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Imprisoned mothers: perceptions about the motherhood experience in deprivation of freedom

Mães em cárcere: percepções sobre a vivência da maternidade em privação de liberdade

Madres en la cárcel: percepciones sobre la experiencia de maternidad en privación de libertad

ABSTRACT

Objective: to analyze the motherhood experience in deprivation of freedom as perceived by imprisoned mothers. Method: an exploratory, cross-sectional and qualitative research study developed with 19 mothers from a women's penitentiary in the Brazilian Northeast region. John Bowlby's Attachment Theory was used as theoretical framework. The data were obtained by means of a sociodemographic questionnaire and semi-structured interviews, and later on submitted to Bardin's content analysis. Results: most of the interviewees are single women aged between 23 and 28 years old, with a mean of two children and a history of alcohol consumption and/or other drugs, convicted for drug trafficking. Two categories were established: The Meaning of Motherhood and The Motherhood Experience in Deprivation of Freedom. Conclusion: distress was observed in the mother-infant dyad when faced with parental separation, resulting in growth and development harms in the children. Imprisoned mothers are exposed to an unhealthy and dehumanized environment, leading to psychological distress.

Descriptors: Mother-Child Relations; Prisons; Comprehensive Health Care; Women's Health.

RESUMO

Objetivo: analisar as percepções de mães encarceradas sobre a vivência da maternidade em privação de liberdade. Método: pesquisa exploratória, transversal, qualitativa, desenvolvida com 19 mulheres de uma penitenciária feminina da região Nordeste do Brasil. Utilizou-se como referencial teórico a Teoria do Apego de John Bowlby. A obtenção dos dados ocorreu por meio de questionário sociodemográfico e entrevista semiestruturada; posteriormente, os dados foram submetidos a análise de conteúdo de Bardin. Resultados: as entrevistadas são, na maioria, mulheres entre 23 a 28 anos, solteiras, com média de 2 filhos e com histórico de uso de álcool e/ou outras drogas, presas por tráfico de drogas. Duas categorias foram estabelecidas: O Significado da Maternidade e Vivência da Maternidade em Privação de Liberdade. Conclusão: observou-se o sofrimento do binômio com a separação parental, ocasionando prejuízos para o crescimento e desenvolvimento das crianças. As mães encarceradas estão expostas ao ambiente insalubre e desumanizado, o que acarreta sofrimento psíquico. Descritores: Relações Mãe-Filho; Prisões; Assistência Integral à Saúde; Saúde da Mulher.

RESUMEN

Objetivo: analizar las percepciones de madres encarceladas sobre la experiencia de la maternidad en privación de la libertad. Método: investigación exploratoria, transversal y cualitativa desarrollada con 19 madres encarceladas en un centro penitenciario para mujeres de la región Noreste de Brasil. La Teoría del Apego de John Bowlby se utilizó como marco teórico. Los datos se obtuvieron a partir de un cuestionario sociodemográfico y de entrevistas semiestructuradas, para luego, ser sometido a análisis de contenido según Bardin. Resultados: la mayoría de las entrevistadas tienen entre 23 y 28 años de edad y son solteras, con un promedio de dos hijos y antecedentes de consumo de alcohol y/u otras drogas, detenidas por tráfico de estupefacientes. Se establecieron dos categorías: El Significado de la Maternidad y la Experiencia de la Maternidad en Privación de la Libertad. Conclusión: se observó sufrimiento en el binomio madre-hijo ante la separación parental, lo que ocasionó perjuicios en el crecimiento y desarrollo de los niños. Las madres encarceladas están expuestas a un entorno insalubre y deshumanizado, lo que genera angustia psicológica.

Descriptores: Relaciones Madre-Hijo; Prisiones; Atención Integral de Salud; Salud de la Mujer.

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INTRODUCTION

The current study deals with the perception of imprisoned mothers about the motherhood experience in deprivation of freedom, aiming to detect how these women understand this moment and what difficulties they encounter in the prison system.

According to the National Penitentiary Department, by December 2021, Brazil had a total of 670,714 prisoners, of which 31,038 were women, representing nearly 4.6% of that total. In Alagoas, the number of imprisoned women totaled 144⁽¹⁾. However, if we analyze the growth of the Brazilian female prison population, there is a 675% percentage evolution, which turns Brazil into one of the countries that most imprisoned women in the last 20 years.

