

Nursing care provided to incarcerated women: an integrative review

Assistência de enfermagem ofertada à mulher privada de liberdade: revisão integrativa
Atención de enfermería a mujeres privadas de libertad: una revisión integrativa

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Abstract

Objective: : to describe, based on the literature, how Nursing care is provided to women in the prison system. **Methods:** this is an integrative review of the literature. Searches were conducted in the Virtual Health Library (VHL), in the Latin American and Caribbean Health Sciences Literature (LILACS) database, and the Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed. **Results:** incarcerated women face significant challenges in accessing health services. The prison system has structural and organizational flaws that hinder adequate care, nurses encounter limitations in exercising their autonomy, resources are scarce, and there is a lack of emotional preparation to deal with demands related to the specific needs of female prisoners. There is a high prevalence of syphilis and other sexually transmitted infections, which could be reduced through preventive care and health education initiatives. **Conclusion:** it is necessary to implement public policies aimed at improving the health conditions of women in prison, including comprehensive health care programs focused on disease prevention, equitable access to basic care, and reproductive health services. It is also essential to train and support health professionals, especially nurses, who are the most accessible to incarcerated women.

Descriptors: Women; Nursing; Women's Health; Prisoners.

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What is already known on this?

Incarcerated women are vulnerable to all kinds of health problems, but the provision of Nursing care in prisons is weak

What this study adds?

The literature highlights the main challenges surrounding Nursing care for incarcerated women and the need for health prevention strategies in the prison environment.



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Resumo

Objetivo: descrever, com base na literatura, como é ofertada a assistência de Enfermagem à mulher no sistema prisional. **Métodos:** trata-se de uma revisão integrativa da literatura. As buscas foram realizadas na Biblioteca Virtual em Saúde (BVS), nas base de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) e Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed. **Resultados:** as mulheres privadas de liberdade enfrentam desafios significativos no acesso aos serviços de saúde. O sistema prisional apresenta falhas estruturais e organizacionais que dificultam a assistência adequada, os enfermeiros encontram limitações no exercício de sua autonomia, os recursos são escassos e há carência de preparo emocional para lidar com demandas relacionadas às necessidades específicas das reclusas. Constatou-se uma alta prevalência de sífilis e outras infecções sexualmente transmissíveis, que poderiam ser reduzidas por meio de cuidados preventivos e ações de educação em saúdes. **Conclusão:** faz-se necessária a implementação de políticas públicas direcionadas à melhoria das condições de saúde das mulheres em situação de encarceramento, incluindo programas abrangentes de atenção à saúde, com foco na prevenção de doenças, no acesso equitativo aos cuidados básicos e nos serviços de saúde reprodutiva. É essencial, ainda, capacitar e apoiar os profissionais de saúde, especialmente os enfermeiros, que são os mais acessíveis às mulheres privadas de liberdade.

Descritores: Mulheres; Enfermagem; Saúde da mulher; Prisioneiros.

Resumén

Objetivo: describir, con base en la literatura, la atención de enfermería a las mujeres en el sistema penitenciario. **Métodos:** se realizó una revisión integrativa de la literatura. Se realizaron búsquedas en la Biblioteca Virtual en Salud (BVS), en las bases de datos de Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS) y en el Sistema de Análisis y Recuperación de Literatura Médica en Línea (MEDLINE) a través de PubMed. **Resultados:** las mujeres privadas de libertad enfrentan importantes desafíos para acceder a los servicios de salud. El sistema penitenciario presenta deficiencias estructurales y organizativas que dificultan una atención adecuada; las enfermeras enfrentan limitaciones para ejercer su autonomía; los recursos son escasos; y existe una falta de preparación emocional para afrontar las demandas relacionadas con las necesidades específicas de las reclusas. Se encontró una alta prevalencia de sífilis y otras infecciones de transmisión sexual, que podría reducirse mediante acciones de atención preventiva y educación para la salud. **Conclusión:** es necesario implementar políticas públicas dirigidas a mejorar las condiciones de salud de las mujeres privadas de libertad, incluyendo programas integrales de salud enfocados en la prevención de enfermedades, el acceso equitativo a la atención básica y los servicios de salud reproductiva. También es fundamental capacitar y apoyar a los profesionales de la salud, especialmente al personal de enfermería, quienes son los más accesibles para las mujeres privadas de libertad.

Descriptores: Mujeres; Enfermería; Salud de la Mujer; Prisioneros.

INTRODUCTION

In the current scenario of rampant criminal activity, Brazil occupies a prominent position as the country with the third-largest prison population in the world. According to the most recent data from the National Survey of Penitentiary Information (INFOOPEN), the Brazilian prison system holds approximately 832,295 individuals deprived of their liberty, of whom 45,259 are women.⁽¹⁾

The sociodemographic profile of these women is characterized mainly by the predominance of young women between the ages of 18 and 24. It is observed that 63.55% self-identify as black or brown, most are single, and about 44.42% have no more than a Primary School Education.⁽²⁾

The significant increase in the number of women in prison in the national context raises a series of issues that have a direct impact on prison conditions and pose significant challenges to preserving the health of this population. People who are incarcerated are often deprived of their fundamental rights, which are essential to a dignified and healthy existence. This gap is exacerbated by the lack of systemic coordination between the Executive, Legislative, and Judicial branches, and highlights a structural deficiency in the formulation and implementation of public policies aimed at meeting the basic needs of these individuals.⁽³⁾

Health professionals working in the prison system play an essential role, as they are responsible for developing actions aimed at promoting health and preventing disease, using a comprehensive and humanized approach. It is up to them, especially nurses, to guide women deprived of their liberty on how to preserve their well-being, based on respect for their right to choose and decide about their own bodies and health decisions.⁽⁴⁾

From this perspective, it is essential to understand how healthcare is provided in women's prisons, since, during academic training, the topic of prison health is rarely addressed. Thus, nursing professionals working in the prison system need to develop specific knowledge about how healthcare works for this population to provide adequate care and implement educational and preventive measures.⁽⁵⁾

This study is relevant because it enables the identification of gaps in healthcare and the recognition of areas that require improvement in the care provided in prisons. Adequate health services and Nursing care during incarceration prevent disease, promote health, and reduce the infection rate, and are essential

for the social reintegration of women prisoners after their release.⁽⁴⁾ Given the precarious conditions experienced by these women, there is a scenario conducive to the emergence of diseases that compromise their health. In this context, Nursing becomes essential in the prison system, as it acts in the promotion, maintenance, and recovery of health.

