



ISSN: 2230-9926

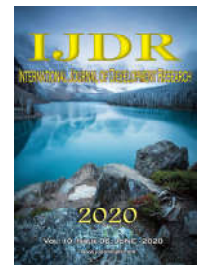
Available online at <http://www.journalijdr.com>

# IJDR

International Journal of Development Research

Vol. 10, Issue, 06, pp. 37357-37361, June, 2020

<https://doi.org/10.37118/ijdr.19185.06.2020>



RESEARCH ARTICLE

OPEN ACCESS

## SOCIAL REPRESENTATIONS OF WOMEN IN PRISON FACING THE DIAGNOSIS OF SYPHILIS

Jessica de Melo Albuquerque<sup>1</sup>, Amuzza Aylla Pereira dos Santos<sup>1</sup>, Sueli Teresinha Cruz Rodrigues<sup>1</sup>, Karlayne Reynaux Vieira de Oliveira<sup>1</sup>, Jéssica Kelly Alves Machado<sup>1</sup>, Nathalya Anastacio dos Santos Silva<sup>1</sup>, Deborah Moura Novaes Acioli<sup>1</sup>, Marianny de Medeiros de Moraes<sup>1</sup>, Bárbara Maria Gomes da Anunciação<sup>2</sup> and Francisco Carlos Lins da Silva<sup>1</sup>

<sup>1</sup>School of Nursing, Federal University of Alagoas, Maceio, Alagoas, Brazil

<sup>2</sup>Female Prison Establishment Santa Luzia, Maceio, Alagoas, Brazil

### ARTICLE INFO

#### Article History:

Received 28<sup>th</sup> March, 2020

Received in revised form

17<sup>th</sup> April, 2020

Accepted 29<sup>th</sup> May, 2020

Published online 30<sup>th</sup> June, 2020

#### Key Words:

Women's Health; Prisons; Syphilis; Nursing.

#### \*Corresponding author:

Jessica de Melo Albuquerque,

### ABSTRACT

**Objective:** To know the social representations of women in deprivation of liberty in the face of the diagnosis of syphilis. **Method:** the study was carried out at the Santa Luzia Female Prison, located in Maceió, Alagoas, from July to December 2017. For data collection, the semi-structured interview technique, guided by an interview form, was applied. The discussion of the results obtained was built from the thematic categorization by the technique of content analysis in interrelation with the Theory of Social Representations. **Results:** After analyzing the results, two categories emerged that revealed the social representation of women living in deprivation of freedom: "Moment of diagnosis and feelings of discovery" and "Social representations of diagnosis", the latter related to feelings of need for change of behavior, fear, regret and prejudice.

**Final consideration:** The social representations of women living in deprivation of liberty in the face of the positive diagnosis of syphilis leads to the repression of the way of living and acting in this scenario with regard to this condition. It is suggested that the female prison system and health managers develop a systematic work to prevent and treat syphilis, with a view to promoting the health of this population.

Copyright © 2020, Anderson Araújo Corrêa et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Citation:** Jessica de Melo Albuquerque, Amuzza Aylla Pereira dos Santos et al. "Social representations of women in prison facing the diagnosis of syphilis", *International Journal of Development Research*, 10, (06), 37357-37361.

## INTRODUCTION

Currently, the main diseases among people living in jail are related to respiratory tract infections and Sexually Transmitted Infections (STIs), among those the human immunodeficiency virus (HIV) and syphilis. However, the number of studies focused on syphilis in the prison population is reduced when compared to other STIs (Alves, 2016). Existing data demonstrates that the prevalence of STIs among women in deprivation of liberty is high. In addition, the lack of knowledge about the form of transmission of syphilis, its forms of manifestation and treatment is prevalent among this population. It is important to note that in Brazil, access to health care by the prison population was instituted in 2003, by the National Health Plan for the Prison System (PNSSP), however it is known that this legal right, does not in fact occur effectively and totally (Alves, 2016; Araújo, 2015 and Lermen, 2015). In 2014, the Ministry of Health and the Ministry of Justice, recognizing the lack of data and indicators about the female population in prison in the official government databases, launched an information database

