual interviews with seven women | Women are pressured to experience perfect motherhood and are continuously violated and abandoned by the State, losing autonomy over their bodies, including breastfeeding.  |
| Crawford et al. 2022 <sup>17</sup>           | Qualitative study<br>United States of America | To examine sexual violence in Latina mothers who had experienced incarceration and were involved with the justice system.   | Individual interviews with 12 women    | Incarceration and sexual violence led to discrimination, limited bodily autonomy, sexual exploitation, substance use, depression, anxiety, retraumatization, recidivism, underreporting of violence, underuse of health resources, tense relationships, family separation, and unsafe environments.                   |
| Nunes et al. 2020 <sup>18</sup>              | Qualitative study<br>Brazil                   | To analyze maternal care practices in prison.   | Individual interviews with six women   | Maternal care practices in the prison system are shaped by prison rules and health/care norms, aiming to benefit the baby while still punishing the woman.  |
| Medeiros et al. 2022 <sup>19</sup>           | Qualitative study<br>Brazil                   | To analyze social representations of motherhood of pregnant, breastfeeding, and incarcerated women who experienced pregnancy while deprived of liberty.   | Individual interviews with 42 women    | Harmful factors identified include separation from the child, excessive worry, and feelings of guilt. Lack of conjugal visits contrasts with the right to sexuality.  |

The most prominent issue identified in the studies relates to Sexually Transmitted Infections (STIs). Approximately 33.34% of women deprived of liberty presented with symptoms and signs suggestive of STIs; however, among these, only 35.37% received confirmation through diagnostic testing.<sup>15</sup> The most prevalent infections were syphilis, herpes simplex virus type 2, HIV, and hepatitis B. It was not possible to determine whether these infections were acquired before or after incarceration.

Furthermore, the rate of condom use among inmates who maintain an active sexual life within the prison setting was 1.95%.<sup>12</sup> Reported reasons for non-adherence included trust in the partner, discomfort with use, unavailability of free condoms within the facility, lack of access, and insufficient knowledge on proper usage. Among the women who acknowledged understanding the importance of correct condom use, 100% reported having received this information prior to incarceration, primarily through Primary Health Care services and educational institutions.<sup>14</sup>

Additionally, 12.5% of the studies reported a loss of autonomy over one's own body following incarceration,<sup>17</sup> exposing women to sexual, verbal, and physical violence. In this context, at least 15.5% of the participants reported having been victims of sexual abuse, while 5% chose not to respond.<sup>12</sup> Associated experiences included feelings of fear, worthlessness, low self-esteem, and dehumanization. It is also noteworthy that, although other forms of violence were mentioned, corresponding percentages were not specified.

The experience of pregnancy and motherhood in prison has been characterized as complex and vulnerable, given the persistence of physical and institutional violence during pregnancy and the postpartum period. This violence manifests through the imposition of State-determined norms regarding how motherhood should be conducted, resulting in the loss of bodily autonomy. Women whose experiences of motherhood deviate from these imposed standards may face punitive consequences, such as unfavorable evaluations during judicial proceedings or reduced time with their child, particularly in cases where breastfeeding is not possible.<sup>16,18</sup>

The expectation of leaving prison with one's child is often followed by separation, a process marked by both familial and state neglect.<sup>16</sup> Moreover, the experience of full-time compulsory motherhood, when subsequently interrupted by family separation, is frequently accompanied by feelings of anguish and guilt, as well as the onset of psychiatric disorders such as depressive disorder or generalized anxiety disorder.<sup>17,19</sup>

## DISCUSSION

Women deprived of liberty face numerous challenges, particularly in the area of sexual and reproductive health. The shortcomings of the prison system are evidenced by the prevalence of STIs, insufficient health care support, and high rates of limited education and access to information, factors that may significantly contribute to the health-related issues observed within the prison environment.<sup>14</sup>

