

ORIGINAL ARTICLE

# Outcome Measure Epidemiological of Female Inmates in West Amazon, Brazil

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## Abstract

**Introduction:** the prison system in the Brazilian state of Acre, located in the Western region of the Amazon, is a branch of the criminal justice system that has been suffering from issues such as overcrowding and growth in internal organized crime. The prevalence of these matters directly affects the resocialization of prisoners and inhibits the successful re-engineering of their social values and beliefs.

**Objective:** to analyze the epidemiological profile of jailed women in the State of Acre, Brazil.

**Methods:** in a cross-sectional descriptive study, 129 participants were recruited from female penitentiaries in the state of Acre. Conducted between August and December of 2017, data was collected through a validated questionnaire, divided into modules, using both open and closed-ended items.

**Results:** we found that most women who participated in the study were single (n = 86, 66.7%), had brown skin (n = 93, 72.1%), had children (n=102, 79.1%), resided in the state of Acre (n=117, 90.5%). The mean age of the sample was 27.69 years. Among those participants who reported having partners (n = 40, 31%), we found that half had partners who were also incarcerated (n = 20, 50%). The study results also indicate that drug trafficking (n = 86, 66.7%) was the major cause for female incarceration, followed by homicide crime (n = 16, 12.4%). Over half of the participants were in prison for the first time (n = 75, 58.1%), with a high recidivism rate observed in the total sample (n = 54, 41.9%). A majority of the participants (n = 97, 75.2%) kept in touch with members of their families and a smaller portion (n = 15, 11.6%) received conjugal visits. With regard to social activities, slightly more than half (n = 75, 58.1%) worked and the majority (n = 114, 88.4%) did not study while jailed.

**Conclusion:** the difficulties associated with accessing inmate data and the lack of peer-reviewed studies on inmate health in Brazil suggests that the public policies recommended by the PNSSP and the National Policy for Comprehensive Health Care for Women should be reevaluated.

**Keywords:** inmates, health profile, Acre

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## Authors summary

### Why was this study done?

Considering the scarcity of research on the topic of women deprived of their freedom in the Western Amazon and the importance of these findings for public health, the researchers decided to describe the epidemiological profile of this population.

### What did the researchers do and find?

A descriptive, cross-sectional study was conducted with 129 women deprived of liberty in the three female prison units in Acre. The study resulted in a predominance of single women, mothers, and an average age of 27 years. It is noteworthy that the crime of drug trafficking is the largest factor of female incarceration, followed by the crime of homicide.

### What do these findings mean?

It highlights a reality unassisted by public policies, effectiveness of the actions recommended in the National Policy for Full Health Care of People Deprived of Liberty in the Prison System, and because it is an institution with restricted access, research on this topic is scarce.

## INTRODUCTION

The prison system in Acre, Brazil, is a branch of the criminal justice system that has suffered from overcrowding and a growth of organized crime inside prisons, thus impeding the resocialization of inmates. This is an issue that is opposed to the intent of the Criminal Enforcement Law, which states in Article 14 that “The health care of the prisoner over the age of eighteen is preventive and curative and must include medical, pharmaceutical and dental care and it is the duty of the state to ensure this assistance”<sup>1</sup>.

Prisoners within the National Correction System are exposed to a number of health risks, exemplified by the significant prevalence of sexually transmitted diseases (STD), AIDS, tuberculosis, pneumonia, dermatitis, mental disorders, hepatitis, trauma, infectious diarrhea, hypertension, and diabetes mellitus. Taking this into consideration, the need for prisoner populations to have accessible health care is evident. This could be achieved through both the implementation of basic health care within prisons, and medium to high complexity care, with a guarantee of meeting the specific needs of female prisoners within the scope of the Unified Health System<sup>2</sup>.

In 2017, the Inter-Ministerial Decree N<sup>o</sup>. 1 instituted the aforementioned policy by establishing the National Policy for Integral Health Care of Persons Deprived of Freedom in the Prison System (PNAISP). The PNAISP governs the objectives, guidelines, and responsibilities of the Ministry of Health, the Ministry of Justice, the states, and the Federal District represented by the Health Secretariat, the Justice Secretariat, and the municipalities<sup>1</sup>.

