



## Nursing Diagnoses of incarcerated mothers\*

Diagnósticos de Enfermagem de mães encarceradas  
Diagnósticos de Enfermería de madres encarceladas

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### ABSTRACT

**Objective:** To identify the Nursing Diagnoses of incarcerated nursing mothers by the NANDA-I Taxonomy II. **Method:** Descriptive/exploratory study developed in the Women's Penal Colony, Recife, PE. **Results:** The sample consisted of 18 women who were breastfeeding during the study period. A total of 17 diagnoses were listed, whose accuracy was classified as moderate and high by the Nursing Diagnoses Accuracy Scale (EADÉ, version 2). Five of these diagnoses were selected for discussion, regarding frequency, magnitude, and impact on the health and well-being of nursing mothers participating in the study. **Conclusion:** The Nursing Diagnoses identified in this study are not exclusive to nursing mothers who are incarcerated. Some factors relevant to the prison environment may aggravate their problems, which reveal situations of health vulnerability and rights violation. These situations require changes that may respond to the health needs of this target population.

### DESCRIPTORS

Nursing Diagnosis; Breast Feeding; Prisons; Maternal-Child Nursing.

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## INTRODUCTION

Brazil has a population of 579,781 persons incarcerated in the Penitentiary System, of whom 37,380 are women and 542,401 are men. In the period 2000-2014, an increase was observed in the female (567.4%) and male (220.2%) populations. The rate of female prisoners in the country is greater than that of general growth of the prison population, which increased 119% in the same period<sup>(1)</sup>.

In spite of the rising curve for the imprisonment of women in this period, the prison structure still requires investments in infrastructure to provide priority care to women's specificities because prison policies have been designed for men. This reality is similar to that of other countries in Latin America and Europe regarding healthcare quantity and quality. The poor quality of services provided to mothers and their suffering when they have to leave their children<sup>(2-3)</sup> is a context that leads incarcerated women to develop psychosomatic diseases<sup>(3)</sup>.

Brazilian studies have reported determinant factors that interfere with women's health in the prison environment, from their difficulty to adapt themselves to the prison diet to the negative feelings such as pain, loneliness, abandonment, anxiety, physical and psychological violence, sleep disturbance, and smoking<sup>(4)</sup>. In the case of women in the gestational and puerperal periods, the prison environment becomes even more hostile to their physiological condition, including hormonal and physical changes, which require specific care and a space that is different from that of the other inmates. A space that promotes maternal breastfeeding (MB) and ensures a suitable environment for disadvantaged children older than 6 months and younger than 7 years<sup>(5)</sup>.

Law No. 11.942 of 2009<sup>(5)</sup> guarantees conditions, which are favorable to children permanence in the prison system, avoiding separation of mothers and their children and preserving their cohabitation. In spite of the legal framework, the physical and functional structures of the prison environment need investments to ensure incarcerated mothers cohabitation and care to their babies in a safe and healthy environment.

The prison environment is a traumatic experience because it causes a break in the pace and style of ordinary life. In addition, it affects relationships and social, work, and leisure routines. Other factors, such as the precarious conditions of female penitentiaries and health problems of this population, have aroused researchers interest in care actions to promote health and prevent disease<sup>(4)</sup>.

Thus, it is believed that the presence of nurses in the prison system allows an individualized assistance when the Nursing Diagnosis (ND) is identified and interventions are planned to achieve desirable health outcomes.

Considering that nursing mothers experience physiological, emotional, and psychological adaptations and these can turn into health problems when added to the incarceration, the objective of this study was to identify the ND presented by incarcerated nursing mothers using the NANDA-I taxonomy<sup>(6)</sup>.

## METHOD

This is a quantitative and descriptive study developed at the Recife Women's Criminal Colony (CPFR – *Colônia Penal Feminina do Recife*) in the period of Mar-Aug 2014. This study is a part of the research project entitled "Health Promotion of imprisoned women in light of the Self-Care Theory". The CPFR is the only female prison unit located in the capital of Pernambuco State. It shelters women who have committed crimes and need seclusion in a closed or semi-open regime. It has the capacity to shelter 275 women, but 919 prisoners, including nursing mothers and their respective babies, were incarcerated when the present study was conducted. The nursing mothers are separated from the other inmates in a space called nursery, which consists of three cells without grids, shared by 4-5 women and their children.