(INFOPEN Women), which has information about the profile of this population, in order to improve institutional practices, as well as to formulate public policies to protect this public. This same report also records the total number of communicable diseases among the Brazilian female prison population, such as the number of syphilis patients that reaches an alarming 35% of this population (Ministry of Justice, 2014). In the Brazilian scenario, when compared to the male prison population, incarcerated women are at higher risk of infection with *Treponema pallidum*. Within this scenario, most women are unaware of the diagnosis and maintain unprotected sex, which favors the spread of the disease and increases the risk of the infection during pregnancy (Correa, 2017). It is believed that women living in deprivation of liberty deal with the social burden that this condition brings, causing stigma and prejudice. Adding to this condition the diagnosis of an STI, in this case syphilis, can bring meanings that leave marks for the rest of these women's lives. Thus, the present study focuses in this perspective and has the following guiding question: "What are the social representations of women who live in deprivation of liberty facing the diagnosis of syphilis?"

This study is justified by the fact that women living in prison have specific demands and needs. Those are further aggravated by the stigma afflicted by society, which despite presenting changes in the social framework regarding the role of women, still holds them accountable, abandon and marginalizes them. These aspects are accentuated in the case of women that live with STI, such as syphilis (Silva, 2015). Thus, the present study aims to know the social representation of women in prison settings facing the diagnosis of syphilis.

## MATERIALS AND METHODS

This is a descriptive-exploratory study, with a qualitative approach. The research was carried out at the Santa Luzia Female Prison (EPFSL), located in Maceió, Alagoas, the only adult female prison in the state, with capacity for 210 women. There were 26 women in situation of deprivation of liberty included in this study. All of them obtained positive diagnostic for syphilis during the admission procedure in the prison by performing the rapid test and accepted to participate in the research. Women who had previously been diagnosed with cognitive or behavioral deficits were excluded, since it was not possible to answer the research questions. For data collection purposes, the semi-structured interview technique was applied, guided by a questionnaire, composed of questions that allowed the identification of the profile of the participants, the analysis of their knowledge about the pathology and the social representations of the incarcerated women facing the diagnosis of syphilis. Data collection took place in the months of July to December of 2017. Prior the collection of data, a pilot study was carried out to identify the effectiveness of the interview form so that the purpose of the study was contemplated. Based on the analysis of the responses, changes were made to the questionnaire with respect to the proposed theme. The collected data was transcribed in full and analyzed per the Content Analysis technique, from the perspective of Bardin (Bardin, 2011) and subsidized in Serge Moscovici's Theory of Social Representations. Women who agreed to participate in the research signed the Free and Informed Consent Term (FICF) or left the fingerprint as form of signature. Those also received a copy of the term, following the recommendations of Resolution No. 466/2012 of the National Health Council. Thus, to guarantee the anonymity of the participants and their information, the statements were characterized by the letter E, referring to the initial letter of the word interview in Portuguese, followed by the number according to the chronological order in which the interview happened. This study was part of an extension project entitled "Attention to the health of women in prison: demands for diagnosis and treatment of diseases". Therefore, an authorization was requested and obtained from the State's Resocialization and Social Inclusion authorities (SERIS), as well as the project was submitted to the Committee of Ethics in Research (CEP) of the Federal University of Alagoas (UFAL), through their online platform. The approval number 1.941.017 was obtained on February 23<sup>rd</sup> of 2017.

## RESULTS

From the analysis of the results, a characterization of the answers was made. Most of the women were between 20 and 39 years old, declared themselves single, with primary education level incomplete. They did not develop work activity in a formal contract prior to incarceration and resided

in different cities, other than the state's capital. The presentation of the results of this study was divided according to the categorization of the statements and separated in blocks, highlighting the most significant and frequent speeches. From those two categories arose: "Moment of diagnosis and feelings about the discovery" and "Social representations of syphilis diagnosis".