The PNAISP also established certain goals regarding the health of the Brazilian prison population<sup>1</sup>. These goals aim at promoting access of the persons deprived of freedom to the health care network, primarily for integral care; to ensure the autonomy of health care professionals for the integral care of persons deprived of their freedom; to improve and humanize health care in the prison system through joint actions with the health and justice sectors; to promote inter-sectoral relations with basic human rights, affirmative and social policies, and criminal justice; and to foster and strengthen social participation and control<sup>3</sup>.

The population directly affected by the PNAISP are those who are protected by the state in the provisional regime, whether sentenced or under a security protocol. Article 8 of the Inter-Ministerial Decree N<sup>o</sup>. 1, written in January of 2014, states that “workers in criminal services

and other persons who deal with persons deprived of their liberty will be involved in promotion actions and disease prevention within the framework of the PNAISP”<sup>1</sup>. Thus, apart from the people deprived of their liberty, an expanded network that assists in the health promotion and disease prevention of this population would also be involved<sup>3</sup>.

With confinement and the restriction of freedom, the process of adapting to a prison environment, and conflicts among the different actors, there is a tendency by officials to neglect health-related issues. This comes from the habit of prioritizing the problems related to security and immediate survival of security guards and prisoners<sup>4</sup>.

Additionally, the prisons and penitentiaries have become overcrowded as a result of a significant increase in the prison population. This is an important trend to consider, as the growth of the female has been higher than the male population, a trend that continued in the last four years. The rate of incarcerated women is around 37.4%, which represents an average annual growth rate of approximately 12%<sup>5</sup>.

Compared to other countries, Brazil has the world’s fifth largest female population in prison; a statistic only topped by Thailand, Russia, China, and the United States. A majority (68%) of these prisoners’ cases involve drug trafficking<sup>5</sup>.

Brazilian jails are a hub for social exclusion, treating unfavorably vulnerable individuals in many spaces. It’s been found that women’s units harbor more violations of prisoners’ sexual and reproductive rights, with lack of access to specialized healthcare personnel, such as gynecologists, as one of the main violations observed<sup>6</sup>. There is hardly any possibility for victims to seek care or treatment that is offered outside of the criminal justice system<sup>7</sup>.

This study aims at describing the epidemiological profile of female inmates in Acre, Brazil, to compare with observed trends in Brazilian penitentiaries.

## METHODS

This study utilized a cross-sectional, quantitative, descriptive design to ascertain the epidemiological profile of the identified female inmates. The survey was conducted between August and December of 2017. 129 out of 305 women agreed to participate in the survey. The sample and target population were recruited under the Penitentiary

Administration Institute (IAPEN/AC) in the state of Acre, Brazil.

A validated semi-structured questionnaire with closed and open-ended questions was used to collect data. The questionnaire was divided into five different sections: identification, occupational and criminal history, smoking behavior, health perceptions, and reported morbidity. The researcher who led the study was an employee of the Acre prison system and duly authorized by the Institute of Penitentiary Administration, which is the government body that manages the prison system in the state of Acre.

The inclusion criteria for the study required that participants be above the age of 18, sentenced to the closed system, and had communication abilities that allowed for the administration of the survey instrument. To be excluded from the study, individuals must have been sentenced to the semi-open regime, provisional regime, or been electronically monitored.

Variables such as sociodemographic conditions and crime type were taken into account while the database was double typed in Microsoft Excel® 2016. In order to conduct the statistical analysis, the research team utilized version 24 of the software Statistical Package for the Social Sciences® (SPSS).

All research protocol was approved by the Research Ethics Committee of the University of Juazeiro do Norte (FJN) on October 31, 2016, under number 1,802,277. The study was also compliant with resolution 196/96 of the National Health Council (CNS) to safeguard the anonymity of participants. Individuals were free to participate and withdraw from the study at any time without harm. Informed consent was also obtained via a signed form from each participant before they enrolled in the study.

## ■ RESULTS

Table 1 shows that most female inmates were single (n = 86; 66.7%), had brown skin (n = 93; 72.1%) and had children (n = 102, 79.1%). A majority of them were from the state of Acre (n = 117, 90.5%), with an average age of 27.69 years. Among those who reported having a partner (n = 40; 31%), half reported that their partner (n = 20; 50%) were also in prison. Less than half of the participants did not finish elementary school and only 15 prisoners (11.6%) completed high school. The majority of the sample did not receive any social welfare benefits (n = 101; 78.3%) and of those had an income (n = 28; 21.7), most received cash transfers from the federal government program called “Bolsa Familia.”