As a result of the invisibility of female specificities, the female prison system is marked by deterioration of chronic problems common to the male population. Among these specificities, a sociodemographic profile marked by black-skinned poor women and single mothers who entered crime through subordinate functions performed in drug trafficking stands out⁽²⁾.

In this context, the bond between mothers and children, which is a woman's right, is precarious. It should be noted that reproductive health care in Brazil is governed by the guidelines set forth by the Delivery and Childbirth Humanization Program (Programa de Humanização do Parto e Nascimento, PHPN) established by the Ministry of Health (Ministério da Saúde, MS) in 2000, which is based on humanization as a requirement for adequate monitoring of pregnancy, delivery and puerperium, seeking good quality, qualified and humanized full assistance, which is fundamental for the promotion of maternal and neonatal health. However, there is a deficiency in enforcing what is recommended by the PHPN to women deprived of their freedom, so that these pregnant women initiate prenatal care late in prison and the range of services offered sometimes does not meet their needs(3).

Interministerial Ordinance No. 210 of January 2014⁽⁴⁾ establishes the National Policy for the Care of Women in Situations of Deprivation of Freedom and Released from the Prison System (Política Nacional de Atenção às Mulheres em Situação de Privação de Liberdade e Egressas do Sistema Prisional, PNAMPE), which advocates that specific care for motherhood and children within the walls are fundamental rights within the scope of prison institutions. This policy, together with the National Policy for Women's Comprehensive Health Care (Política Nacional de Atenção Integral à Saúde da Mulher, PNAISM), aims at guaranteeing imprisoned women's health and quality of life in the country and at strengthening other basic social rights provided for in the Federal Constitution⁽⁵⁾.

Regarding these rights of women deprived of their freedom and their children, Criminal Execution Law (Lei de Execução Penal, LEP) No. 11,942/09⁽⁶⁾ ensures the minimum health care conditions for imprisoned women and their children, considering the specificities for maternal and child care and seeking to ensure healing and preventive actions, including health care. In addition, LEP No. 11,942/09 determines the referral of prisoners to Health Care Network institutions in situations where the Prison Health Unit fails to provide resoluteness⁽⁷⁾.

The Brazilian penitentiary system has serious problems, whether structural, health care, educational or legal, in which the prisoners' needs are not adequately met, with emphasis on the needs regarding food, clothing, hygiene facilities and preservation of the rights affected by freedom deprivation(8).

In Brazil, women's health is still a challenge for the effective implementation of public policies, mainly with regard to the guarantees of the principles of health care accessibility, comprehensiveness, resoluteness and humanization provided for in the Federal Constitution (1988) and in the Unified Health System (Sistema Único de Saúde, SUS) guidelines. The respective rights are limited by the barriers imposed in the intramural experience, with countless infringements and constraints to which imprisoned women are exposed,

producing risks and physical, psychological and moral harms⁽⁹⁾.

The structural inadequacy of prisons to women's specific needs - from inappropriate bathrooms, lack of pads and underwear to regulations that do not address their particularities - intensify gender inequalities, exerting even more negative impacts of incarceration on the lives of these women and their families⁽¹⁰⁾. Many of them are responsible for raising their children and maintaining their house, and deprivation of their freedom results in a reduction in family income and in interruption of living with their children (who in many cases are vulnerable without the maternal figure), determining family reorganization.

Imprisoned women sometimes have a deficient support network, evidenced by the partial or total absence of family assistance. Thus, these women become dependent on other women deprived of their freedom, on the prison administration and on guardianship councils and/or shelters, which influences the weakness of maintaining the bond between mother and child.

The current study was anchored in the Attachment Theory, developed by psychiatrist John Bowlby, which is based on the premise that, just like other animals, human beings have a natural tendency to establish and maintain bonds with others, which over time can become irreplaceable. In his research studies, mainly developed during the World War II, Bowlby described the effects of separation from significant people in early childhood, such as the maternal figure, seeking to specify which affective experiences would be essential for a child to develop skills to deal with the challenges that life imposes to every human being(11).

