

Psychosocial vulnerabilities of pregnancy and puerperium in incarcerated Women

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Abstract. This article focuses on analyzing interseccionally the assurance of maternal mental health in the Brazilian prison context. This issue has shown deficiencies stemming from the denial of rights to these women and neglect related to their condition. The method employed was a literature review of eight articles and one book that address the topic. The results presented demonstrate the increasing relevance of pregnancy and the postpartum period in prison, particularly from 2018 onwards. The relationship between the exacerbation of carceral vulnerabilities among Black women, who make up the majority of this space, was also highlighted.

Keywords. Pregnancy, postpartum, incarceration, mental health, race.

1. Introduction

In the Brazilian context, incarcerated women are more prone to the development of psychopathologies related to pregnancy and postpartum, a fact attributed to the vulnerability they face in such an environment. Statistically, the majority of female inmates self-identify as Black (Black and Brown), have low levels of education, and are in socioeconomically disadvantaged situations. Given this, the question arises as to the increased likelihood of developing specific disorders during this period when one is a Black woman. [1]

Considering the expanding number of female inmates, particularly for non-violent offenses and belonging to the mentioned ethnicity, it becomes necessary to reflect on the psychosocial impacts this generates. Furthermore, it is crucial to emphasize the risks to infant development that this entire context represents.

Law 13.769, enacted in December 2018, seeks a solution through granting house arrest to pregnant women and mothers of children up to twelve years old, provided that the crime was not committed with the use of violence, serious threat, or against the child. However, its implementation is not observed in practice, resulting in various harms to the integrity and dignity of these citizens, as well as directly impacting the right to childhood of their descendants. [2]

There is also the National Health Plan for the Penitentiary System, signaling that since 2004, there has been concern about these conditions. This resource enabled the guidelines of the Unified Health System (SUS) to reach the prison environment and provide adequate assistance measures to incarcerated individuals. However, what is observed in female incarceration, especially in the pregnancy-postpartum scenario, is a neglect of the need for multidisciplinary support that pregnancy and motherhood demand.

This need arises from the understanding that becoming a mother entails a reconfiguration of what it means to be a woman. This result stems from a set of biological, somatic, psychological, and social transformations. These manifestations lead to new ways of interacting with oneself and with the environments in which one is embedded. [3]

At the beginning of this process, the entire female body prepares for the arrival of the developing fetus, with breasts growing to provide the possibility of breastfeeding, hips widening to facilitate fetal positioning and subsequent passage during labor. This issue does not differ in the psychological realm. Among the changes in this domain, expectations created when imagining this baby, doubts that arise about what it means to be a mother, the new self-image created with this possibility, and the new habits that need to be acquired as preventive measures against complications are highlighted. [4]

Imagining oneself responsible for a life that depends directly on one's care, and actually feeling this way when holding the newborn in one's arms, reshapes the psyche of this woman. Through the mother-baby dyad relationship, she begins to understand the baby's needs through crying and other non-verbal communications.

For this, complete involvement, attention, dedication, a safe and stable environment, and favorable biopsychosocial conditions are necessary. Without these guarantees, risks increase for both the mother and the baby, with the potential for psychomotor, cognitive, and speech development problems in the child. The carceral context, deprived of freedom, does not ensure any of these needs. Additionally, it presents various biological risks, from inadequate hygiene to the contraction of Sexually Transmitted Infections (STIs). Furthermore, the lack of support brings forth feelings of anguish, incapacity, and inadequacy. [5]

2. Methodology

This article was written based on a literature review, using the keywords "pregnancy," "incarceration," "postpartum," "race," and "mental health." The searches were conducted on the online platforms Google Scholar, Scielo, and BVS (Virtual Health Library). Inclusion criteria were articles from 2014 to 2023, written in Portuguese, and focused on the Brazilian context. Exclusion criteria included low reliability and articles focused solely on Criminal Law or only on women's physical health.

To obtain the material, advanced search tools were used in search engines, specifying the date, the necessary keywords in the title or scope of the article, and which words should be excluded. This made the results more targeted, as well as the study of the materials.

3. Results

The systematic analysis revealed common themes among the articles: the increasing number of incarcerated women, their sociodemographic profiles, non-compliance with National Laws related to female incarceration, and the resulting deterioration of health in such environments. In this context, the available materials draw on multidisciplinary data on the subject.

Focusing on the content related to maternal mental health, it was noted that all the studies emphasized the context of deprivation of liberty as an unfavorable factor for the physical and mental health of these women, conducive to the development of psychopathologies.

Regarding pregnancy, specific findings reinforce the inadequate performance of prenatal exams in this context. This arises from the absence of pregnancy detection tests upon entry into the penitentiary, resulting in 55% of inmates having fewer

consultations than necessary during this period.

Emphasis is also placed on the obstetric violence experienced by pregnant women, indicating not only physical and psychological abuse but also the violation of the right to have a companion during childbirth and afterward.