**Table 1:** Sociodemographic characterization of female inmates, Acre State, Brazil, 2018.

Variable	N	%
<b>MARITAL STATUS</b>		
Single	86	66.7
Married	40	31.0
Widowed	2	1.6
Separated or Divorced	1	0.8
<b>PARTNER</b>		
In jail	20	50.0
Not in Jail	20	50.0
<b>ETHNIC-RACIAL CHARACTERISTICS</b>		
White	20	15.5
Black	15	11.6
Brown	93	72.1
Yellow	1	0.8
<b>CHILDREN</b>		
Yes	102	79.1
No	27	20.9
<b>ORIGIN</b>		
Acre State	117	90.5
Other State	12	9.5
<b>LEVEL OF EDUCATION</b>		
Elementary School Uncompleted	53	41.1
Elementary School Completed	30	23.3
High School Uncompleted	27	20.9
High School Completed	15	11.6
Literacy	4	3.1

**Continuation - Table 1:** Sociodemographic characterization of female inmates, Acre State, Brazil, 2018.

Variable	N	%	
<b>FINANCIAL BENEFIT</b>			
Yes	28	21.7	
No	101	78.3	
<b>TYPE OF BENEFITS</b>			
Social Benefit / (Bolsa família)*	25	89.3	
Social Security/ Retirement benefit	3	10.7	
<b>AGE</b>			
Faixa etária	Mean	Standard eviation	Variance
18-53 anos	27,69	7.108	50,528

Source: Research data. Prepared by the authors, 2018

**Table 2.** Legal and criminal aspects of the detainees, Acre State, Brazil, 2018

Variable	N	%	
<b>CRIME</b>			
Drug trafficking	86	66.7	
Linked to Drug trafficking	1	0.8	
Robbery	11	8.5	
Murder	16	12.4	
Others	15	11.6	
<b>IMPRISONMENT</b>			
First time	75	58.1	
Recidivist	54	41.9	
<b>CONJUGAL VISIT</b>			
Yes	15	11.6	
No	114	88.4	
<b>FAMILY VISIT</b>			
Yes	97	75.2	
No	32	24.8	
<b>LABOR ACTIVITY</b>			
Yes	75	58.1	
No	54	41.9	
<b>EDUCATIONAL ACTIVITY</b>			
Yes	15	11.6	
No	114	88.4	

Source: Research data. Prepared by the authors, 2018.

Drug trafficking (n= 86; 66.7%) was found to be the major cause of female incarceration. This can likely be attributed to the geographical location of Acre, which shares international borders with Bolivia and Peru. This border consists of forests, rivers, and streams that make it very difficult to monitor trafficking activity. Drug trafficking is followed by homicide (n = 16, 12.4%) as the leading causes of incarceration.

Slightly more than half of the female inmates reported being in prison for the first time (n = 75; 58.1%); the recidivism rate (n = 54; 41.9%) was high. The majority of the participants (n = 97, 75.2%) had contacts with their family. Conjugal visits were rare (n = 15, 11.6%) as many

of the inmates were abandoned by their male partners after incarceration. Regarding re-socialization activities, just over half (n = 75, 58.1%) worked and the majority (n = 114, 88.4%) did not study while in jail.

Table 3 demonstrates that more than half of the inmates did not smoke regularly. However, approximately 80% of participants reported being passive smokers. 41.4% of the smokers smoked within five minutes after waking up and 89.7% reported attempting to quit smoking. Less than half of the sample claimed that warning photos about smoking health effects encouraged them to quit.

Table 4 shows that conditions such as hypertension (27.1%), mental disorders (17.8%), asthma or asthmatic

**Table 3.** Smoking among prisoners. Acre State, Brazil, 2018

Variable	n	%
<b>SMOKING</b>		
Yes, Daily	50	38,8
Yes, Occasionally	8	6,2
No	71	55,0
<b>HAVE SMOKED</b>		
Yes	27	38,0
No	44	62,0
<b>TIME AFTER WAKE UP TO SMOKE FIRST CIGARETTE</b>		
Within 5 minutes	24	41,4
6 - 30 minutes	12	20,7
31 - 60 minutes	4	6,9
After 60 minutes	18	31,0
<b>QUITTING SMOKING MOTIVATION IMAGES</b>		
Yes	26	44,8
No	32	55,2
<b>ATTEMPTS TO QUIT SMOKING</b>		
Yes	52	89,7
No	6	10,3
<b>CONTACT WITH TOBACCO SMOKE</b>		
Yes	103	79,8
No	26	20,3