This time, the current study has the following guiding question: "Which are the perceptions of imprisoned women about motherhood in deprivation of freedom?". It is believed that the identification of the mothers' perceptions about the motherhood experience in the prison system can subsidize the development of strategies that contribute to mitigating the

difficulties encountered in prison. The objective of this research is to analyze the perceptions of imprisoned mothers about the motherhood experience in deprivation of freedom in a female prison from a region in the Brazilian Northeast.

METHODS

Ethical aspects

The authorization to carry out the research was issued by the Resocialization and Social Inclusion State Department (Secretaria de Estado de Ressocialização e Inclusão Social, SERIS) and by the Research Ethics Committee of the Cesmac University Center, under CAAE: 69213717.0.0000.0039 and opinion No. 2,335,919, in compliance with the precepts established by resolutions No. 466/12 and No. 510/16 of the Brazilian National Health Council. All participants signed the Free and Informed Consent Form (FICF).

As a way of guaranteeing confidentiality of the participants' information and privacy, the word "FLOWER" was used to name them, followed by the number corresponding to the interviews in ascending numerical order; for example, FLOWER 01 (first participant), FLOWER 02 (second participant) and so on.

Theoretical-methodological framework / Type of study

This is an exploratory and cross-sectional study with a qualitative approach that used John Bowlby's Attachment Theory as theoretical framework. The study met the requirements set forth by the Consolidated Criteria for Reporting Qualitative Research (COREQ) and its tools.

Methodological procedures

Study locus

The interviews were conducted by one of the researchers and took place in a reserved room, in the nursery of the Santa Luzia Women's Prison, where it was possible to carry out the interviews with the necessary privacy. The Santa Luzia Female Prison is the only Prison

Unit in the state of Alagoas that houses women and is located in the Maceió Penitentiary Complex, Alagoas, Brazil. According to the Resocialization and Social Inclusion State Department (SERIS-AL)(12), the body responsible for the prison population in Alagoas, the unit was inaugurated in September 2002 and can house 221 inmates.

Data source

The study participants were 19 women deprived of their freedom who experienced motherhood from 2009 to 2018, selected during the educational activities according to the following inclusion criteria: pregnant women and/or who were in the late or remote puerperal period, with children aged 7 years old at the most, kept in a closed regime and of legal age. Women convicted for less than 1 month were excluded.

Data collection and organization

Data collection was carried out from February to June 2018 and was organized as follows:

- 1. At a first moment, the researchers made a collective invitation to participate in four educational actions with varied themes and appropriate to the research object needs, such as: newborn care, breastfeeding, Sexually Transmitted Infections (STIs) and personal hygiene. In addition to the researchers, a penitentiary nurse and a guard were present in this stage.
- 2. The FICF was presented and a sociodemographic questionnaire was applied individually, with questions related to social data (schooling, marital status, occupation, skin color, religion, number of children, type of maternal bond and reason for the conviction) and demographic data (age group, place of birth and address).
- 3. Individual semi-structured interviews were carried out with open questions related to the study object, namely:

"What does motherhood mean to you?"; "What is it like for you to experience motherhood deprived of your freedom?" and "How do you perceive the motherhood experience of the other female prisoners you live with?".

In order to guarantee a reserved and welcoming environment, in stages 2 and 3, only one of the researchers individually applied the form and interviewed each of the imprisoned women participating in this study.

Data analysis

The interviews were recorded with a smartphone and lasted a mean of 7 minutes. Data collection was ended after observing that the new interviewees began to repeat the contents already obtained in previous interviews and did not add new relevant information to the research, thus verifying data saturation. The content of the interviews was fully transcribed into a Microsoft Word document for further analysis. The interviews were not returned to the participants for comments and/or correction. Once consolidated, two researchers proceeded with Content Analysis as proposed by Bardin, which is described as a set of communication analysis techniques through systematic and objective procedures that allow inferences related to knowledge production and reception⁽¹³⁾. In this phase, the collected and analyzed data were organized into registration units and, subsequently, anonymity protection measures were adopted.

The results were presented in three categories, namely: 1) Sociodemographic profile of the imprisoned women; 2) The Meaning of Motherhood; and 3) The Motherhood Experience in Deprivation of Freedom.