As for the postpartum period, low professional assistance is also evident, with the most common psychopathologies being baby blues, Postpartum Depression (PPD), and pathological anxiety.

The use of substances in the prison environment during pregnancy is also highlighted, which can lead to fetal malformations, for example, due to cigarette and tobacco use. This issue is also observed in the postpartum period as an attempt to reduce the stress arising from the initial maternal experiences. [6]

The researched topics have a greater body of academic work from 2018 onwards, allowing it to be asserted that the relevance of the topic aligns with the growth in the number of incarcerated women and the establishment of new health and coexistence guidelines in this space.

4. Discussion

Academic findings reveal multidisciplinary perspectives on the maternal experience in prison. The first point to be analyzed is the information reinforced by all of them, that the Law grants house arrest to pregnant women and mothers of children up to twelve years old. However, despite this being a guaranteed right, what is observed is the housing of women in this condition in prisons.

The problem that arises with this fact is negligence towards the female body, which becomes even more complex when it concerns a body that is pregnant or nurturing another. Being in a closed regime, women do not have the possibility of relying on a support network, which is essential for managing the biopsychosocial changes they undergo. Unlike men, incarcerated women receive few and irregular visits, hindering the formation of this support network. [4]

When house arrest is granted, this woman has the potential support of family members, friends, and even the neighborhood. Considering that a significant number of incarcerated women are Black, young, and belong to less privileged socioeconomic classes, they are likely to be located in peripheral areas of cities where community life is more common, and interpersonal support is more readily available. [7]

When house arrest cannot be granted, as in cases of crimes committed with violence, a pregnant woman with a confirmed pregnancy must be relocated to a special cell. This environment is intended for pregnant women, postpartum women, and newborns, and it is where women once again feel anguish and abandonment. The lack of assistance during childbirth and the postpartum period brings

women the feeling of abandonment by obstetric professionals and the penitentiary. [8]

In this interim, experiences of obstetric violence are observed, including the use of handcuffs during labor, physical and psychological abuse, and invasive procedures performed without anesthesia, such as episiotomies and stitches. Considering that negative experiences related to pregnancy and childbirth directly impact the postpartum experience and the mother-baby relationship, the lack of protection for this dyad has serious consequences. [9]

Emotional support is crucial to help the postpartum woman during a period when she experiences completely new perceptions, intense feelings of anxiety, anguish, insecurity, and sadness. This situation results in changes in sleep, appetite, mood, which can occur in the early postpartum days, characterized as baby blues, or for weeks, indicating a postpartum depression. In this psychopathology, there is an intensification of previously presented symptoms, with the addition of excessive guilt, suicidal ideation, and rejection of the baby, especially in cases of postpartum psychosis. Literature reports that Postpartum Depression (PPD) has an intrinsic relationship with socio-economic and racial vulnerabilities.

5. Conclusion

Entering a prison unit is challenging for women, starting from the fact that such an environment was not planned and structured for individuals of this gender. Many female inmates are deprived of their freedom for crimes related to drug trafficking, which often emerges as a means to supplement income. The economic reality of Brazilian families is intertwined with racial relations that underpin social inequalities in the country. [7]

Thus, the incarceration of poor, Black, young, and low-educated women (the majority in the prison setting) reveals a deficiency of the State in assisting social minorities. It is crucial to highlight the importance of policies and projects aimed at reducing the impact of structural racism, consequently addressing the social inequalities it creates and reducing the number of incarcerations.

It is also necessary to monitor the implementation of the rights of female inmates, especially those related to health in general, pregnancy, and motherhood. Being influenced by the condition of motherhood or pregnancy, the reality becomes even more challenging in this context. Although there have been attempts in recent decades to adapt the prison system to women in these situations, neglect is observed in complying with the sentence, conducting prenatal exams, providing differentiated environments for mother-baby contact in prisons, and professional assistance to postpartum women.[5,9]

Consideration must also be given to the right to childhood and the healthy development of children

born in the prison context, who experience intense anxiety while living in such an environment. As they are directly dependent on maternal care, the deficient structure of the bond between the two parties can result in harm to the child. This is where the concern of female inmates lies in the possibility of social reintegration, attempting to expand the child's living environment and the life prospects of both. [8]

The dignity of the human person is a non-negotiable principle that governs Brazil. Humanizing, in any way possible, this inhumane prison system is not only about trusting in the potential of the human being but also providing resources for their development. It is necessary to seek the reduction of the burden imposed on the lives of these women, who are affected by the trauma of criminal implications compounded by psychopathologies that can be acquired during pregnancy and postpartum. Thus, by resorting to equity, it becomes possible to build a fairer and more equal society that ensures the integrity of all citizens without distinction, empowering them with their rights. The importance of implementing policies for motherhood during sentence fulfillment, as well as the development of new projects to meet demands, aiming at the humanization of the inhumane prison system and the dignity of the human person, should be emphasized.

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