### Moment of diagnosis and feelings about the discovery

Regarding the diagnosis of syphilis, most women reported having learned about it upon arrival at the prison, during the admission consultation with the nurse or in health work groups, through the rapid test, while others found out prior to incarceration, during the pregnancy routine tests, as follows:

*I found out when I got here, at the admission procedure. (E23)*

*I found out during pregnancy, during prenatal care. (E13)*

*When I arrived, in the rapid test. (E04)*

*I found out in 2016 here in the health task force. (E14)*

When questioned about how it was to receive the diagnosis, the feelings that emerged at the time and the most significant statements were described, as follows:

*When I heard about it, I was desperate, it made me want to try to commit suicide. Because I have never imagined, but I went looking for God, I went to church, I talked to Him (...) I was sad, I was dejected, but I had to conform, then my thoughts started to change. (E07)*

*When she told me I was scared, I said: then my child will be born with a problem, because I was told it could happen. But thank God my daughter was not born with any problems (...) so then I did the test here with nurse and she said it was positive again. (E02)*

*At the beginning, I tightened up, you know? I was surprised because I have never had these problems and finding out like that, suddenly, I was surprised, but it is better than having the AIDS virus. (E18)*

### Social representations of the diagnosis

The social representations formed in this scenario and influenced by the reified universe were expressed by the women's statements through the question: "what does the diagnosis of syphilis represent in your life?". Thus, one can reveal what the objectification and the anchoring of syphilis created in the formation of social representation in this public, obtaining responses that can be grouped as follows:

#### Changes in behavior

For some women, syphilis represents the need for a change in their behavior, especially in relation to the sexual behavior adopted prior to the diagnosis that led to this condition. In this sense of behavior change, most women refer to the use of condoms during sexual intercourse. In addition, some women have associated the use of materials for personal use, despite being a rare form of transmission of the pathology, and reported having changed the habit of lending and using other people's material, as mentioned:

*It represents an alert to prevent. (E23)*

*You have to use a condom, but my husband does not want to use it, but I am going to talk to him, I have to. (E15)*

*It represents more care. That I have to be very careful in everything: shaver, tweezers, pliers (...) everything, nail stick, nail files, everything. Today I am much more careful than before, (...) before, I did not even care, I loaned it to everyone and took it from everyone. Today, mine is mine and theirs is theirs. (E09)*

#### Fear

As well as feeling at the time of diagnosis, many women still reported fear as a way of representing syphilis in their lives. Fear, for these women, is related to several possibilities, such as fear of death, fear of transmission to others and/or contamination by other diseases through sexual relations and fear of their cellmates finding out about their diagnosis as well as their partners, as you can see in the speeches that follow:

*It represents discouragement, because it is a very ferocious disease and I am afraid of dying. (E15)*

*It represents many things, fear of having a relationship with other people again, so I do not transmit it to other people and for me the more I can avoid, the better. (E24)*

*I did not think it was good, but since I found out, I need psychological treatment. I am afraid of the cellmates finding out and my husband's reaction when he learns about it. I live in fear. (E16)*

#### The regret

Another group of speeches emerged in order to expose yet another social representation. In the statements of some women, it is possible to notice the regret in relation to the adopted sexual practices. Although not explicit in their speeches they are interpreted this way according to the context in which it is, and repentance by the marks left on the body, which can be perceived in the following speeches:

*It means that I do not want that in my life anymore, that I do not want any more men in my life. (E21)*

*It represents a horrible thing. If it were today, I would go back, because I would not have stained my body and I would not have caught this disease (...) I really regret it. (E25)*

#### Prejudice

The last group of significant lines for the social representations expressed by the women is revealed in the statements below and are aggregated information important to keep an eye on because they relate to the prejudice felt and lived by them within the prison setting, as shown:

*It represents a shock and a trauma, because I feel judged by my companions, but I let it go. (E06)*

*I am desperate, nervous, shaking, I do not have a good relationship with my cellmates. There is prejudice because there is no treatment here in the prison. (crying) (E16)*

*I feel embarrassed, I am ashamed, because many people are judgmental, right? (E18)*

## DISCUSSION

It was evident in the speeches of the participants that most patients were diagnosed with syphilis when admitted to the prison system, during the admission process, when all women go through a consultation with the nurse and perform

rapid tests for HIV 1 and 2, hepatitis B, hepatitis C and syphilis. Thus, the discovery of a disease at the time of admission brings an additional content for the women to be understood, since they are still processing the condition of deprivation of liberty. In addition to this finding, some speeches demonstrated the fear of the disease being transmitted to each other during incarceration. There are women who are at risk of acquiring syphilis while they are on their regime, mainly due to the homosexual behavior acquired during the incarceration period, as well as the fact that during intimate visits only one male condom is available, which may not be enough or is not being used. The way in which syphilis is diagnosed brings important meanings about the representations of the disease for women living in prison. It will be the moment when the unknown becomes familiar, reflecting the highlight of the object in question and the meaning of that, which will be depicted through the process of objectification and anchoring, respectively. Thus, in objectification, the woman elaborates concepts and images of her own in relation to the disease and diagnosis, while through anchoring, this new reality starts to become something known (Ferreira, 2016).

The fact that social representation is linked to knowledge and conceptions about the etiology of the object, leads people to relate syphilis to something impure, arising from sexual practices that are also impure. The surprise of receiving a positive diagnosis brings negative reactions to women, leading to despair, as mentioned by the participants. The way in which the diagnosis is given to them has a role in how they will express their social representation about syphilis in incarceration, since the objectification process takes place at the time of knowledge of the diagnosis and may influence the anchoring process with the news subject (Nascimento, 2020 and Moraes, 2017). Facing the new reality, some women reported that they should just accept and conform to the positive diagnosis of syphilis, which demonstrate certain passivity against the change of the condition in which they live in. Knowing the possibility of healing through treatment, women should demand that it was provided inside the prison, since the right to health must be guaranteed to them according to the Brazilian Constitution (Moscovici, 2003). Also, note that from the positive diagnosis, women started to rethink the behaviors adopted that led to acquiring syphilis, which represents the need for change. It is evident the carelessness in relation to health behaviors prior to receiving the positive diagnosis, such as not using condom with their partner during visits or during the homosexual behavior adopted during the incarceration period. However, during the interview women revealed their decision to change that behavior from the time they discovered the disease. In this way, the participants present awareness and responsibility for the way they acquired syphilis, associating it to sexual contact with their partners. This is an interesting phenomenon to be observed, because according to studies, the perception of syphilis is usually linked to masculinity and/or promiscuity, as well as to prostitution. When recognizing themselves as responsible for the transmission of the disease, women are led to assume the role of changing sexual behaviors (Nascimento, 2020). Even though they refer the need for behavior change, it is observed daily that women living in deprivation of liberty adopt habits that still present the same risk behavior. Those who receive intimate visit are entitled to use only a male condom, and it is not possible to know if the use happens properly. Those who have homosexual behavior

inside the prison, on the other hand, have unprotected sex because they are not provided feminine condoms. These situations show the difficulty in achieving the change in behavior expressed by these women. A study carried out in a reference maternity hospital in the northern region of the state of Ceará/Brazil, which sought to know the reaction of pregnant women with syphilis to the diagnosis of the disease, as well as to analyze the sexual behavior of these women before and after the diagnosis, revealed that some women reported not having changed sexual practices even after the positive diagnosis of syphilis, reporting no concern due to the possibility of undergoing treatment and being cured (Silva, 2015). However, the occurrence of women's regret inside the prison can be used as an opportunity to carry out health education to raise awareness of the need for health care in all aspects, not only in relation to syphilis. Moreover, because it is a place where changes in thought process and behavior should occur in to benefit rehabilitation, the health team must use strategies to transform the representation of regret of women during self-care actions/consultations so that syphilis is not widespread between them. Another relevant point observed during the views is related to the fear of the diagnosis. This fear is highlighted by the possibility of discovery by cellmates. Such sentiment was also represented in a study where women in deprivation of freedom reported the fear of sharing with their cellmates about the positive diagnosis of an STI. That happened due to the stigma and prejudice experienced within this scenario, which is the reproduction of a reflection of what happens in society in general (Santos, 2016).

