

BETWEEN OPPRESSIONS: OBSTETRIC VIOLENCE AND INTERSECTIONALITY IN BRAZILIAN PRISON – A NARRATIVE REVIEW



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ABSTRACT

This study analyzes the obstetric violence faced by women in prison in Brazil, with an emphasis on the intersectionality of race/color, gender, and social class. Through a narrative review, we investigate how the conditions of incarceration intensify the violations of reproductive rights and evidence the state's abandonment in health care for this population. The methodology was based on the analysis of academic articles that address different manifestations of obstetric violence and narratives of obstetric lack of care in the prison context. The conclusions indicate that black, brown, and low-income women face greater vulnerability, reflecting exacerbated structural inequalities in the prison system, in addition to highlighting the inadequacy of prison structures to the demands of the female body. This study reinforces the urgent need for public policies that promote humanized obstetric care and respect the reproductive rights of incarcerated women.

Keywords: Obstetric violence, Intersectionality, Prison system, Women's health, Reproductive rights.

INTRODUCTION

Obstetric violence, defined as a set of acts that disrespect, dehumanize, or neglect the needs of women, trans men, and people they manage during prenatal, childbirth, and the postpartum period, is a widely discussed problem in the field of reproductive rights and public health (Pantoja JC, 2024). In Brazil, this practice reveals deep social inequalities and intersectionalities that amplify the vulnerabilities of specific groups (Albuquerque, 2021). Among them, women in prison constitute one of the most affected segments, due to the particularities of their context of deprivation of liberty and social stigmatization (Albuquerque, 2021).

Female incarceration in Brazil is intrinsically related to factors such as socioeconomic inequality, structural racism, and intersectionalities of gender, race/color, and class, which shape the experiences of violence lived by these women (Matos, 2019). In this scenario, pregnancy and childbirth in conditions of deprivation of liberty expose these women to multiple layers of rights violations, including obstetric violence, which takes on even more serious characteristics when associated with the absence of effective public policies and dehumanization in the health services available in the prison system (Silva, 2020).

Thus, understanding obstetric violence in the context of female incarceration requires an analysis from an intersectional perspective, which considers the various overlapping oppressions experienced by these women. This article proposes to explore how the conditions of incarceration and the intersectionalities present in this context contribute to the perpetuation and intensification of obstetric violence, highlighting the need for actions that guarantee respect for reproductive rights and the dignity of women in deprivation of liberty. Thus, this article aims to explore, through a narrative review, obstetric violence in the context of female incarceration in Brazil, analyzing how the intersectionalities of gender, race/color, class and other categories of social differentiation or social markers of differences contribute to the perpetuation of this form of violence. It seeks to understand how the condition of deprivation of liberty intensifies the violations of reproductive rights and what are the challenges faced to ensure humanized obstetric care for this population.

METHODOLOGY

The selection of studies was carried out intentionally, considering articles in Portuguese, taking into account the relevance and specificity of each article in addressing

the different manifestations of obstetric violence experienced by women in prison, analyzing in a qualitative way the issues presented in the reviewed articles.

Four scientific articles were included that present complementary perspectives on the subject, focusing on articles found in the SciELO database and in LILACS. In all, nine articles were analyzed, however, four were chosen, and the studies were chosen: "The health of Brazilian Incarcerated Women: An Integrative Review", helping in an overview the profile, with its intersectionalities, of who this incarcerated woman is and the main barriers to the right to reproductive health. "Children of prison: women's social representations about giving birth in prison" which develops a side focused on the experience, of childbirth and motherhood, understanding the functioning of the mother-child bond in the structural conditions of the prison system. "Women in Deprivation of Liberty: Narratives of Obstetric Dis(Assistance)", reveals the narratives of incarcerated women about the obstetric care received during the pregnancy-puerperal cycle, analyzing fragilities, obstetric violence and inadequate conditions in women's prisons. Finally, the study "Social belongings and vulnerabilities in experiences of childbirth and pregnancy in prison" brings to light the experiences of pregnancy and childbirth of women in situations of deprivation of liberty, analyzing the oppressions and structural vulnerabilities faced by them, characterized by intersectional perspectives of gender, race and social class.

RESULTS

The article entitled "The Health of Brazilian Incarcerated Women: An Integrative Review" (Albuquerque et al. 2021) aims to analyze the health condition of women detained in Brazil, not limited to reproductive health, and to reflect on the right to health of this population.

The integrative research offered insights into how incarcerated women in Brazil have accessed health services and what interventions have been targeted at them. However, the central analysis of the study could be deepened by considering intersectionality and lack of state action.