Despite growing scientific interest in health in the prison system, national academic production is still scarce when it comes to Nursing care specifically aimed at incarcerated women, particularly from an integrative and comparative perspective between different realities. Most of the existing reviews addressed the topic in a general manner, without analyzing the particularities of gender, vulnerability, and professional Nursing practice in this context.

Given this gap, this study stands out for systematizing and synthesizing the most recent evidence (2018–2024) on how Nursing care has been provided to incarcerated women, bringing together national and international publications and offering a critical reading that allows for the identification of weaknesses, strengths, and directions for more humanized public policies and care practices. Thus, this review seeks to contribute to the advancement of scientific knowledge and to strengthen the role of Nursing in promoting women's health in deprivation of liberty contexts.

Thus, this study aims to describe how Nursing care has been provided to women in the prison system.

METHODS

This is an integrative review of the literature, using a qualitative and exploratory approach. To prepare this review, the six methodological steps that comprise it were considered, which are: (1) identification of the problem and definition of the guiding question; (2) literature search or sampling phase; (3) data extraction; (4) critical analysis of the selected studies; (5) interpretation of results; and (6) presentation of the synthesis of knowledge.⁽⁶⁾

The guiding question was constructed using the PICo strategy, an acronym for P: Problems or target population, I: Intervention or problem of interest, and Co: Context.⁽⁷⁾ According to this definition, the following guiding question for the research was formulated: How has nursing care been provided to incarcerated women? (Table 1).

Chart 1. Presentation of the PICo strategy for developing the guiding question. Coroatá (MA), Brazil, 2024.

ACRONYM	DESCRIPTORS
P	Incarcerated women; Nursing
I	Women's health
Co	Prison

To cover an efficient number of studies and achieve higher quality results, electronic selection was performed in the Virtual Health Library (VHL), Latin American and Caribbean Health Sciences Literature (LILACS), and Medical Literature Analysis and Retrieval System Online (MEDLINE) databases, via PUBMED.

The search was performed using combinations found in Health Descriptors (DECs): "mulheres privadas de liberdades"; "mulheres encarceradas"; "saúde da mulher"; "women's health"; "prisão"; "prison" combined with the Boolean operators OR and AND (Table 2).

Chart 2. Presentation of the search strategy framework. Coroatá (MA), Brazil, 2024.

VHL and LILACS			
Acronym	Keywords	Descriptors and alternative terms	Combinations with the OR operator
P	Women; Nursing	<i>Mulheres privadas de liberdade</i> <i>Mulheres encarceradas</i> <i>Enfermagem</i>	<i>Mulheres privadas de liberdade</i> OR <i>mulheres encarceradas</i> AND <i>Enfermagem</i> OR <i>Nursing</i> OR <i>Enfermería</i>
I	Women's health	<i>Saúde da Mulher</i> <i>Saúde das Mulheres</i> <i>Saúde Feminina</i> <i>Women's Health</i> <i>Salud de la Mujer</i>	<i>Saúde da Mulher</i> OR <i>Saúde das Mulheres</i> OR <i>Saúde Feminina</i> OR <i>Women's Health</i> OR <i>Salud de la Mujer</i>
Co	Prison	<i>Prisões</i> <i>Prisons</i> <i>Prisiones</i> <i>Cárcere</i> <i>Cárceres</i> <i>Penitenciária</i> <i>Penitenciárias</i> <i>Presídio</i> <i>Presídios</i> <i>Prisão</i>	<i>Prisões</i> OR <i>Prisons</i> OR <i>Prisiones</i> OR <i>Cárcere</i> OR <i>Cárceres</i> OR <i>Penitenciária</i> OR <i>Penitenciárias</i> OR <i>Presídio</i> OR <i>Presídios</i> OR <i>Prisão</i>
Search keys	<i>Mulheres privadas de liberdade</i> OR <i>mulheres encarceradas</i> AND <i>Enfermagem</i> OR <i>Nursing</i> OR <i>Enfermería</i> AND <i>Saúde da Mulher</i> OR <i>Saúde das Mulheres</i> OR <i>Saúde Feminina</i> OR <i>Women's Health</i> OR <i>Salud de la Mujer</i> AND <i>Prisões</i> OR <i>Prisons</i> OR <i>Prisiones</i> OR <i>Cárcere</i> OR <i>Cárceres</i> OR <i>Penitenciária</i> OR <i>Penitenciárias</i> OR <i>Presídio</i> OR <i>Presídios</i> OR <i>Prisão</i>		
Development of a search strategy for PUBMED			
Acronym	Keywords	Descriptors and alternative terms	Combinations with the OR operator
P	Women; Nursing	Woman Girls Girl Woman Women's Groups Women Groups Women's Group Nursing	Woman OR Girls OR Girl Woman OR Women's Groups OR Women Groups OR Women's Group AND Nursing
I	Women's health	Women's Health Health, Women's Womens Health Health, Womens Woman's Health Health, Woman's	Womens Health OR Health, Women's OR Womens Health OR Health, Women OR Woman's Health OR Health, Woman's
Co	Prison	Prisons Prison Penitentiaries Penitentiary	Prisons OR Prison OR Penitentiaries OR Penitentiary

Search keys	Woman OR Girls OR Girl Woman OR Women's Groups OR Women Groups OR Women's Group AND Nursing AND Women's Health OR Health, Women's OR Women's Health OR Health, Women's OR Woman's Health OR Health, Woman's AND Prisons OR Prison OR Penitentiaries OR Penitentiary
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Source: Prepared by the authors (2024).