Source: Research data. Prepared by the authors, 2018.

bronchitis (17.1%), and spine or back diseases (26.4%) were prevalent among inmates. Other diseases were also reported, although they were not included in the questionnaire. We want to emphasize the prevalence of

malaria reported by the sample (n = 19, 14.7%), given the geographical location of the state of Acre in West Amazon, which has a large number of rivers and streams.

**Table 4:** Self-reported diseases by prisoners. Acre State, Brazil, 2018

Variables	n	%
<b>HYPERTENSION</b>		
Yes	35	27.1
No	94	72.9
<b>DIABETES</b>		
Yes	3	2.3
No	126	97.7
<b>HEART ATTACK OR STROKE</b>		
Yes	9	7.0
No	120	93%
<b>HIGH CHOLESTEROL OR HIGH TRIGLYCÉRIDES</b>		
Sim	9	7%.0
No	120	93.0
<b>MENTAL DISORDER</b>		
Yes	23	17.8
No	106	82.2
<b>ASTHMA OR ASTHMATIC BRONCHITIS</b>		
Yes	22	17.1
NO	107	82.9

**Continuation - Table 4:** Self-reported diseases by prisoners. Acre State, Brazil, 2018

Variables	n	%
<b>CHRONIC KIDNEY DISEASE</b>		
Yes	7	5.4
No	122	94.6
<b>HEPATITIS</b>		
Yes	9	7.0
No	120	93.0
<b>TUBERCULOSIS</b>		
Yes	5	3.9
No	124	96.1
<b>MALÁRIA</b>		
Yes	19	14.7
No	110	85.3
<b>AIDS</b>		
Yes	4	3.1
No	125	96.9
<b>SPINE OR BACK DISEASES</b>		
Yes	34	26.4
No	95	73.6
<b>ARTHRITIS OR RHEUMATISM</b>		
Yes	17	13.2
No	112	86.8
<b>OSTEOPOROSIS</b>		
Yes	6	4.7
No	123	95.3
<b>OTHER DISEASES</b>		
Yes	33	25.6
No	96	74.4

Source: Research data. Prepared by the authors, 2018.

## DISCUSSION

Socio-demographic characteristics of female inmates in Acre indicate a young population, with many being single mothers. A study realized in California found results similar to those found in this study, with a similar sample. In the Californian study, authors reported that 64.5% of the participants were young, 41.3% were single, and 94.5% had children<sup>8</sup>. There were, however, dissimilar education levels between the studies. The Californian sample had 37% of its participants report finishing high school, while the Acre sample only had 11.6% of participants report similar education level.

Diniz and Paiva reported from a 2012 survey carried out in the Federal Penitentiary of the Federal District (PDF) that 51% of females interviewed were under 30 years old, 67% were black or brown, and 71% had incomplete elementary or less than first-grade elementary education. 70% were domestic or informal workers, 80% had at least one child, 52% had a partner who was also arrested, and 69% were arrested on a case-by-case basis as a result of drug trafficking. This profile indicates some important determinants of social exclusion and access to

goods and services, such as health services. Regarding the crimes committed by the inmates, 66.7% of the crimes were attributed to drug trafficking. This was the highest percentage, followed by homicide (12.4%)<sup>9</sup>.

A study conducted by Oliveira *et al*, in the state of Paraíba found that drug trafficking crimes were committed by 28.4% of the participants, while homicide had a rate of 6.2% and was the fourth leading cause for incarceration. Although Oliveira's study found different rates for the types of crimes, both studies found drug trafficking as the most prevalent cause of incarceration. The authors also explained the reasons for the involvement of those women in crime. Most participants in that study claimed to have been primarily affected by their partner's incarceration, which influenced their choice to get involved in illicit activities as a method of supporting their families. Those drug-related offenses were what ultimately led to their imprisonment<sup>10</sup>.

Some female prisoners received financial assistance, most of which comes from the Bolsa Família Program. Our data is also supported by Oliveira *et al* study, which observed the same financial situation among

inmates and concluded that minimal schooling, as well as a lack of employment, were contributing factors for the involvement of those inmates in criminal activities<sup>10</sup>.