They underline that the majority of prisoners are black or brown women, young, with little education and who, before being taken to prison, were inserted in informal jobs. This indicates that existing racial and socioeconomic inequalities play a significant role in the high presence of these women in the prison system. The combination of racism, poverty

and gender issues aggravates the vulnerability and quality of treatment they receive in the prison environment.

It is possible to notice that women who are incarcerated do not form a uniform group. They are impacted in different ways by systems of oppression and privilege. Prison is a part of society and reflects the problems that still persist in our country, which are not absent in the prison system. By employing intersectionality as a tool for analysis, the article could expand the discussion on how different inequalities intertwine with and affect the health of incarcerated women, seeking solutions that meet the particular needs of each group.

The lack of resources directed to these incarcerated women is one of the main factors that contribute to psychological and physical illness, as briefly mentioned in the study. The absence of the State represents the greatest obstacle to the guarantee of the rights to health, both inside and outside the prison system.

Also permeating the present absence of public policies aimed at the health of incarcerated women, as highlighted in the article, it evidences the state abandonment of a population already marked by multiple vulnerabilities. The combination of structural racism, socioeconomic inequalities and gender oppression places these women in a position of extreme marginalization, further aggravating the violations of their fundamental rights.

It is then concluded that the inefficiency of the state in the management of specific resources and effective health care strategies, combined with the inability of the prison system to deal with the particular demands of this population, reinforces a cycle of physical and psychological illness. This negligence not only perpetuates historical inequalities, but also disrupts any initiative that seeks to promote dignified and humanized care. It is urgent that public policies that take into account intersectional aspects be formulated and implemented to meet the specific needs of incarcerated women, guaranteeing their constitutional right to health and dignity.

The second article analyzed: "Children of prison: women's social representations about giving birth in prison" by Matos, Silva and Nascimento (2019) reveals a critical picture of the health conditions of pregnant and parturient women in the prison system where the main difficulties faced are: Isolation and lack of support, absence of companions during childbirth, difficulty in contact with the family and lack of preparation for motherhood are one of the main factors that aggravate the psychological suffering; Precarious conditions, prison units do not offer adequate conditions for pregnancy and childbirth, such as adequate spaces for the child and specialized medical care; Prejudice and violence, pregnant

inmates suffer discrimination and violence both inside and outside the prison system, including during childbirth; Difficulties in accessing house arrest, although the legislation provides for the possibility of house arrest for pregnant and postpartum women, this measure is not applied consistently in all prison units; Anguish due to separation, The uncertainty about the child's future and the inevitable separation after the breastfeeding period causes great suffering to the incarcerated women.

Therefore, the study demonstrates an urgent need for improvements in the health conditions and care of pregnant women and inmate parturients, guaranteeing their rights and thus promoting the well-being of both mother and child.

The article points out the lack of humanization in the prison system for not offering a humanized environment for pregnancy and childbirth, the violation of incarcerated women's rights such as the right to the presence of a companion and house arrest and the psychological impact generated by the experience of gestating and giving birth in prison, thus causing deep psychological impacts on the inmates. The research does not focus on the issue of race – even though it is notorious to conclude that these women, for the most part, are brown and black – however, because they are incarcerated women, the gender factor (female) and social class (low income) are previously pointed out.

The study on the health conditions of incarcerated women during prenatal, childbirth and postpartum is very present in Kimberlé Crenshaw's intersectional theory. The article demonstrates how imprisoned women experience various forms of oppression that cross both gender and class. Hill Collins' theory points out complexities in the experiences of these women during this gestational process and reinforces the duty to demand public policies that take into account incarcerated women in their multiple identities and needs. The women found in a prison system, significantly by themselves, already represent the intersectionalities of class, gender and race, brown and black, however, when they are incarcerated, they begin to assume the social demarcation of "prisoners", where those who are not inserted in this context categorize them as "non-human", which considerably aggravates the intensification of obstetric violence, of stigmas and especially of institutional prejudices that directly affect these women who are going through the pre-, during, and post-gestational periods.

An alarming scenario is revealed in relation to the conditions of childbirth and postpartum of incarcerated women. In addition to the difficulties already mentioned above, such as the lack of adequate conditions in prison units and early mother-child separation,

obstetric violence is a significant aggravating factor in the development of several consequences that they can acquire, such as difficulties in establishing a bond with the child in the first years of life, psychological trauma, vulnerability to new violence and distrust of the health system.

With regard to the third article: Women in Deprivation of Liberty: Narratives of Obstetric Dis(Assistance) (Silva et al., 2020), we can observe how motherhood in the context of prison is a unique and complex experience, marked by challenges and inequalities that differ greatly from that experienced outside the prison system. This study seeks to deconstruct the traditional and conservative view on this theme, by expressing the narratives of these incarcerated women. The objective is to highlight the lack of assistance from the State during pregnancy and the puerperium in these conditions.