Articles available in the above databases and libraries, published in English, Portuguese, and Spanish between 2018 and March 2024, with full text available, were included in the study. Works whose full text was not accessible, those not related to the proposed theme, and publications such as reviews, theses, dissertations, and monographs were excluded.

Data collection from the selected articles was performed using a descriptive instrument containing the following items: article identification, authors, year of publication, title, journal, country where the study was conducted, methodological characteristics, and results obtained. To perform this step, a form previously validated in the literature was applied.⁽⁸⁾

The methodological quality assessment was performed using the AXIS tool, designed for the analysis of observational studies. This tool comprises 20 assessment items, which allow the reviewer to evaluate the methodological rigor of the included studies.

After analysis, the articles were classified according to levels of evidence. The following levels were used: Level I - evidence from systematic reviews or meta-analyses associated with randomized clinical trials. Level II - evidence from at least one well-detailed randomized controlled clinical trial. Level III - well-designed clinical trials without randomization. Level IV - evidence from well-designed cohort and case-control studies. Level V - descriptive and qualitative systematic research reviews. Level VI - evidence from a single qualitative or descriptive study. Level VII - evidence from committee assessments, reports, or authorities.⁽⁹⁾

The data were analyzed descriptively, with the help of the similarity criterion to guide the synthesis of results. The PRISMA flowchart was used to indicate the articles included and excluded at each stage of the review.

After reading and analyzing the data, a table was created to provide the reader with as much information as possible about the selected studies, which were cataloged by year of publication and title, and presented in the Results section.

The summary of the results was organized into tables, with the following information: article title, authors, year of publication, database, method, results, and level of scientific evidence.

RESULTS

A total of 7,501 articles were identified, and after analyzing the titles and abstracts, as well as applying the inclusion and exclusion criteria, 90 articles were preselected for full-text reading. Of these 90 articles analyzed, 17 were included in the final sample of this review, as shown in the PRISMA flowchart (Figure 1).

Figure 1. Flowchart of the selection process for articles in the integrative review. Coroatá (MA), Brazil, 2024.

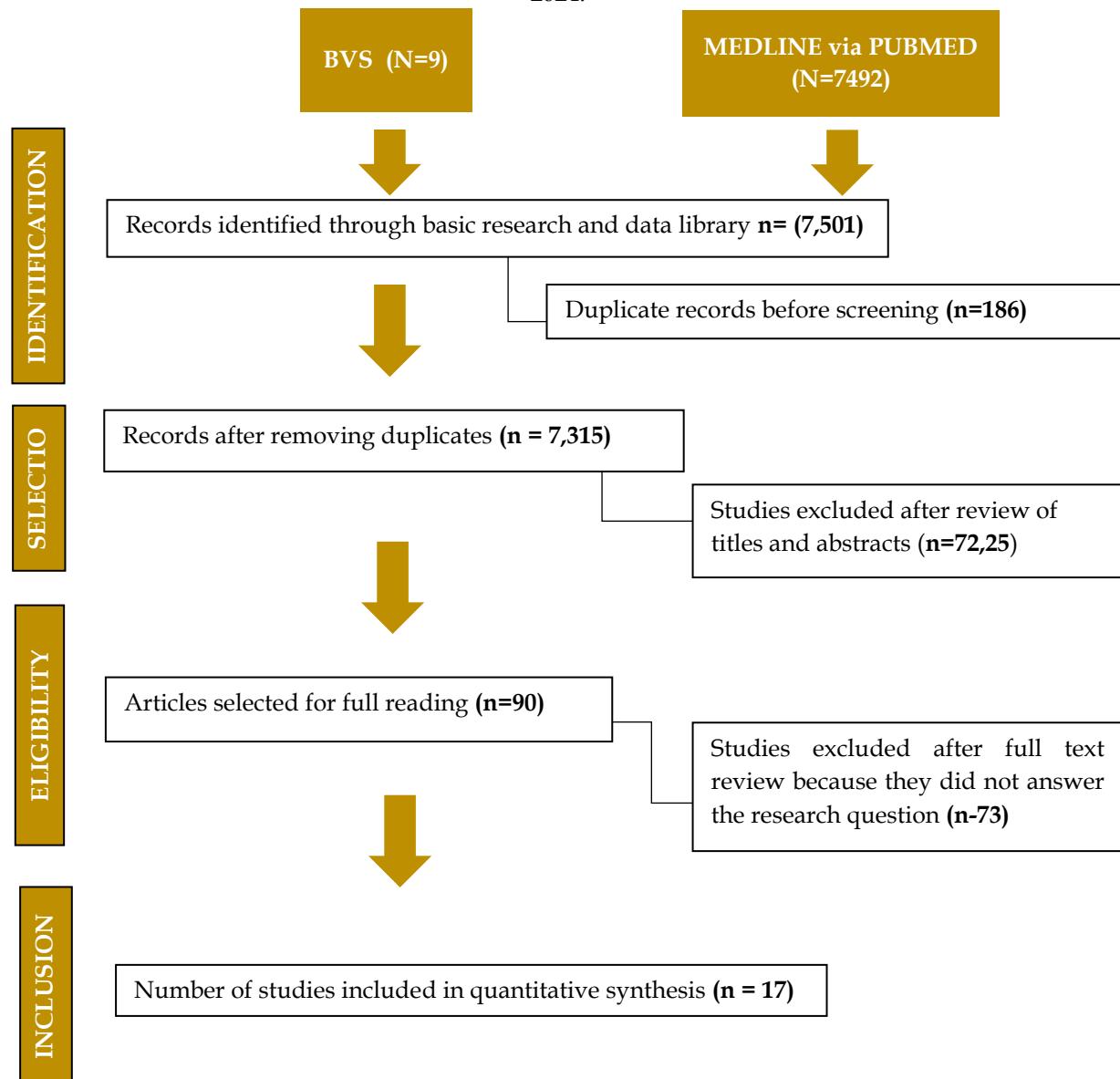


Table 3 presents a summary of the articles included. There was a predominance of publications in 2020 (n = 6; 20%), in Portuguese (n = 8; 11%), published in Brazil (n = 10; 33%), and indexed in the MEDLINE database via PUBMED (n = 11; 36%). Regarding the type of study, it was found that most publications correspond to cross-sectional studies; however, mixed-method studies, qualitative studies, and descriptive-exploratory studies were also identified. Regarding the level of evidence, Level VI prevailed.