The social representations of this group, related to the fears that the diagnosis of syphilis denotes, demonstrates the social phenomenon created around the ideas, opinions and beliefs about the disease, which have been disseminated throughout history and remain due to the culture of the population in general, who believes that it is a disease related to impure sexual behavior, with clinical manifestations that bring social stigma.<sup>9</sup> However, despite of being a social representation created and maintained historically, the common image related to fear is liable to change towards the scientific knowledge, which is the possibility of cure through appropriate treatment. In addition, although society has developed and advanced paradigm related to various social issues, there is a cultural bias related to STIs in general, due to issues mentioned above, as the perseverance of social representations linked to negative feelings that still involves them (Silva, 2015). Thus, the prejudice felt by women inside the prison corroborates what happens in society. Along with the fear of prejudice related to the diagnosis of syphilis, these women also deal with prejudice related to the situation of incarceration. Studies reveal that incarcerated women experience this prejudice not only when they leave prison, but as seen in this study, while they are still in there as well, which is understood by the authors as a way of disrespecting their fundamental rights. This prejudice is carried out not only by cellmates, but also by the people who work in prison, thus affecting these women's life perspective (Andrade, 2018). In this sense, health care workers must be attentive in detecting situations of prejudice "so that the performance is effective and especially that there is a demystification about some STIs", since the prejudice experienced by these women leads to retraction in relation to the discussions and activities involving the theme. It is important to highlight that in the construction of the study some limitations were experienced. Those refer to the difficulties of access by the researchers to the participants

do they would be able to carry out the interviews. It happened because to participate in the study women were required to be escorted by public agents. The facility sometimes was understaffed or did not have anyone available to escort the inmates so, sometimes, the interviews were canceled. Another fact was in relation to the theme, because talking about the subject for some women was to attest to the knowledge of the diagnosis and in this way, cellmates would discriminate against them. Finally, the topic discussed was also another issue. Some women denied to participate in the study because, for them, discussing the subject would be an attestation that they are aware of their diagnosis and that might come to someone's knowledge, which they were trying to avoid as much as they could.

### Final Consideration

In this study, women living in prison expressed the social representations created and experienced in the prison environment about the positive diagnosis for syphilis. For them, the positive diagnosis of syphilis represents the desire to change behavior, fear, regret and prejudice suffered in this scenario, leading to the repression of the way of living and acting in relation to the disease. The study also revealed that in a prison scenario, most women receive the diagnosis of syphilis at the admission appointment, so the positive diagnosis is shown as something bad, without cure, where the information is passed in general, without any information about the disease and its treatment. However, women should receive information clearly and objectively about way of what syphilis is, their means of prevention and treatment, so that they could understand the grievance of the universe and adhere to treatment. Thus the relation between morbidity process related to transmission of syphilis could have its chain interrupted in a timely manner. In this perspective, it is not just a question of modifying the social representations of women in prison with syphilis, but of understanding it so that the consensual universe is added to the reified universe and thus the process of objectification and anchoring is completed, in order to favor attitudes taken by women and the work to be performed by health professionals. From this angle, this study suggests that the female prison system and health managers develop a systematic work to disseminate information on syphilis, in order to improve adherence to forms of prevention, understanding at the time of diagnosis and the realization the treatment of women and partners, aiming at the decline of incidence rates and, consequently, the promotion of the health of this population.