RESULTS

Sociodemographic profile of incarcerated women

At the time of the interviews, the participants of this research were aged between 18 and 38 years old, with predominance of the age group from 23 to 28; in relation to schooling, 87% state having attended Elementary or High School, but 13% of the participants are illiterate; in terms of religion, 40% assert professing no religion and 60% consider themselves Christians. Regarding the type of maternal bond, 80% are women with children already born; of these, 26.6% lived in prison with their children aged between 1 and 5 months old, and 20% were pregnant. The maximum age allowed for living with the mother is six months old, according to information from the Alagoas prison system.

There was also predominance of drug use by most of the interviewees (87%). As for the reason for the conviction, 87% mentioned drug trafficking and/or related activities, such as associations with trafficking, and 13% indicated homicide as the reason for their conviction.

The Meaning of Motherhood

For the women interviewed, motherhood is marked by moments of positive and negative emotions and adaptations and permeated by insecurities. The arrival of a child, even for a multiparous woman, is something that requires new adaptations and adjustments from the woman to meet the basic needs of her dependent. In the testimonies below, the relationship between motherhood and feelings of completeness and true happiness is perceived; being a mother for these women is "a divine gift", in line with the literature(14).

> Being a mother IS EVERYTHING to me, because my children are everything in my life! The best thing God could've given me is my children. (FLOWER 05)

> For me it's EVERYTHING. I love being a mother. (FLOWER 06)

> Being a mother is EVERYTHING to me! It's great news. It's being able to build a family, regardless of where I am. (FLOWER 01)

> It's love, affection, respect for yourself, for my son, responsibility... all of that. (FLOWER 04)

Gratitude for being able to exercise the maternal role is evident in the testimonies. However, developing motherhood requires a bond with their child, that is, it requires the development of the psychological function and includes care related to breastfeeding, hygiene, monitoring the first steps or the infant's entrance to the school system⁽¹⁵⁾.

> It's so nice to have your son next to you because I can show my love by taking care of him. (FLOWER 02)

> I'm always trying to talk to my daughter, she doesn't understand, but she's already beginning to understand, you know. Then, I keep doing this so she doesn't get more tense. (FLOWER 02)

> I gave up my son, I preferred him to go with my mother. There's no place for him here. (FLOWER 06)

In this case, motherhood may favor a reflection regarding the need to change their lives, as some decide not to receive visits from their children or to spend less time with them after the birth in prison, not to expose them to the prison environment.

> It's horrible, isn't it? We should think a little more about life, right? It's really horrible! (FLOWER 01)

> I wanted to be with everyone together. But because I made a mistake, and had to pay for it, I distanced from my children. Now I'm away from everyone. (FLOWER 03)

Motherhood provides a change in moral behavior, which leads recluse mothers to give up the days they can live with their children, as they prefer solitude and early breaking the bond than allowing their current environment to also be the one where their children will have the first stimuli that will mark their psychological development. In this way, certain growth in the feeling of detachment from the mother is also observed. With the intention of protecting and caring, some women prefer to discourage development of the bond, which will be broken in a few months' time(15).

Motherhood Experience in Deprivation of Freedom

Women who experience motherhood in the prison system express suffering, which is enhanced by a scenario of precarious structural conditions and limited health care, by the absence of measures that allow for a close relationship with the child, and by the impact of separation and the consequent lack of a family support network. The predominant feeling is the distress of imprisoned motherhood:

> It's horrible in here. [...] you don't have the support of the family by your side. It's always good to have Mom by your side. In the other pregnancies my mother was always by my side. She always took care of my protection. I wonder today, when I'll have it. I won't have my mother to take care of me. If it's a cesarean, which is where I need it most, I won't have that support. I'll be alone. It's true that I have help from some girls, but it never is the same thing. (FLOWER 05)

> But it was the worst situation of my life. Until I was convicted, it wasn't worse than staying away from him, handing over my son and sending him home. Seeing my son go was like a piece of me taken away, as if the world was ending. But I knew it was the best thing for him. (FLOWER 06)

The relationship between the inmates is affected by the common situation they experience; in their reports, they say that sadness and the stressful environment generate intrigues among them. Mental health is directly affected, and some of them have even considered suicide:

> [...] It's complicated, we quarrel with each other because of our children's absence, it's out of control. (FLOWER 10)

> [...] It's horrible, I even thought about killing myself. (FLOWER 07)

> It's not the same as outside, you know. Having a daughter in here... she has to see the Sun, those things. She doesn't go out and when she does, it gets bad for her. It was different with the others, you know. They had the opportunity to be on the street. Go to the doctor when needed. Like yesterday: My daughter had a fever, I already warned. And today too. If I'd been outside, I would've run. (FLOWER 02)

The motherhood experience in the prison system encompasses factors such as inadequate prenatal care and distancing from the family support network during the period of changes in the process of becoming a mother. After birth, other aspects arise to be considered in order to generate and monitor growth and development of the child in prison, until the separation moment, when the child reaches the first six months of life.

On the other hand, there are mothers for whom the separation process occurs upon conviction, according to information from the Alagoas prison system. The most frequent reason is the children's age, as they are not allowed to stay in prison; thus, those already born are separated from their mother and sent to shelter institutions or, more commonly, referred to the care of family members or guardians.

DISCUSSION

The data collected for this article show a female prison population comprised by young individuals up to 28 years old, which makes motherhood in prison something recurrent, as these women are of childbearing age. The age group most present in female prisons is also related to the most economically active period of life. According to data from INFOPEN *Mulheres*⁽¹⁶⁾, 50% of the female prison population is between 18 and 29 years of age.

When analyzing the reason for the interviewees' reason for their conviction, drug trafficking and/or related activities, such as associations with trafficking, appear as the hegemonic one. In this sense, female incarceration obeys different criminality patterns than for the male population. While only 19% of the crimes for which men respond are related to drug trafficking, this proportion is above 60% for women(16).

According to the results of this research, it was evidenced from the testimonies that family distancing frequently occurs for several reasons, such as family embarrassment or even on the initiative of the woman herself, motivated

by her imprisonment. Another determining factor refers to the distance from their home, as most women come from the inland of the state of Alagoas, which hinders visits from the family and, consequently, from their children.

At least, the Santa Luzia Penitentiary has a nursery and dorms for pregnant women and mothers with children up to 6 months old, separated from the space reserved for other women. This ensures that the mothers are with their children, promoting development of the bond between the dyad. One of the basic assumptions of the Attachment Theory is that the first attachment relationships, established in childhood, affect individuals' attachment style throughout their life⁽¹⁷⁾. Therefore, according to Bowlby, the loss of maternal contact in early childhood might cause harms to the personality of the human being. For the author, the mother--infant interaction is decisive in the constitution of a person's character⁽¹⁸⁾.

It was noticed that the meaning of motherhood is associated with positive feelings that ease the distress resulting from incarceration. It is also shown as a "divine gift", despite the fact that the motherhood experience in prison is taciturn, full of limitations and individual and collective frustrations. However, this experience is softened by the hope of freedom, mainly after Habeas Corpus 143641, granted by the STF in 2018⁽¹⁷⁾.

Distancing of mothers and children due to prison imposes harms to the dyad. And this is both due to the loss of the bond with their "attachment figure", causing future repercussions in the child that might impact their entire lives; and, for the mother, by the process of separation from her child, characterizing motherhood as a painful process and generating feelings of loss and impotence" (19). In these terms, some authors attribute a person's mental health to the quality of the initial interaction of the mother-child dyad, and point out that the threat of losing the attachment figure awakens in children an intense feeling of anxiety(18).

In addition to the feelings of insecurity and distress to which imprisoned mothers are

subjected, some factors contribute to worsening their situation. Uncertainty about the reflection of the confinement environment on the child's life is an example of these factors, especially because they are inserted in an environment permeated by violence, marginality, drug abuse and sometimes prostitution, such as those usually found in prison institutions⁽¹⁴⁾.

In this sense, Bowlby (2009) emphasizes that the environmental factor decisively influences the development of a child's personality, as well as that disruption of this affective bond causes significant emotional harms⁽²¹⁾. Harmful changes in the environment during the fetal stage can cause disturbances in growth and development, exactly like those formerly attributed to heredity(18).