The sample consisted of 18 women who were breastfeeding during the data collection period. The nursing mothers not authorized by the direction to leave their cells were excluded from the study because they were a risk for the researchers.

For data collection, which was performed in a care office available in the prison unit, a structured instrument with open and closed questions was used. Initially, the data were categorized, and then the clinical evidence was grouped into patterns and identified in the NANDA-I taxonomy domains in which the responses of nursing mothers were inserted<sup>(6)</sup>. Next, we tried to identify the classes, ending with the inference of titles for the likely diagnoses.

The ND listed were coded and then stored in the statistical analysis software (Statistical Package for the Social Sciences for Windows, v. 11.5).

All diagnoses passed through accuracy analysis, by which we sought to judge the degree of coincidence of the diagnosis listed with the clues presented. To this end, the Nursing Diagnosis Accuracy Scale (EADE (*Escala de Acurácia de Diagnóstico de Enfermagem*), v. 2) was used. The diagnoses were arranged in the following classifications: "Null" (score 0) means that there are no clues to indicate the diagnosis in question. "Low" (score 1) means that the clue(s) has(have) low relevance, low specificity, and low coherence. "Moderate" (variable score: 2.0, 4.5, or 5.5), meaning that the available clue(s) has(have) low consistency with the evaluation data, but the clue(s) is(are) highly/moderately specific for the diagnosis in question. "High" (scores 9.0, 10.0, 12.5, or 13.5) mean that the clue(s) available in the evaluation data is(are) highly/moderately consistent with the evaluation data. In addition, it is(they are) highly/moderately relevant and/or specific for the diagnosis in question<sup>(7)</sup>.

The diagnoses qualified in the moderate to high accuracy categories were considered for discussion.

Data were collected after the project received approval by the Ethics Committee for Research with Human Beings (CEP), Center for Health Sciences, Universidade Federal de Pernambuco (CAAE N° 15834613.8.0000.5208; Opinion N.° 297.369). The stages of this study have met Resolution 466/2012, and the ethical principles of autonomy, non-maleficence, beneficence, and justice have been considered.

## RESULTS

The sample was composed of young women, with ages in the ranges of 19–21 years (50%) and 22–24 years (22.2%), and greater than 25 years (27.8%), and most of them (66.7%) were from the Metropolitan Region of Recife. Regarding skin color, 77.8% of them declared themselves as brown, and the others as white and black. In relation to the number of children, including those born in prison, they had one (22.2%), two (27.8%), three–four (33.3%), five (11.1%), and six (one woman; 5.6%) children.

Most of these women live in a stable marital union (44.4%) or they are single (38.9%). They have low educational degree, and they have attended the incomplete (61.1%) and complete (11.1%) basic education, and incomplete (22.2%), and complete (one woman; 5.6%) high school.

Regarding their occupations, they were housewives (33.3%), saleswomen (33.3%), day care workers (22.2%), hairdressers (5.6%), or rural workers (5.6%). As for personal income, their incomes were up to one (77.8%), one–two (11.1%), and three–five (5.6%) minimum wages, and one of them had no income (5.6%). Regarding the reasons for incarceration, the nursing mothers, were convicted by drug trafficking (72.2%), homicide (11.1%), and armed robbery, theft, and conditional break (5.6%).

All nursing mothers were diagnosed by the NANDA-I taxonomy<sup>(6)</sup> as follows: Risk of impaired mother–child bonding, Pattern of ineffective sexuality, Poor knowledge about breastfeeding, and Poor recreation activity. In addition, there is a ND Risk of interrupted breastfeeding, which was not yet standardized by the taxonomy. For the other diagnoses, the frequencies were as follows: Ineffective breastfeeding (33.3%), Anxiety (50%), Risk-prone health behavior (94.4%), Impaired dentition (77.7%), Acute pain (22.2%), Impaired urinary output (11.1%), Ineffective coping (5.6%), Affected family coping (50%), Insomnia (16.6%), Dysfunctional gastrointestinal motility (22.2%), and Impaired sleep pattern (27.8%). The first five ND will be discussed due to the frequency, magnitude, and repercussion in the health and well-being of these nursing mothers.