Chart 3. Summary of articles included according to numbering, title, authors, year, methodology, country, and journal. Coroatá (MA), Brazil, 2024.

Nº	Title	Authors/Year	Method	LE	Country	Base
01	Behind bars: the burden of being a woman in Brazilian prisons	Araujo <i>et al.</i> , 2020	Cross-sectional study	VI	Brazil	Medline/ PUBMED

02	Addressing women's unmet health care needs in a Canadian remand center: catalyst for improved health?	Besney <i>et al.</i> , 2018	Mixed methods studies	VI	Canada	Medline/ PUBMED
03	<i>Assistência de Enfermagem prestada a pessoas privadas de liberdade no ambiente hospitalar</i>	Silva <i>et al.</i> , 2020.	Exploratory descriptive research	VI	Brazil	Lilacs /VHL
04	Reproductive health care in prison: a qualitative study of women's experiences and perspectives in Ontario, Canada	Liauw <i>et al.</i> , 2021	Qualitative study	VI	Canada	Medline/ PUBMED
05	<i>Cômodo do inferno: acesso à atenção básica em duas delegacias de uma grande cidade brasileira</i>	Oliveira <i>et al.</i> , 2020	Qualitative study	VI	Brazil	Lilacs/VHL
06	<i>Comportamento de saúde nas experiências sexuais de mulheres em situação de cárcere.</i>	Oliveira <i>et al.</i> , 2019	Descriptive study with a qualitative approach	VI	Brazil	Lilacs/VHL
07	Ethical issues in prison nursing: a qualitative study in Northern Italy	Sasso <i>et al.</i> , 2018	Descriptive qualitative study	VI	Italy	Medline/ PUBMED
08	Lifetime prevalence of syphilis and associated risk factors among prisoners in Brazil	Santana <i>et al.</i> , 2020	Cross-sectional study	VI	Brazil	Medline/ PUBMED
09	<i>A assistência em saúde de mulheres privadas de liberdade em um presídio do Rio Grande do Norte</i>	Costa <i>et al.</i> , 2024	Cross-sectional study	VI	Brazil	Lilacs /VHL
10	The status of cervical screening in women prisoners in Malawi: a case from Maula prison	Mendulo; Chiumia, 2023	Cross-sectional qualitative study	VI	Malawi	Medline/ PUBMED
11	Cytological screening for cervical cancer and associated cancer factors in the Peruvian prison population	Ruiz <i>et al.</i> , 2018	Cross-sectional study	VI	Peru	Medline/ PUBMED
12	<i>Diferenças nas doenças crônicas não transmissíveis entre mulheres prisionais e a população em geral no Brasil</i>	Leal <i>et al.</i> , 2023	Cross-sectional study	VI	Brazil	Medline/ PUBMED

13	<i>Acesso das mulheres privadas de liberdade às ações de controle do câncer do colo do útero</i>	Silva et al., 2022	Qualitative cross-sectional study	VI	Brazil	Lilacs /VHL
14	Correctional nursing in Liguria, Italy: examining ethical challenges	Carnevale et al., 2018	Mixed methods study	VI	Italy	Medline/ PUBMED
15	<i>Saúde das mulheres privadas de liberdade: Concepções de trabalhadores e profissionais de saúde em unidade penal</i>	Alves et al., 2024	Exploratory descriptive qualitative studies	VI	Brazil	Medline/ PUBMED
16	<i>Alta prevalência de sífilis em unidade prisional feminina do nordeste brasileiro</i>	Batista et al., 2020	Descriptive cross-sectional study	VI	Brazil	Lilacs/VHL
17	You have to be almost dead before they actually work on you in prison ¹ : a qualitative study of the health care experiences of ex-incarcerated women during incarceration in Louisiana, USA	Wennerstrom et al., 2021	Qualitative research	VI	United States	Medline/ PUBMED

Note: LE*-Level of evidence

Source: Prepared by the authors (2024).

Table 4 presents the results, which include the main studies of the articles analyzed and facilitate a comparative and interpretative analysis of the evidence and its impact on the health conditions of women in prison. The purpose of this table is to provide a concise and clear overview of the information extracted from the selected articles, to facilitate understanding of the available evidence that directly addresses the impact of incarceration on women's health care, in addition to highlighting the main obstacles that interfere with the provision of health care during incarceration.

Chart 4. Articles used according to the title and results. Coroatá (MA), Brazil, 2024.

Nº	Title	Results
01	Behind bars: the burden of being a woman in Brazilian prisons	Considering gynecological examinations, (9%; 95% CI: 7.0–10) had never undergone one, and more than half of the female prisoners (55.3%; 95% CI) had never undergone preventive screening for cervical cancer in prison.
02	Addressing women's unmet health care needs in a Canadian remand center: catalyst for improved health?	Through the implementation of the Women's Health Clinic (WHC) in a detention center, 109 women were observed with high rates of mental illness, partner violence, substance use, Sexually Transmitted Infections (STIs), and irregular Pap smear tests. After the implementation of the WHC, there was an increase in STIs testing adherence from 17% to 89%.
03	<i>Assistência de Enfermagem prestada a pessoas privadas de liberdade no ambiente hospitalar</i>	The Nursing care provided to incarcerated individuals in hospitals refers to basic needs such as dressings, bathing, feeding, and medication. However, nurses reported a failure in therapeutic communication with patients due to a lack of preparation, guidance, and emotional training to facilitate this dialogue between nurses and patients.