### REFERÊNCIAS

- Alves ESRC, Darvim RMB, Monteiro e Oliveira LF, Rodrigues ESRC, Nóbrega MF, Torquato JA. Living and health conditions of women on a female prison unit. *Journal of Nursing UFPE on line* [Internet]. 2016. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/download/11046/12452>
- Andrade FO, Madrid FML. The reality of women in Brazilian prison. *Intertemas* [Internet]. 2016 [cited 03mai.2018]; 34(34). Available from: <http://intertemas.toledoprudente.edu.br/index.php/ETIC/article/download/6237/5940>
- Araújo TME, Araújo Filho AC, Feitosa KVA. Syphilis prevalence among women in the prison system of a northeastern Brazilian capital. *Rev. Eletr. Enf.* [Internet].

- 2015 oct/dec ;17(4). Available from: <http://dx.doi.org/10.5216/ree.v17i4.28898>
- Bardin L. Content analysis 1 ed. Lisboa:Almedina; 2011.
- Correa ME, Croda J, Castro ARCM, Oliveira SMVL, Pompilio MA, Souza RO et al. High Prevalence of *Treponema pallidum* Infection in Brazilian Prisoners. *Am J Trop Med Hyg* [Internet]. 2017 [citado 2018 mai. 10]; 97(4):[aprox. 7 telas]. Disponível em: <https://doi.org/10.4269/ajtmh.17-0098>.
- Ferreira MA. Theory of Social Representations and Contributions to the Research of Health Care and Nursing. *Esc. Anna Nery* [Internet]. 2016; 20(2)Available from: <http://dx.doi.org/10.5935/1414-8145.20160028>
- LermenHS, Gil BL, CúnicoSD, JesusLO. Health in prison: analysis of health social policies targeting the Brazilian prison population. *Physis* [Internet]. 2015 Set; 25( 3 ): 905-924. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-73312015000300905&lng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73312015000300905&lng=pt). <https://doi.org/10.1590/S0103-73312015000300012>.
- Ministry of Justice (BR). National Penitentiary Information Survey - INFOPEN Women . Brasília (DF): DEPEN – National Penitentiary Department [Internet]; 2014. Available from: <http://www.justica.gov.br/news/estudo-traca-perfil-da-populacao-penitenciaria-feminina-no-brasil/relatorio-infopen-mulheres.pdf>
- Moraes PR, Souza IC, Pinto DAO, Estevam SJ, Munhoz WA. The Theory of Social Representations. *Law in focus / UNISEPE* [Internet]. 2014 [cited 21 nov.2017]. Available from: [http://portal.unisepe.com.br/unifia/wp-content/uploads/sites/10001/2018/06/teoria\\_representacoes.pdf](http://portal.unisepe.com.br/unifia/wp-content/uploads/sites/10001/2018/06/teoria_representacoes.pdf)
- Moscovici S. Social representations: investigations in social psychology. Petrópolis: Vozes; 2003.
- Nascimento D, Vianna E, Moraes M, Silva DS. The individual, society and disease. *Khronos* [Internet]. 18Dec.2018 [cited 23May2020];(6):17. Available from: <http://www.revistas.usp.br/khronos/article/view/150982>
- Santos DSS, Bispo TCF, Meneses EJS. Women imprisoned with HIV seropositivity: perception of treatment adherence. *REBRASF* [Internet]. 2016 [cited 2018 mai. 02];1(1)Available from: <http://seer-adventista.com.br/ojs/index.php/RBSF/article/download/883/670>
- Silva MAMS, Sousa AJC, Albuquerque ES, Moreira ACA, Martins KMC. Feelings of pregnant women diagnosed with syphilis. *Rev Enferm UFPI*. 2015 Apr-Jun;4(2):84-91. Available from: [www.ojs.ufpi.br/index.php/reufpi/article/download/3336/pdf](http://www.ojs.ufpi.br/index.php/reufpi/article/download/3336/pdf)

\*\*\*\*\*