The prison system was made by men and for men, which led to the creation of a prison that does not take into account the issues of the female body. Adapting the system for prisoners has proven to be inefficient since there is no analysis from a gender perspective, ignoring its particularities and specificities. The women's prison system has its own demands that have not been and are not met due to the lack of an intersectional approach.

This essay highlights the government's lack of assistance to women prisoners, especially pregnant and postpartum women. Prisons built without a gender perspective result in a lack of adequate structures, which exposes these bodies to be passive to violence and violation of rights, such as health, motherhood and dignity.

When we deal with the rapid exponential growth of the female prison population, it has generated a crisis in the prison system. With the overcrowding expressed by the last data collection that was carried out in December 2021, which reports that there are almost 43 thousand women in prison, the population has quadrupled in the last 20 years, making Brazil belong to the 3rd in the ranking of female prison population, with about 45% of them waiting for the sentence of justice, according to the National Penitentiary Department. The expansion of women's prison infrastructure has not been proportional to this increase. This disparity results in a large number of women's prisons that do not have adequate resources and conditions to house inmates.

Since the enactment of the Penal Code in the 1940s, Brazil has legally established gender segregation in the prison system. This measure determined that convicted women

should serve their sentences in exclusive penitentiary establishments, in order to meet the specificities of female incarceration.

Which implies concluding that this measure is new and that before most of the rooms were not far from the men's wings. It also reinforces the argument of the unsuccessful attempt to adapt the system so that it can accommodate the needs of the female body, remembering that at the national level only 103 of the prisons out of the 1,420 existing ones are exclusive to women, a total of 7% according to Infopen Women. That despite the regulatory Penal Code, there is still a gigantic deficit in ensuring the realization of the Code.

According to data from the Ministry of Justice, only 26% of women-only prisons in Brazil contain spaces intended solely for the custody of pregnant women, among these spaces only 16% have nurseries or structures separate from the common galleries, data from August 2022 (the difficulty in updating the data is due to underreporting due to the absence of a qualified national system to collect this data). We can assume that due to the health and rights of women prisoners, especially pregnant and puerperal women, they are often not priorities of prison managers and according to the analyzes made that the number must not have undergone considerable changes.

These facts express the lack of efficiency of the State apparatus, considering that there are laws that ensure the rights of these female bodies, taking into account that it is the duty of the government to ensure that mothers deprived of liberty have the conditions to remain with their children during the breastfeeding period, in accordance with the Brazilian Federal Constitution and the Statute of the Child and Adolescent (ECA), for the realization of these rights, the Law of Penal Executions (LEP) establishes that prisons aimed at women must have nurseries to meet the needs of children and Federal Law 11.942/2009 that brought significant advances to the Penal Execution Law (LEP). By guaranteeing the right to care during pregnancy and postpartum, the new legislation recognizes the importance of taking care of the health of the mother and baby, contributing to the construction of a more humane prison system and in line with the principles of human dignity, however, practice shows that these guarantees are often not effective. Prison units still have several deficiencies, especially with regard to medical care and reproductive health.

It is understood that the Brazilian prison system has a specific sociodemographic profile in relation to female prisons, with a high prevalence of low education, number of children, marital status, characterizing conditions to monitor it and analyze the

characteristics that make them especially vulnerable during the periods from pregnancy to the puerperium in prisons.

The analysis of these women's reports reveals a scenario of lack of health care, highlighted by the difficulty of access to exams and the delay in the start of prenatal care, obstetric violence, abandonment in childbirth and precarious conditions for newborns, revealing the social abyss in access to health. Late detection of pregnancy can lead to complications such as preeclampsia, premature birth, and low birth weight. In addition, the deprivation of liberty of pregnant women implies not only physical restraint, but also violates their rights, the lack of autonomy in decision-making about their reproductive health and the experience of obstetric violence are frequent, violating the human rights of these women. For example, when we work on the absence of adequate prenatal care, it is the result of failures in prison systems and the lack of preparation of health professionals to attend to and understand the intersectionality of pregnant prisoners and their specific needs. Nursing, as the main person responsible for prenatal care, has a fundamental role in promoting comprehensive and humanized care, which includes active listening, health education and emotional support, however, the women's reports indicate that this ideal care is still a distant reality.