04	Reproductive health care in prison: a qualitative study of women's experiences and perspectives in Ontario, Canada	According to the data, it was observed that women have limited access to healthcare in prison, reproductive security and dignity influence attitudes toward pregnancy and contraception, that is, women in jail want good reproductive healthcare. Discrimination and stigma were commonly cited throughout the women's experiences in seeking reproductive healthcare.
05	<i>Cômodo do inferno :acesso à atenção básica em duas delegacias de uma grande cidade brasileira.</i>	Through the results, structural and procedural aspects were observed that interfered with access to diagnostic and therapeutic procedures in prison healthcare, as well as the almost complete lack of disease prevention. The only preventive measure is vaccination against influenza.
06	<i>Comportamento de saúde nas experiências sexuais de mulheres em situação de cárcere.</i>	18 young, single women with a complete Elementary School Education participated in this study. The findings were divided into two categories: health behaviors in sexual experiences and health care in relation to sexual experiences. It was found that 33.3% of the studies addressed health behaviors aimed at preventing Sexually Transmitted Infections (STIs); 27.7% emphasized the use of male condoms; 16.6% related to the prevention of unplanned pregnancy; and 11.1% to the promotion of health and hygiene.
07	Ethical issues in prison nursing: a qualitative study in Northern Italy	The health needs of prisoners differ from those of patients in ordinary hospital settings. Correctional nurses need to adapt their practices to the specific needs of prisoners, with autonomy limited by the security culture, as everything requires authorization.
08	Lifetime prevalence of syphilis and associated risk factors among prisoners in Brazil	The prevalence of antibodies against syphilis among female prisoners in Brazil was 11.8%. A higher prevalence of syphilis was observed among black/Afro-Brazilian women (13.6%), while among women who were homeless, it was 33.2%, among those who had a history of abortion, it was 15.3%, and among those who had suffered sexual violence, it was 19.4%. The prevalence of syphilis was lower among women who reported having received condoms at school (3.2%), a marker for reproductive health education.
09	<i>A assistência em saúde de mulheres privadas de liberdade em um presídio do Rio Grande do Norte</i>	It was observed that the most prevalent conditions are gynecological and urinary tract diseases, followed by Sexually Transmitted Infections (STIs), with syphilis being the most prevalent. STIs represent a major prison health problem, considering that many women in the prison system have experienced sexual abuse, have a history of prostitution, and have little access to health services or information, characteristics that make them vulnerable to such infections.
10	The status of cervical screening in women prisoners in Malawi: a case from Maula prison	Most women in prison demonstrated knowledge about cervical cancer, its associated risk factors, and the benefits of cervical cancer screening. They expressed a willingness to undergo cervical cancer screening. However, factors were identified that hindered access to cervical cancer screening services in prison: limited availability of services, pain during the screening process, the presence of male professionals performing the screening, mistreatment by authorities and health professionals, and favoritism.

11	<p>Cytological screening for cervical cancer and associated cancer factors in the Peruvian prison population</p>	<p>A total of 4,515 women incarcerated in 67 prisons in Peru participated in the study. 69% of women in prison had undergone cytological tests in the last year, which was associated with having public health insurance, attending prison health services, and having a history of cancer. Moreover, age, number of children, participation in sports, and type of prison were also associated with cytological testing.</p>
12	<p><i>Diferenças nas doenças crônicas não transmissíveis entre mulheres prisionais e a população em geral no Brasil</i></p>	<p>This study documented health disparities related to noncommunicable diseases among female prisoners and the general female population in Brazil. Female Prisoners (FP) < 30 years of age had a higher prevalence of hypertension (PR = 4.5; 95% CI 3.4–6.1), cardiovascular diseases (PR = 4.4; 95% CI 2.4–7.9), and asthma (PR = 3.0; 95% CI 2.3–3.8) higher than the general female population in Brazil in the same age group.</p>
13	<p><i>Acesso das mulheres privadas de liberdade às ações de controle do câncer do colo do útero</i></p>	<p>The cytopathological examination was reported by 57% of women. Of these, 43% reported that they did not undergo cytopathological testing in prison due to a lack of opportunity. In the interviews, there was a statistically significant association between undergoing a cervical cytopathological examination and prison facilities grouped by management, municipal, or state; in municipal management, 70.8% underwent the examination, and in state management, 43.8%. During their time in prison, there were differences in whether or not the exam was performed. 83.1% of inmates imprisoned for more than 24 months underwent the exam, while 48.1%, almost half of the women imprisoned for up to 24 months, did not undergo the procedure.</p>
14	<p>Correctional Nursing in Liguria, Italy: Examining Ethical Challenges</p>	<p>According to the study, nurses and managers identified the factors that most impacted recruitment and retention in their work environment. Unfavorable factors included structural, organizational, and relational aspects. Favorable factors included Nursing consultations, continuing education activities, and peer support.</p>
15	<p><i>Saúde das mulheres privadas de liberdade :Concepções de trabalhadores e profissionais de saúde em unidade penal</i></p>	<p>According to the study, two categories were established: 1) the invisibility of incarcerated women in healthcare networks, which reports on the difficulty of the RAS in meeting demands, as access is not institutionalized, there are no established flows, and there are weaknesses in the governance system; 2) the other category was: Care for incarcerated women, which addresses the pain of isolation, loneliness, and fragility in the health-disease process.</p>
16	<p><i>Alta prevalência de sífilis em unidade prisional feminina do nordeste brasileiro</i></p>	<p>The prevalence rate of the disease was 22.1%. Among pregnant women, this rate reached 28.6%. A statistically significant association was observed between syphilis infection and reports of previous sexually transmitted infections. However, most of the women diagnosed stated that they were unaware of any STIs in the previous 12 months. It was also found that condom use with regular partners had a protective effect, with an odds ratio of 0.76 and a 95% confidence interval between 0.68 and 0.85.</p>