## DISCUSSION

According to NANDA-I<sup>(6)</sup>, the ND risk refers to the vulnerability of individuals, family, group, or community to develop an unwanted human response to health conditions/life process. Thus, the ND “Risk of impaired bond” (00058), conceptualized as a “Significant vulnerability to a rupture in the interaction between parents/person and the child, which promotes the development of a reciprocal protection–care relationship”, has a physical barrier among the risk factors. Physical barriers, which may affect the mother–child relationship, were evidenced by the lack of structure in the penitentiary system to promote mother/child permanence and by the separation after 6 months of the baby’s life.

At the CPF, the maximum child stay period is 6 months from the date of birth. After this period, mother and children may meet again on visits when the child has completed 1 year of life. In this context, the separation,

inadequate spaces for frequent visits, milking, and breast milk destination to children were considered as factors of risk for impaired mother–child bonding.

The imminent separation experienced by these nursing mothers is translated as a break in the mother–child bond, in addition to the announced risk of interrupted breastfeeding. Inevitably, there will be a breakdown in the breastfeeding process and, consequently, an interruption in this important sensory interaction between mother and baby. Our data agree with the literature in that this bond, (which precedes the very conception), grows during gestation and is established in the puerperium, being considered as responsible for awakening the sense of belonging in the child, (which is a valuable reference to structure the personality)<sup>(8)</sup>.

Law 11.942 (May 28, 2009) ensures minimum conditions for assistance to women in the prenatal and postpartum periods, establishing that female penal institutions must have a nursery for prisoners to care for and breastfeed their children at least until 6 months of age. These institutions should also have a day–care center to house children aged over 6 months and under 7 years<sup>(5)</sup>.

Absence in the penitentiary system of adequate places for MB harms both mother and child. However, when the prison system provides adequate policies and services for incarcerated nursing women, and their babies remain with them, the results can be positive and long lasting. Thus, the State must increase investments in the health of this population thus contributing to the physical and mental health of the mother–child binomial<sup>(9)</sup>.

Although these children are incarcerated, this seems to be an advantage due to the maintenance of the maternal bond and effectiveness of breastfeeding, which are extremely necessary for their healthy growth and development. However, taking into account the deficient physical space and nutritional and recreational limitations to which the children are exposed, rethinking and evaluating the benefits of subjecting these children to the prison environment is necessary<sup>(10)</sup>.

From the problems listed above regarding inadequate physical conditions of the prison system to promote MB, other problems are announced, such as the risk of interrupted breastfeeding. This ND was labeled by the investigators and is not part of the NANDA-I taxonomy. However, it was listed for this population due to their vulnerability to the break in the breastfeeding continuity. This understanding starts from the ND concept of “Interrupted breastfeeding (00105)”, defined as a “break in the continuity of offering milk to an infant or small child directly from the breast, which may affect the success of breastfeeding and/or the nutritional status of the infant/child”<sup>(6)</sup>.

Therefore, the risk factors found in the breastfeeding process refer to both the inability or inconvenience to put the baby in the breast to nurse and the need to wean the baby suddenly. In this sense, in–depth studies are needed to evidence other risk factors for the ND Risk of interrupted breastfeeding, in order to submit it to NANDA-I<sup>(6)</sup> as a new ND.

We emphasize that an environment suitable for the MB and promotion of child health are necessary to avoid these risk factors. Providing nutritional and immunological elements to the child decreases its risk of developing allergies, recurrent lung diseases, and bacterial infection. At the same time, breastfeeding will promote uterine involution, reduce the risk of bleeding in the postpartum period, leading the mother to return to her pre-pregnancy weight<sup>(11)</sup>.

Despite the right of imprisoned women to breastfeed, as established on legal bases in the Brazilian Federal Constitution (which ensures that prisoners stay with their children during the breastfeeding period)<sup>(12)</sup> and in the Law of Criminal Execution (LEP (*Lei de Execução Penal*); art. 83; § 2º; which defines the female prison environment as having a proper place to promote this practice)<sup>(13)</sup>, the incarcerated mothers are also deprived of experiencing the MB in a spontaneous and complete way for as long as they deem it necessary.

We emphasize that identifying risk factors can ensure compliance with the Statute of the Child and Adolescent. This study shows that promoting and supporting breastfeeding within the prison system can contribute positively to the resocialization process. Supporting this practice inside and outside prison facilities is fundamental. However, a legal support and favorable conditions for the coexistence of the mother-child binomial is necessary<sup>(14)</sup> because MB does not only mean nurturing, but also the creation of bonding, affection, and protection<sup>(11)</sup>. Although the child feels a physical need for milk, its emotional need is equally strong.