It is eminent that the availability of rapid pregnancy tests in prison units and the creation of specific protocols for prenatal care are urgent measures to ensure access to quality care. In addition, the training of health professionals, the creation of partnerships with civil society organizations, and the promotion of the mental health of pregnant women are essential to transform the reality of women incarcerated during pregnancy and the postpartum period. In turn, the prison environment has been conducive to the occurrence of multiple forms of gender-related violence since its inception. Obstetric violence, another facet of the problem found in the prison system, shows the neglect and lack of State commitment to deal with these adversities.

The consolidation of a problem suffered by a large part of Brazilians who become pregnant in a situation of deprivation of liberty understood the existence of an institutionalization of these abusive practices.

Although the article does not directly deal with obstetric violence, the subject touches on the theme, but it is limited in that it does not take into account intersectionality as a study tool, aspects such as race/color, age, gender identity and social class would bring a greater understanding and deepen our analyses. The government's more participatory action to

ensure the fulfillment of the rights of both mother and child by promoting and improving public policies, also discussing an expansion of the fulfillment of light sentences at home privileging pregnant and postpartum women, setting up teams that have multidisciplinary approaches that cover health, permanent education, social and legal assistance to deal with prisoners and issues of the Brazilian prison system. Due to the complexity of the subject, he elucidates that establishing such policies would not fully solve these issues, but would alleviate them since the problem is related to several issues such as the increase in the prison population, social inequalities and institutionalized prejudice.

The last article: "Social belonging and vulnerabilities in the experience of childbirth and pregnancy in prison" (Dalenogará et al. 2022), is based on interviews with women entering a penitentiary located in southern Brazil". The qualitative study evidences institutional violence that permeates the prison population that gestates and exercises motherhood in prisons. The research reveals that a large part of these women, mostly black and from the periphery, have suffered violence since the police stop and remain vulnerable during the deprivation of liberty. Handling an intersectional perspective, interpersonal and institutional interactions reproduce forms of oppression and inequality, highlighting the need to provide adequate and humanized care during pregnancy and childbirth within the prison context.

The interviewees report that the confirmation of pregnancy guarantees them their own accommodation for pregnant women in the penitentiary. Although they are offered the opportunity to be sent to a prison that has a Mother and Child Unit (UMI), to remain with their children after childbirth, these spaces have a precarious infrastructure that is inadequate for a pregnant woman and for the children. The insufficient number of prenatal consultations, in addition to the difficulty in accessing the external health network for tests and vaccines, are the result of state negligence in the prison health system. On the other hand, some women reveal that some health professionals try to provide a welcoming service for pregnant women.

In some reports, the women affirm that they felt more respected when they entered the Maternal and Child Unit (UMI) during the pregnancy period. As the gestational state becomes apparent, aggressions decrease for some inmates, however, in relation to childbirth, the degrading state of support and the process of transportation from prisons to the external health institution, highlights the vulnerability of these women. The deprivation of a companion during childbirth and the testimonies evidencing cases of obstetric violence,

the lack of family support and the outrageous conditions not only result in the mental illness of the inmates, but also have an impact on their children.

Cases of psychological violence, with offenses and hostile conversations are reported by the women as a facilitator for feelings of fear, helplessness and loneliness. With this bias, different types of gender violence are reproduced in a brutal way, perpetuating misogyny. The trajectory of these women is full of social markers, in addition to gender inequality, ethnic differences also cause violence. Intersectionality is a crucial approach to understanding the oppression that affects black people in prison, institutional racism contributes to black women suffering from the violence experienced during childbirth and postpartum, in prisons and beyond.

In this context, it is intrinsic that the State assumes its responsibilities to the prison population, after decades of neglect, the needs of these people marginalized by society need to receive due relevance, especially in today's circumstances.

These data were collected in the second half of 2018, prior to the events of the Covid-19 pandemic, which resulted in overcrowding in prisons and mass contamination, being an alarming factor exposing the need for new studies that address the health of women in prison.

The Brazilian prison population is in need of public measures capable of meeting its demand and this agenda has not had much prominence outside prisons. Taking into account the cases of police violence reported outside the penitentiaries, the population should pay attention to the cases that occur within the Brazilian prison environment. The abuse of power and exaggerated violence only contributes to women in prison and their children remaining vulnerable.

DISCUSSION

The analysis of the reviewed studies showed consistent patterns of neglect and violations in the obstetric care offered to women in prison in Brazil. Among the main issues, the following stand out:

Studies point to the absence of adequate infrastructure in women's prisons, including the lack of proper spaces for pregnant and postpartum women, as well as limited access to prenatal care and humanized childbirth. Most women face logistical and institutional barriers to accessing basic health services, compounding the risks for mother and baby.