17	<p>You Have to Be Almost Dead Before They Actually Work on You in Prison': A Qualitative Study of the Health Care Experiences of Ex-Incarcerated Women During Incarceration in Louisiana, USA</p>	<p>Participants reported multiple barriers to accessing care, such as punishment for seeking care, long wait times, costs, lack of respect from providers, and health concerns being dismissed. In addition, they reported limited mental health, preventive, and dental services; an insufficient number of providers; and poor health outcomes as a result of delayed treatment. Overall, women did not have access to adequate and timely care during incarceration.</p>
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Source: Prepared by the authors (2024).

DISCUSSION

Understanding how healthcare is provided to incarcerated women is essential to identifying the gaps and challenges faced by this population. Inadequate care can result in serious health problems, exacerbated by a lack of access to specific and appropriate services. Understanding these deficiencies enables the implementation of more effective health policies, which ensure that women receive integrated and humane care during their period of incarceration.⁽¹⁰⁻¹¹⁾

Health care for women in prison is still marked by several challenges, such as limited access to health services, inefficient care, inadequate infrastructure, and scarce resources, resulting in late diagnoses and insufficient treatment for various clinical conditions. In addition, prison overcrowding exacerbates sanitary conditions and favors the dissemination of infections, while the absence of health education programs compromises awareness and prevention of health problems.⁽¹²⁻¹⁴⁾

The literature has shown that most incarcerated women are young, black or brown, and of reproductive age. Drug trafficking is the crime most frequently associated with incarceration. These women have low levels of education and socioeconomic status, which indicate difficulties in accessing quality healthcare before imprisonment.⁽¹³⁻¹⁵⁾ In this sense, the prison system could represent an environment conducive to the development of preventive strategies aimed at early detection of breast cancer and prevention of cervical cancer, considering the extreme vulnerability of this population.⁽¹³⁻¹⁶⁾

A study conducted in a maximum security prison in Canada showed that women have greater access to healthcare during incarceration. However, there is still a lack of access to comprehensive and gender-specific services. The implementation of a women's health clinic in the prison resulted in greater adherence to STIs testing, an increase in Pap smears, and greater interest among inmates in discussing reproductive health issues.⁽¹⁰⁾

Similar data were identified in a national study with 13 participants, which showed that women in prison did not have regular access to public health services prior to their incarceration, as they lived in contexts of exclusion and vulnerability. In many cases, their first contact with health professionals, nurses, doctors, and psychologists occurred only within the prison system.⁽¹⁵⁾

The literature also revealed that incarcerated women face structural and social conditions that significantly limit access to healthcare, such as overcrowding, lack of adequate medical resources, and socioeconomic vulnerability, factors that compromise comprehensive, quality care.⁽¹²⁻¹⁵⁾ A study conducted in Ontario, Canada, identified several factors that interfere with this access, such as a limited number of healthcare professionals, inadequate infrastructure, discrimination, and hierarchical barriers. Concerning reproductive healthcare, female prisoners reported difficulty accessing contraceptive methods and emphasized that their health complaints are often disregarded, as they are only treated in serious emergencies.⁽¹¹⁾

Regarding Nursing care in these environments, the literature indicates that it is largely focused on screening for chronic conditions and administering basic and emergency treatments. However, professional practice is permeated by the ethical duality of caring for incarcerated people whose actions are considered criminal but who need humanitarian attention. This reality creates ethical and emotional dilemmas that directly impact the quality of care. Moreover, there are no specific protocols that address the needs of women in their various life cycles, which hinders comprehensive and continuous care.⁽¹⁷⁻¹⁸⁾

The Nursing care provided to incarcerated individuals remains fragmented and inconsistent with public health policy guidelines, as many Nursing professionals base their actions on technical and curative practices, to the detriment of a holistic and humanized approach. When providing care, these professionals

often experience feelings of insecurity, fear, anxiety, and stress, factors that directly affect the quality of care provided.⁽¹⁸⁾

Similar results were identified in a study conducted in a women's prison in northeastern Brazil, which involved women at different stages of pregnancy and postpartum. The findings revealed a fragmentation of Nursing care during low-risk prenatal care, marked by a lack of welcoming, active listening, and guidance, which resulted in biological and curative care, to the detriment of a humanized and comprehensive approach.⁽¹⁹⁾ On the other hand, a 2021 study conducted in a prison in Rio Grande do Sul, with five healthcare professionals, presented a different reality: pregnant women were referred to Primary Health Care, where they received integral assistance during prenatal care, with the necessary tests and ideal follow-up.⁽²⁰⁾

It is important to highlight that nurses working in the female prison system face several difficulties that compromise the quality of care. Violence and abuse in prisons generate fear and mistrust, which hinders the therapeutic bond. These professionals deal with hostile environments, precarious physical spaces, low professional autonomy, and a lack of equipped offices, which makes it challenging to treat complex diseases that require specialized approaches. Preserving privacy and confidentiality during consultations is another challenge, since institutional security is a priority.⁽¹³⁻¹⁸⁾

Some studies conducted in northern Italy with Nursing professionals have highlighted similar challenges, such as the lack of wards, high staff turnover, linguistic and cultural barriers, and restrictions on professional autonomy. The rules imposed by safety criteria often override care needs, and the administrative view of Nursing is limited, which reduces the role of nurses to mere medication administrators, without technical or scientific autonomy.⁽¹⁷⁾

