

Women deprived of liberty and their hospitalizations in health care units linked to the FMRP/USP Hospital Complex

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Objectives

Brazil has 30,625 women deprived of liberty (WDL), being the fourth country with the largest female incarcerated population, behind the United States, China and Russia¹. Even with the enactment of the National Policy for Comprehensive Health Care for Persons Deprived of Liberty, difficulties in access to health services persist. Furthermore, few studies address the hospital morbidity profile of this group. Thus, this research sought to identify the profile of WDL admitted to the hospital network of the Hospital das Clínicas (HC) Complex of FMRP/USP from 2009 to 2018, and the main diagnoses of their admissions.

Methods e procedures

Descriptive, cross-sectional study that analyzed the electronic records of WDL admissions made between 2009 and 2018 in the hospital units (HU) of the HC/FMRP/USP Complex, composed of a tertiary hospital, an Emergency HU, a Maternity Unit and two secondary level HU (Ribeirão Preto State Hospital and Américo Brasiliense State Hospital). All hospitalizations of WDL older than 18 years in the study period in the HU of the HC Complex were analyzed. The variables related to the profile (age, race/color, marital status) and the diagnoses of admissions were studied. Quantitative data were analyzed by descriptive statistics. This study is part of the Thematic Project: "The profile of the population deprived of liberty assisted in the Health Complex of Hospital of FMR/USP", approved by the Research Ethics Committee of the School Health Center Dr. Joel Machado of

FMRP/USP (Number: 3,738,129) and by the National Research Committee.

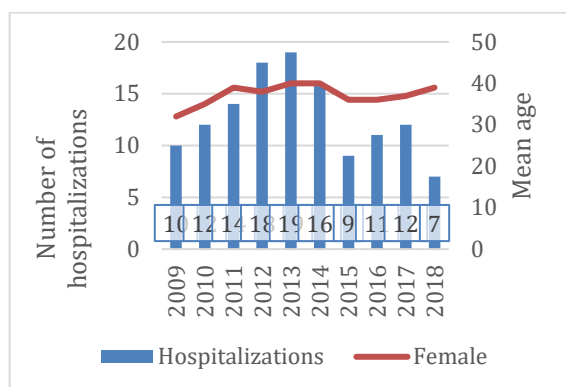
Results

The study sample comprises 96 WDL, corresponding to 128 hospitalizations, mostly under 40 years old, without partner, white, with only one episode of hospitalization (81.2%) in the HC/FMRP/USP Complex. The mean duration of hospitalization was 5.21 days.

Table 1. Profile of WDL hospitalized at the HCFMRP/USP Complex between 2009 and 2018. Ribeirão Preto, 2022.

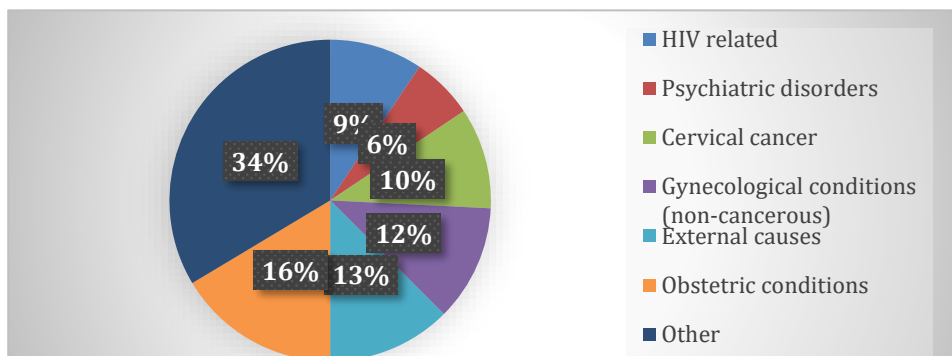
| Age group | Nº | % |
|-----------------|----|------|
| 18-24 years old | 14 | 14,6 |
| 25-39 years old | 57 | 59,4 |
| 40-59 years old | 21 | 21,9 |
| 60+ years old | 4 | 4,2 |
| Marital status | | |
| Without partner | 75 | 78,1 |
| With partner | 7 | 7,3 |
| No information | 14 | 14,6 |
| Race | | |
| White | 57 | 59,4 |
| Black/Brown | 38 | 39,6 |
| No information | 1 | 1 |

Almost half of the admissions occurred in a tertiary level hospital (46.1%), a third in an emergency department (32%) and 10% in secondary and maternity hospitals. The average age of WDL increased over the decade, but the number of admissions was lower after 2014.



Graph 1. Number of hospitalizations per year and variation in the average age of WDL. Ribeirão Preto, 2022.

Almost half of the diagnoses were from causes related to Gynecology and Obstetrics (48%), followed by external causes (13%), HIV- related admissions (9%), and mental disorders (6%).



Graph 2. Most prevalent diagnoses in the hospitalization. Ribeirão Preto, 2022.

Conclusions

The predominant profile of the WDL was of adult women white, without a partner and who were hospitalized for gynecological and obstetric conditions.

Data from the 2017 National Survey of Penitentiary Information showed that 63.55% of female inmates are black or brown, different from what was found in the present research¹. It is noteworthy that color/race was not self-declared, being a limitation of the study.

It is remarkable the share of hospitalizations for conditions preventable by Primary Health Care, such as cervical cancer (10%) and HIV-related HIV (9%), revealing the fragility of access to health services in prisons (UP).

The numerous admissions related to external causes and the high percentage in emergency hospital indicate the situation of violence to that the WDL are submitted, characterizing a double penalty, corroborating other national studies².

A reduction in the number of hospitalizations observed after 2014, which may indicate an incipient process of ensuring access to health services with the National Policy for Comprehensive Health Care for Persons Deprived of Liberty.

Despite the existence of public policies that reiterate the right to health for the prison population, such as the National Policy on Care for Women in Situations of Deprivation of Liberty and Exmates of the Prison System³, specific for the prison population from the gender perspective, advances are still needed to ensure universal access for this marginalized group.

References

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- [3] Brasil. Ministério da Justiça e Segurança Pública. Portaria GAB-DEPEN nº 438, de 20 de novembro de 2020. Regimento Interno do Comitê Gestor da Política Nacional de Atenção às Mulheres em Situação de Privação de Liberdade e Egressas do Sistema Prisional.