Imprisoned mothers, who were participants in a study conducted in England and Wales, emphasized that physical space in the prison environment is limited, uncomfortable, insecure, and unhealthy. Even so, they find safe places inside the prison to care for and talk about feelings such as guilt, remorse, and hopelessness with their children. Despite this reality, women report that these environmental factors can be tolerated if their desire to stay close to the child is considered<sup>(15)</sup>.

Most Brazilian prisons establish a maximum period for the child to stay with its mother, and the child is delivered to the care of third parties when the deadline is expired, which hinders or prevents breastfeeding. Currently, a dilemma is experienced, in which the child cannot be seen as a release license of these mothers and, at the same time, it should not be subject to fulfill the maternal prison sentence, especially in the current scenario. The solution already exists in several legal instruments, which advocate major changes in the penitentiary structure, such as the creation of more penitentiary institutions, adequate to the female public<sup>(5,12-13)</sup>.

Other ND by the NANDA-I taxonomy<sup>(6)</sup> were identified: "Ineffective Sexuality Pattern" (00065), defined as "expressions of concern about one's own sexuality". In line with this diagnosis, the defining characteristics, which were found in the population of the present study, were as follows: change in sexual activity, change in relationships with significant people, changes in sexual behavior, difficulties in sexual activity, and change in the sexual role.

Hormonal changes of pregnancy, childbirth events (such as episiotomies or lacerations), physical changes of the pregnancy state, fatigue for sleepless nights, and changes in roles (in which man and woman see themselves only as father and mother) can trigger changes in patterns of sexual activity, regardless of the prison situation<sup>(16)</sup>. However, the changes present in the nursing mothers of the present study are not only related to the postpartum period, but are mainly aggravated by prison sentences, physical barriers, and lack of internal policy and appropriate space for intimate visit.

Female prisoners appear to be more likely to develop personality disorders because of lack of attachment, developing anxiety, impulsivity, and other important issues regarding their identity<sup>(17)</sup>. Many of these women, motivated by loneliness and seeking protection and affection, adopt alternative identities of gender and sexual orientation. Under the constraint of incarceration, some of them assume dominant male identities, seeking to satisfy their affective and erotic desires<sup>(18)</sup>.

The Resolution of the National Council for Criminal and Penitentiary Policy (CNPCCP (*Conselho Nacional de Política Criminal e Penitenciária*); No. 04; June 29, 2011), defines that an intimate visit, (understood as "reception by the imprisoned person, Brazilian or foreign, man or woman, of spouse or other partner, in the prison where he/she is imprisoned"), should occur in a reserved environment, whose privacy and inviolability are assured to the heterosexual and homosexual relationships, and the Direction of the prison must ensure an intimate visit at least once a month<sup>(19)</sup>.

Promoting access to these visits reduces the rates of sexual violence in prisons as they reduce the prisoners' emotional tension, thus protecting the maintenance of the affective relationship of the imprisoned person with her/his partner. Denial of this right can generate psychological problems, favoring inappropriate behavior, deforming the prisoner's self-image, destroying his/her marital life (which is already shaken by the prison), and causing bonds to weaken or break. This right is made feasible, although precariously, in prisons for men, but this reality does not reach all female prisoners<sup>(1)</sup>.

The ND "Poor knowledge (00126) about breastfeeding" was evidenced after applying an MB survey, which identified wrong answers given by the nursing mothers about the basic knowledge of breastfeeding. According to NANDA-I<sup>(6)</sup>, the ND "Deficient Knowledge" (00126) is defined as the "absence or deficiency of cognitive information related to a specific topic"<sup>(7)</sup>.

In considering that we are educated in community, and that this process is mediated by the world<sup>(20)</sup>, we realize that knowledge cannot be understood only as assimilation and accumulation of information. It is the result of a collective construction, born of the interaction with the world and between individuals, being an important subsidy for change of attitudes, adoption of new ways of thinking, development and enlargement of a being. For the nurse, who is within the prison environment as a health educator, it is difficult and important the mission of breaking social barriers and taboos, offer and share information, contributing to empower these nursing mothers and change stigma.