The literature shows that, in the prison environment, the most prevalent pathological conditions among women are STIs, especially syphilis, and cervical cancer. These conditions stem from a combination of factors, such as unsanitary and precarious living conditions, overcrowding, a history of abuse and trauma, illicit substance use, lack of sex education, and insufficient availability of gynecological exams.⁽²⁰⁻²³⁾

A representative sample of Brazilian prisons revealed high rates of syphilis among incarcerated women compared to the general population. This result is related to factors such as injecting drug use, commercial sex work, HIV co-infection, and low educational attainment. The study also highlighted the protective effect of health education, evidenced by lower sorority among women who received guidance on condoms at school, an aspect that reinforces the importance of early sex education.^(19,20-24)

With regard to cervical cancer, a study conducted in Malawi showed that female inmates recognize the importance of early diagnosis and treatment, but cytological screening is offered sporadically, resulting in low coverage and adherence. Among the main obstacles are pain during the procedure, the presence of male professionals, and mistreatment during the procedure.⁽²³⁻²⁵⁾

Similarly, in Peru, cytological screening is more prevalent among women with health insurance, health awareness, a history of cancer, or children. This scenario differs from the reality in Malawi, where, even with financial support from family, hospital referrals are only made to public facilities, with service delays.⁽¹³⁻²³⁾

It is important to recognize the limitations of this review. Although studies from different databases were analyzed, articles with lower methodological quality, incomplete texts, and publications prior to 2018 were excluded, which may restrict the scope of the analysis. Furthermore, some of the included studies were conducted in specific populations or isolated prison units, which limits the generalization of the findings. Despite these limitations, it is believed that the results of this study contribute to supporting actions to improve health care for incarcerated women.

CONCLUSION

This study's results showed how healthcare is provided in prisons and the challenges that permeate Nursing care. It was observed that incarcerated women, even before imprisonment, did not have access to proper healthcare, as they belong to socially vulnerable groups, living in unfavorable socioeconomic contexts, with low educational levels, precarious financial conditions, and, in many cases, a history of involvement in drug trafficking. These factors directly impacted their health conditions upon entering the prison system.

While serving their sentences, these women face significant barriers to accessing healthcare, such as inadequate infrastructure, a shortage of qualified professionals, discrimination, long waiting times for

appointments, difficulty accessing gynecological exams, and low adherence to STIs testing. These limitations create gaps in the assistance provided. Thus, it is clear that incarcerated women experience continuous conditions of vulnerability in healthcare, despite the existence of legal instruments that guarantee the right to humane care – a right that, in practice, is not fully realized.

In this context, Nursing care plays a fundamental role within the prison system, as it acts in the prevention, promotion, and treatment of diseases and in the promotion of health. However, the challenges faced by nurses are multiple and complex, as they include a lack of adequate resources, high staff turnover, work overload, and adverse working conditions. These aspects reinforce the need for institutional support, continuous and specialized training, and public policies that value and strengthen the role of Nursing in promoting the health and well-being of incarcerated women.

Therefore, it is necessary to implement effective public policies aimed at improving the health of this population. To this end, comprehensive health care programs should be created within prisons, with an emphasis on disease prevention, equitable access to basic care and reproductive health services, such as cervical cancer screening and access to contraceptive methods.

It is hoped that this study will contribute to a multidisciplinary approach involving health professionals, prison administrators, public policy makers, and civil society to ensure that incarcerated women receive dignified, effective, and humane health care based on a holistic and comprehensive perspective.

CONTRIBUTIONS

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REFERENCES

1. Ministério da Justiça e Segurança Pública (BR). Levantamento nacional de informações penitenciária: atualização. Dez 2022. Brasília: Ministério da justiça;2022. Available from: <https://www.gov.br/senappen/pt-br/servicos/sisdepen/relatorios/brasil>. Acesso em 06 de maio 2023.
2. Ministério da Justiça e Segurança Pública (BR). Relatório temático sobre mulheres privadas de liberdade-junho de 2017. Departamento Penitenciário Nacional: dados gerais de mulheres presas. Brasília, p. 82, 2019.
3. Campelo ILB, Bezerra ADC, Guimarães JMX, Morais APP, Albuquerque GA, Ferreira RGLA, Vieira-Meyer APGF. Acesso e cuidado à saúde de mulheres privadas de liberdade na penitenciária cearense = Access to health care among female prisoners in a penitentiary in Ceará, Brazil. Ciênc Saúde Coletiva. 2024 Jun;29(6):e09172023. doi:10.1590/1413-81232024296.09172023
4. Oliveira CB, *et al.* Infecções sexualmente transmissíveis em uma população privada de liberdade do sul de Minas Gerais: estudo transversal. Rev Contrib Ciencias Soc. 2023;16(8):13092–104. doi:10.55905/revconv.16n.8-248. Available from: <https://ojs.revistacontribuciones.com/ojs/index.php/clcs/article/view/1474>. Accessed 2025 Oct 08.
5. Schultz ÁLV, Dotta RM, Stock BS, Dias MTG. A precarização do trabalho no contexto da atenção primária à saúde no sistema prisional. Ciênc Saúde Coletiva. 2022;27(12):4407-4414. doi:10.1590/1413-812320222712.10532022.
6. Ercole FF, Melo LS, Alcoforado CLG. Integrative Review versus Systematic Review. Reme Rev Min Enferm [Internet]. 2014 [acessed 2023 jun 23];18(1):9-11. Available from: <http://dx.doi.org/10.5935/1415-2762.20140001>.