Although legislation guarantees access to health care for individuals deprived of liberty, the service is often not provided with the intended quality. Access to information is typically limited to what is offered by the custodial institution itself, underscoring the need to examine the institutional challenges that must be addressed. This analysis should also consider the inmates' social context and the environmental conditions of the prison.<sup>20,21</sup>

Socioeconomic conditions, number of sexual partners, knowledge regarding STI transmission, and access to the health care system and preventive measures are critical factors that must be addressed to

establish effective strategies for mitigating this issue — while considering the perceptions and specific needs of this population.<sup>14,15,22</sup>

Family abandonment, particularly by partners, is partly attributed to restrictions imposed by the prison system on visitation, often justified by the lack of appropriate spaces within the facilities. It is also influenced by discriminatory and prejudiced attitudes, as women deprived of liberty are frequently perceived as a greater source of shame for their families, which adversely affects the maintenance of emotional and social bonds.<sup>15,19,23</sup> Socioeconomic factors further exacerbate this issue, whether due to the lack of financial resources needed for family members to travel to detention centers or the presence of criminal records among partners or other relatives, many of whom are also incarcerated or sought by law enforcement.<sup>24</sup>

In the context of motherhood, factors such as mother-child separation, state neglect, lack of bodily autonomy, difficulties with breastfeeding, excessive concerns, and feelings of guilt have a direct impact on both the physical and emotional health of mothers.<sup>16,19,20</sup> Analyses of the vulnerabilities and experiences of women who have undergone motherhood while incarcerated reveal shortcomings in prenatal care that affect maternal and neonatal health outcomes.<sup>25,26</sup> Overall, the literature indicates that deprivation of liberty affects a highly vulnerable population of women and children, and is associated with both physical and psychological disorders for this group.<sup>27</sup>

In addition to these factors, substance use, limited bodily autonomy, sexual exploitation, depression, anxiety, retraumatization, recidivism, underreporting of violence, and the lack of adequate sanitary conditions and basic welfare infrastructure were recurrent issues during incarceration.<sup>17</sup> These aspects represent critical points for consideration in efforts to guarantee the right to health for these women.<sup>28</sup>

## CONCLUSION

The sexual and reproductive rights of women deprived of liberty are hindered by structural and institutional challenges that undermine their health and dignity. The precarious conditions within the prison system contribute to menstrual insecurity, a high prevalence of sexually transmitted infections, separation of the mother-child dyad, restrictions on bodily autonomy, and exposure to various forms of violence.

Beyond incarceration, these conditions adversely affect social reintegration, contributing to high rates of retraumatization and recidivism. The absence of adequate support perpetuates a cycle of exclusion, impeding resocialization and exacerbating social inequalities. The right to sexual and reproductive health in prison is not merely a technical matter but a fundamental necessity and entitlement.

The methodological limitations of this research reflect challenges in accessing inmates and barriers to obtaining accurate data, which hinder the development of effective public policies. The scarcity of information underscores the need for more comprehensive investigations and methodologies that ensure greater representativeness and robustness of findings.

Addressing these issues requires concrete measures, including training health professionals, expanding access to gynecological and obstetric services, implementing targeted public policies, and providing continuous psychological support. The development of evidence-based strategies and the adoption of structural initiatives are essential to ensure adequate care for this population, thereby promoting a more dignified and equitable prison system with positive effects on women's health and social reintegration.

## CONFLICT OF INTERESTS

Nothing to declare.

## AUTHORS' CONTRIBUTIONS

GGCL: Conceptualization, Data curation, Formal analysis, Writing – original draft, Writing – review & editing. GFB: Conceptualization, Writing – review & editing. RSS: Conceptualization, Writing – review & editing. YSF: Data curation, Formal analysis, Writing – original draft, Writing – review & editing. LSS: Data curation, Formal analysis, Writing – original draft, Writing – review & editing. LSC: Data curation, Formal analysis, Writing – original draft, Writing – review & editing. ACSS: Data curation, Formal analysis.

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