Even under adverse conditions, motherhood can provide a new meaning of life for women who are mothers, as they perceive their children as a means of meeting their own needs. For female prisoners, these needs are diverse, but the need for affection and maintenance of family ties stands out, with the presence of their children as a factor that promotes maintenance of ties with other relatives in some situations(14).

Bowlby starts from the axiom that human beings have an innate inclination to establish and maintain bonds. The author considered attachment as a basic mechanism of human beings - that is, it is a biologically programmed behavior, like the mechanisms of feeding and sexuality, and is considered a homeostatic control system that functions within a context of other behavioral control systems, essential for human survival⁽¹⁷⁾.

According to the Attachment Theory, through the bond established between mother and child, the Central Nervous System response to human behavior enables the body to perform physiological control and to maintain temperature, body blood pressure and body balance, favoring homeostasis(20).

When entering the second year of life, period in which the infant begins to walk, the attachment behavior becomes evident since, when noticing the mother's absence or facing something that frightens them, children will present search manifestations through sound, vision and physical contact. By the third year of life, the attachment systems will be easily activated⁽²⁰⁾.

Mothers deprived of their freedom continue to be mothers; however, the exercise of motherhood is impaired because these women are subjected to a series of legal and criminal devices that significantly restrict their contact with the outside world and with their children. Thus, it is assumed that motherhood in prison takes on different contours from the one experienced by women living in society⁽¹⁴⁾.

Some practices such as workshops related to maternal and child issues, psychological counseling and outdoor activities are alternatives for coping with this situation. However, many prison units do not have programs aimed at the practice of physical, work and recreational activities, which would be fundamental for the preservation of women's mental and physical health(22). Faced with this reality, activities targeted at reducing the harms caused by the separation between mothers and children become necessary, as there are established rights in relation to general assistance in the prison system.

The PNAMPE has as its guideline and goal the humanization of the conditions for fulfillment of the sentence, aiming at guaranteeing the rights to health, education, food, work, security, protection of maternity and childhood, leisure, sports, legal assistance, psychosocial care and other human rights. Access to health finds resonance in the National Policy for Comprehensive Health Care of People Deprived of their Freedom in the Prison System, in the National Policy for Comprehensive Women's Care Health and in the Policies for Children's Health Care, observing the Unified Health System (SUS) principles and guidelines⁽⁴⁾.

However, the reality in female prison systems shows perpetuation of the state of women's segregation in society, reproducing

violence and stigmas in the social dynamics in which women are inserted in a similar way to the extramural reality. Thus, the intrinsic challenges to the mother-infant bond in the prison environment point to weaknesses in implementation of the PNAMSP and in the feasibility of instruments that enable maintaining the maternal bond and resocialization of imprisoned woman.

CONCLUSION

The perception that mothers deprived of their freedom have about the experience of their motherhood in prison is that it is permeated with weaknesses that make it difficult to maintain the maternal bond in prison. The absence of an adequate structure in the prison accentuates breakdown of this bond, as there are no spaces prepared for coexistence, aggravating separation of the dyad.

It is common for these women to pay attention to the possible implications of the prison environment on how their children's personality is developed and they oftentimes choose to protect them from the incarceration experience with them; thus, these women prefer to give up living with their children, interrupting maternal care early in time.

It is also noted that, amid feelings of insecurity about motherhood, there is a common reflection among imprisoned mothers, which is about the actions that culminated in their conviction. Such reflection can influence social changes if there are effective public policies for the maintenance of rights and efficient resocialization measures.

Through thus study, it is possible to confer visibility to the current scenario experienced by incarcerated mothers within the system. As contributions to the health area, this research evidences that it is urgent to implement strategies aimed at qualifying Nursing professionals and the multiprofessional team involved in the care of this population segment and that can positively influence the assistance provided to women in the prison environment, making it possible to materialize the right to health, guaranteed

to all people by the Federal Constitution, regardless of imprisonment.

The limitations of this paper are related to the fact that, for being a prison environment, in order to participate in the study, the incarcerated women needed escorts from prison agents and that some interviews were canceled because there were not enough officers, limiting the number of study participants and, therefore, the findings.

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