While more than half of the inmates were primary offenders, there were some that were repeat offenders. This pattern was also reported by Melo and Gauer, who noticed an increase in female crime during recent decades and a high rate of recidivism in the prison system<sup>11</sup>.

As far as re-socialization is concerned, our results show that a minority of participants attended school while in the prison. However, with respect to work, more than half of the inmates were involved in some kind of work, with handicraft being the most common activity. Offering concrete opportunities for social reintegration may allow for reformatory paths for the victims, although there must be a reevaluation of the recovery and re-education goals of the prison system's administration<sup>12</sup>. In our case, the prison system offered work and/or education opportunities but did not mandate inmate participation in them. This flexibility contributed to the reduced number of individuals involved in these re-socializing activities, while others reported not being able to study for lack of personal documentation.

A great prompt for re-socialization is contact with family members, which serves as motivation for the inmate to seek a return to society. During this study there was evidence of great family participation on family visit days, though some inmates did not receive family visits due to their family living a long distance away. Conjugal visits, however, were low in frequency, which confirms abandonment by the inmates' partners after incarceration. A separate but related study also found the same pattern in Italian prisons, where 85.5% of female inmates did not engage in sexual activity<sup>13</sup>.

In our study, most inmates did not smoke and many reported that they had never smoked. In two of the three female prisons where the study was conducted, smoking was prohibited and forced inmates to stop smoking. Participants that occasionally smoked explained that a cigarette would calm and relax them. However, this result differs from the Antonetti et al., study that showed high consumption rates of tobacco (87.3%) among inmates in the Italian prisons, with a daily average of 19 cigarettes smoked by participants<sup>13</sup>.

Spaulding *et al.*, found in a meta-analysis that 60.9% of Pakistani women in prison smoked, and they noticed that women in that community constituted only 3.7% of the inmate population<sup>14</sup>.

Most participants reported that they did not consider their health as regular, good, or excellent. This trend was also observed in a separate study of 23 prisoners in Zambia, which showed that every participant reported anxiety about access to health care, while 18 (78.3%) reported being HIV positive<sup>15</sup>.

Health care service provision within the Acre prison system ensures that while the largest prison has a health unit within the building complex, the smaller ones have a nurse technician who works in the prison unit controlling the distribution of medicines and providing the first level of care. When it is required, inmates are referred to public health care services outside the prison perimeter, duly escorted by prison officers. Vaccination and health

promotion campaigns are carried out by health care managers or the Institute of Penitentiary Administration (IAPEN), which works daily to guarantee all necessary care.

This situation can be compared to a study conducted by Van Hout and Mhlanga-Gunda, who established that the provision of health care for incarcerated women in sub-Saharan Africa was inadequate and failed to meet their needs, whether sexual or reproductive<sup>16</sup>. This is not in accordance with human rights requirements and international recommendations, and thus contrasts with the situation found in Acre.

In Brazil, the implementation of the National Health Plan in the Penitentiary System (PNSSP) in 2003, guaranteed the citizenship rights of the prison population, especially in areas related to health. The guidelines of the PNSSP were: to provide continuous and good quality, comprehensive care to the penitentiary population; to contribute to the control and / or reduction of frequent diseases that affect the inmate population; and to define and implement actions and services consistent with the principles and guidelines of the Unified Health System (SUS). Further, the guidelines intend to provide for the establishment of partnerships through the development of inter-sectoral actions; to contribute to the democratization of knowledge about the health/disease process; to organize services and the social production of health; to promote the recognition of health as a right of citizenship, and to stimulate the effective exercise of social participation<sup>17</sup>.

The full implementation of the principles proclaimed by the PNSSP faces certain impasses, such as funding, the difficulty of making security compatible with public health, and contracting all members of health teams in the penitentiary system. It is important to emphasize that the implementation of prison health units should meet the population criteria of one health unit for every 100 inmates. In prisons where this criterion has not been met, health services must be provided by the SUS through the networks of the Family Health Strategy Program<sup>20</sup>.

In situations where health problems are not treated or are postponed, pathologies tend to evolve, requiring complex treatments that result in higher costs, which could have been minimized if treatment was offered sooner<sup>18</sup>. Therefore, it is very important to evaluate health care services not only from the perspective of the users, but also from the providers' in order to integrate knowledge with better care to the population. Thus, specific measures are taken that reinforce the decrease in public spending<sup>19</sup>.