Obstetric violence is eminently reported in multiple forms, from invasive practices without consent during childbirth to psychological and emotional disrespect. These practices are exacerbated by the condition of incarceration, which intensifies gender, race/color, and class oppressions. Lack of emotional support, early separation between mother and child, and institutional isolation all contribute to significant psychological trauma in incarcerated women. These experiences negatively affect both maternal health and the bond with the baby. Finally, all the other objects of study are connected to an intersectional analysis. Emphasizing that black and brown women, with low income and low education are the most affected by the various forms of obstetric violence in the prison system. Structural racism and institutional misogyny perpetuate inequalities that aggravate the situation of these women.

When analyzing the violence perpetuated against the female body in the prison system, it is essential to consider the logic of the panopticon model described by Michel Foucault (2011) in *Discipline and Punish*. In this model, disciplinary power operates through continuous surveillance, shaping behaviors and bodies according to an invisible but constant control. In the context of women's prisons, this surveillance not only regulates incarcerated women, but also has a profound impact on prison security agents, reinforcing dynamics of violence and structural oppression.

It is also possible to make an analysis based on the article by Jose et al. (2017) in order to reflect on how the prison structure is designed to reinforce control and discipline based on male models, disregarding the specificities and needs of the female body. Prison guards face moral and sexual harassment and physical violence in the workplace, reflections of an institutional culture that does not recognize their particularities and inserts them in a system that marginalizes the feminine in all its dimensions (Jose, 2017). This dynamic shows how the prison system reproduces gender inequalities both in labor relations and in the surveillance of inmates.

For incarcerated women, the panoptic logic (Foucault, 2011) translates into a constant surveillance that disciplines not only their actions, but also their bodies and identities. Obstetric violence is a clear manifestation of this disciplinary power (Foucault 2011; José, 2017), which removes women's any autonomy over their reproductive experiences and submits them to dehumanizing practices. In addition, the absence of adequate infrastructure – such as nurseries, spaces for breastfeeding and prenatal care –

reflects a structure that disregards the demands of the female body and reinforces the denial of fundamental rights.

By connecting these two perspectives, it is clear that the Brazilian prison system, by operating under the panoptic logic, perpetuates a cycle of oppression that dehumanizes both incarcerated women and the professionals who work in these spaces. This dynamic reinforces the need to rethink the foundations of the prison model, which cannot continue to reproduce historical inequalities and neglect the specificities of the feminine.

Deconstructing this logic requires a reformulation of public policies, with the inclusion of intersectional approaches that contemplate the needs of women in all their diversity, whether as inmates or as security agents. Only in this way will it be possible to promote an environment that respects human rights, values dignity and combats the multiple forms of violence institutionalized in the prison system.

LIMITATIONS

Although the reviewed studies contribute significantly to the understanding of the topic, some limitations and gaps were identified:

The absence of systematized and up-to-date data on the health of incarcerated women, including indicators on obstetric care, makes it difficult to analyze the problem in more detail.

Many studies address obstetric violence in general, without deepening the analysis of how race/color, gender identity, and age influence women's experiences in the prison system.

There is a lack of studies that follow women over time, especially in the postpartum period, to understand the long-term consequences of obstetric violence and lack of care.

Despite evidencing the problems, the studies analyzed lack detailed proposals for public policies or interventions aimed at mitigating the reported violations.

CONCLUSION

This narrative review highlighted the alarming scenario of obstetric violence experienced by women in prison in Brazil, evidencing the perpetuation of structural inequalities that cross gender, race/color and social class. The studies analyzed pointed out that the condition of incarceration not only amplifies existing vulnerabilities, but also creates layers of exclusion and neglect, especially in relation to reproductive health.

Among the main findings, the precariousness of obstetric health care stood out, with the absence of adequate infrastructure, neglect in prenatal care, the occurrence of violent practices at the time of delivery and lack of care in the postpartum period. In addition, it was possible to verify that black and brown and low-income women are the most impacted by this reality, a reflection of the structural racism and institutionalized prejudice that permeate the prison system.

Intersectional analysis proved crucial to understand how these multiple forms of oppression intertwine, aggravating reproductive and human rights violations. However, the review also revealed important gaps in the literature, such as the absence of comprehensive and systematized data on the subject and the scarcity of concrete proposals for interventions and public policies that promote the humanization of obstetric care in the prison system.

It is understood the urgency of conducting and surveying research that updates the data on obstetric violence with women in prison, demonstrating a present neglect and forgetfulness of this population, that is, this discussion evidenced the need for greater state commitment to guarantee the reproductive rights and dignity of women deprived of liberty. Without structural changes, these violations will continue to be an expression of the social and gender inequalities that permeate the Brazilian prison system.

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