7. Santos CM, Pimenta CAM, Nobre MRC. A estratégia PICO para a construção da pergunta de pesquisa e busca de evidências. *Rev Latino-Am Enfermagem*. 2007;15:508-11. Available from: <https://doi.org/10.1590/S0104-11692007000300023>.
8. Ursi ES, Gavão CM. Prevenção de lesões de pele no perioperatório: revisão integrativa da literatura. *Rev Latino-Am Enfermagem*. 2006;14(1):124-31.
9. Melnyk BM, Fineout-Overholt E, editors. *Evidence-based practice in nursing & healthcare: a guide to best practice*. Philadelphia: Lippincott Williams & Wilkins; 2011.
10. Besney JD, Brooks H, Robinson D, Aiken A, Lambert S, Martin RE. Addressing Women's Unmet Health Care Needs in a Canadian Remand Center: Catalyst for Improved Health?. *J Correct Health Care [Internet]*. 2018 [acessed 2023 nov 6];24(3):276-94. Available from: <https://doi.org/10.1177/1078345818780731>.
11. Liauw JJ, Foran HM, Dineley B, Martin RE, Elwood Martin R, Atkinson A, *et al*. Reproductive healthcare in prison: A qualitative study of women's experiences and perspectives in Ontario, Canada. *PLoS One [Internet]*. 2021 [acessed 2024 jan 10];16(5). Available from: <https://doi.org/10.1371/journal.pone.0251853>.
12. Wennerstrom A, Haywood C, Dowling J, Duck S, Jones T. 'You have to be almost dead before they ever really work on you in prison': a qualitative study of formerly incarcerated women's health care experiences during incarceration in Louisiana, U.S. *Health SocCare Community [Internet]*. 2022;30(5):1763-74. Available from: <https://doi.org/10.1111/hsc.13556>.
13. Araújo PF, Kerr LR, Kendall C, Rutherford GW, Seal DW, Pires Neto RJ, Pinheiro PNC, Galvão MT, Araújo LF, Pinheiro FM, Silva AZ. Behind bars: the burden of being a woman in Brazilian prisons. *BMC International Health and Human Rights [Internet]*. 29 out. 2020 [acessed 2023 abril 11];20(1). Available from: <https://doi.org/10.1186/s12914-020-00247-7>.
14. Ruiz-Maza JC, Pérez-Martín B, Quispe-Pari J, Revilla-Rodríguez P, Fernández-Díaz MM, González-Crespo MR, *et al*. Cytological screening for cervical cancer and associated factors in the penitentiary population of Peru. *Rev Esp Sanid Penit*. 2018;20(3):103.
15. Oliveira KRV, Brito RS, Santos RC, Santos VE, Oliveira SC, Barreto ES. Comportamentos de saúde nas experiências sexuais de mulheres em situação de cárcere. *Rev Bras Enferm [Internet]*. 2019; 72:88-95. Available from: <https://doi.org/10.1590/0034-7167-2018-0092>.
16. Terças ACP, Gomes AMT, Silva Filho UR, Oliveira DC, Pereira A. In Detention or Freedom: Where do I Find my Health?. *Investig Enferm Imagen Desarro [Internet]*. 2019;21(2):1-9. Available from: <https://doi.org/10.11144/Javeriana.ie21-2.dloe>.
17. Sasso L, Stievano A, González Jurado M, Rocco G. Ethical issues of prison nursing: a qualitative study in Northern Italy. *Nurs Ethics [Internet]*. 2018;25(3):393-409. Available from: <https://doi.org/10.1177/0969733016639760>.
18. Oliveira ACC, Machado C, Silveira MOA, Gaspar ACS, Nogueira LDP, Kawata L. Percepção de uma equipe de atenção primária à saúde sobre a assistência à mulher privada de liberdade. *Rev Interdiscip Saúde Educ*. 2024;5(1):106-24. doi:10.56344/2675-4827.v5n1a2024.6
19. Silva ERPH, Cazola LHO, Barbieri AR, Souza AS. Acesso das mulheres privadas de liberdade às ações de controle do câncer do colo do útero / Access of women deprived of their freedom to cervical cancer control actions. *Braz J Dev*. 2022;8(3):17917-17931. doi:10.34117/bjdv8n3-160

20. Santana RS, Silva MA, Costa J, Oliveira L, Souza A, Gomes D, et al. Lifetime Syphilis Prevalence and Associated Risk Factors Among Female Prisoners in Brazil. *Sexo Transm Dis* [Internet]. 2020 [acessed 2024 fev 6];47(2):87-92. Available from: <https://doi.org/10.1097/OLQ.0000000000001113>

21. Batista MIHM, Silva AC, Costa L, Oliveira J, Almeida P, Souza R, et al. High prevalence of syphilis in a female prison unit in Northeastern Brazil. *Einstein (São Paulo)* [Internet]. 2020 [acessed 2024 fev 28];18:eAO5741. Available from: https://doi.org/10.31744/einstein_journal/2020AO4978

22. Costa FTC, Aureliano RRB, Salvador PTCO, Silva GWS, Oliveira LV. A assistência em saúde de mulheres privadas de liberdade em um presídio do Rio Grande do Norte. *Trab Educ Saúde*. 2024;22:e02847270. doi:10.1590/1981-7746-ojs2847.

23. Mendulo R, Chiumia IK. The state of cervical cancer screening in imprisoned women in Malawi: a case of Maula Prison. *Saúde da Mulher BMC* [Internet]. 2023 [acessed 2024 fev 3];23(1):198. Available from: <https://doi.org/10.1186/s12905-023-02349-5>.

24. Moraes RM, Vanderlei IAC, Tonhá EN, Kurohara AGR, Torres RE, Duarte SJH. Perfil reprodutivo de mulheres privadas de liberdade. *Cuad Educ Desarro-QUALIS A4*. 2025;17(7):01-15: <https://doi.org/10.55905/cuadv17n7-080>.

25. Moraes M M de, Santos A A P dos, Albuquerque J de M, Anunciação B M G da, Oliveira K R V de, Tavares N V da S. Fatores de exposição das mulheres em situação prisional para o câncer cervical. *Rev Eletr Acervo Saúde*. 2023;23(5):e11786. doi:10.25248/REAS.e11786.2023.

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