Canazaro and Argimon in a study of the frequency and factors associated with mental disorders in prisoners, concluded that the prevalence was significant due to experiences related to inmates' previous life and the remoteness of family members. Their data also highlighted mental disorders, which deserves special attention<sup>20</sup>.

A study in England showed that women suffered from mental and emotional problems after being deprived of their liberty, although some suffered from such problems before incarceration. However, the mental health of these women was severely impacted by the arrest. After interventions with plants at an Iowa prison in the United States, and analysis of the results, the authors suggest that

interventions with elements of nature can complement traditional mental health therapies. The results from the interventions were associated with the fact that women improved their relationships while carrying out the proposed activities to contribute significantly to the prison space<sup>21</sup>.

Prisons can offer educational and disease prevention programs, focusing on mental health, substance abuse, and help to those inmates who are disadvantaged due to limited access to health care<sup>22</sup>. Access to health care is a problem, evidenced by there being only one health unit in the Acre prison system. Often, inmates must be moved to a SUS unit, which requires dedicated logistics and human resources.

In order to implement public policies in prisons aimed at providing health care for persons deprived of their freedom, it is necessary to overcome the difficulties imposed by confinement, which hinders access to health care services, especially for women who demand specialized care due to their living conditions and building environments. Many women who are incarcerated have resorted to prostitution, experienced various types of violence, and abused drugs. As a result, they carry the physical and psychological repercussions of a life exposed to multiple risk factors.

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## ■ CONCLUSION

There are the difficulties in accessing inmate data and the lack of peer-reviewed studies on inmate health in Brazil suggests that public policies recommended by National Policy for Comprehensive Health Care for Women should be re-evaluated.

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## Conflicts of Interest

The authors declare that there is no conflict of interest.



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## Resumo

**Introdução:** o sistema prisional no estado brasileiro do Acre, localizado na região ocidental da Amazônia, é um ramo do sistema de justiça criminal que tem sofrido por situações como a superlotação e o crescimento do crime organizado interno. A prevalência destas questões afeta diretamente a ressocialização dos prisioneiros e inibe a preservação bem sucedida dos seus valores e crenças sociais.

**Objetivo:** analisar o perfil epidemiológico das mulheres encarceradas no Estado do Acre, Brasil.

**Método:** Estudo descritivo transversal, sendo que 129 participantes foram recrutadas em penitenciárias femininas no Estado do Acre. Conduzidos entre agosto e dezembro de 2017, os dados foram recolhidos através de um questionário validado, dividido em módulos, utilizando tanto artigos abertos como fechados.

**Resultados:** verificamos que a maioria das mulheres que participaram no estudo eram solteiras (n = 86, 66,7%), tinham pele castanha (n = 93, 72,1%), tinham filhos (n = 102, 79,1%), residiam no estado do Acre (n = 117, 90,5%). A idade média da amostra foi de 27,69 anos. Entre os participantes que declararam ter parceiros (n = 40, 31%), descobrimos que metade tinha parceiros que também estavam encarcerados (n = 20, 50%). Os resultados do estudo indicam também que o tráfico de drogas (n = 86, 66,7%) foi a principal causa de encarceramento feminino, seguido do crime de homicídio (n = 16, 12,4%). Mais de metade dos participantes estiveram na prisão pela primeira vez (n = 75, 58,1%), com uma elevada taxa de reincidência observada na amostra total (n = 54, 41,9%). A maioria dos participantes (n = 97, 75,2%) manteve-se em contato com membros das suas famílias e uma parte menor (n = 15, 11,6%) recebeu visitas conjugais. No que respeita às atividades sociais, pouco mais de metade (n = 75, 58,1%) trabalhou e a maioria (n = 114, 88,4%) não estudou enquanto esteve presa.

**Conclusão:** as dificuldades associadas ao acesso aos dados dos presos e a falta de estudos revistos por pares sobre a saúde dos presos no Brasil sugerem que as políticas públicas recomendadas pelo Plano Nacional de Saúde no Sistema Penitenciário - PNSSP e a Política Nacional de Atenção Integral à Saúde da Mulher - PNAISM devem ser reavaliadas.

**Palavras-chave:** reclusas, perfil de saúde, Acre

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