Although knowledge is necessary, it is not enough by itself to incorporate healthy habits. A qualitative study conducted with 152 North American nursing mothers (who in the first 72 hours postpartum had already introduced milk formulas) indicated that maternal decision making related to infant feeding is multifactorial<sup>(21)</sup>.

Although the adoption and maintenance of MB is influenced by a number of factors, having knowledge about practice allows for a greater grounding in making assertive decisions. In this process, the role of health professionals is highlighted in promoting continued education to help their patients develop and apprehend knowledge, skills, attitudes, and self-knowledge necessary to make decisions about their health in an effective and responsible way<sup>(22)</sup>.

The experiences during the prenatal period are important factors for the empowerment of these nursing mothers on the practice of MB. Knowledge will be generated from the information received, helping these women during the preparation and maintenance of breastfeeding. In this scenario, nurses should assume their role of advisors, educators, and counselors to offer a quality care to the mother-child binomial. Since the gestational period, the challenge is to prepare mothers for breastfeeding. The increase in knowledge and confidence of pregnant women in their ability to decide and act will contribute to the mastery and success of breastfeeding<sup>(23)</sup>. Thus, we understand that educational actions on MB in the prison system are necessary to promote the empowerment of these women and should begin during pregnancy.

The ND "Poor recreation activity" (00097) is defined as "Decreased stimulation (interest or engagement) in recreational or leisure activities". The nursing mothers' reports, who evidenced their boredom and dissatisfaction feelings due to their impossibility to access the usual hobbies in the prison, are among the defining characteristics cited in the NANDA-I<sup>(7)</sup>.

The scarcity of leisure or occupation activities is notorious in the Brazilian prison system, which is marked by prisons and penitentiaries with archaic, precarious, and improvised structures that do not accompany the prison population growth. This situation is aggravated by overcrowding which causes, consequently, absence of proper spaces, intended for physical and recreational activities.

The nursing mothers of this study stay in a reserved place, separated from the other prisoners, since the birth until the children are 6 months old. Television and "sun-bathing" seem to be the few leisure opportunities in the moments when they leave the private cell and can walk with their babies in the pavilion courtyard.

Absence of activities is reaffirmed in the statements of these women when they, referring to idleness, report that they would like to do some kind of activity to pass the time. In addition to the leisure deficit, overcrowding, restricted physical space, and insufficient staff to meet the demand were also observed in the study scenario. In a survey (October 2014), 919 women were incarcerated, although the total capacity is 275 prisoners.

It should be noted that the right to leisure is established as a right of the citizen, regardless of gender, ethnicity, age or social class. The denial of this right reverberates affecting another right, the health, which is also present in legal provisions. Leisure (understood as activities performed spontaneously, as a form of rest, fun, or entertainment, or activities that bring pleasure) acts as a stress buffer and promoter of well-being and mental health<sup>(24)</sup>, e.g., the practice of sports and physical exercise.

The LEP establishes as a right of imprisoned individuals, a proportional distribution of time for work, rest, and recreation. It also establishes (art. 83) that the penal institution should have areas and services to offer assistance, education, work, recreation, and sports practice<sup>(5)</sup>. Thus, we understand that this is another right that has been restricted, thus damaging the physical and mental integrity of these women.

Changes in the profile and attitude of the professionals are also necessary, especially those involved in the health care provided to these women. Especially, the nurse must play the important role of health educator, providing information, composing knowledge, changing attitudes and paradigms, being a health and life quality promoter in the prison environment.

## CONCLUSION

Through the identified Nursing Diagnoses, we perceive that the imprisoned nursing mothers daily experience situations of vulnerability to health and other rights, although several legal instruments ensure that these women have access to rights and, therefore, protection of the human person. Identified ND portray situations that are influenced by social and cultural factors inherent to nursing mothers but are aggravated by the environment to which they are exposed in prison.

The Nursing Diagnoses identified in nursing mothers participating in this study are not exclusive to the prison population, but they represent problems and fragilities that may affect nursing mothers not exposed to the prison environment. However, some factors related to the respective diagnoses may be unique to the prison environment, aggravating the problems that these nursing mothers might present.

Another aggravating factor is related to the barriers with regard to effective interventions in the nursing diagnoses listed above as the solution of some problems found in the prison environment is directly related to the compliance with the terms established in the legal instruments in force.

Finally, although the nursing diagnoses presented here cannot be generalized, because they come from a single prison unit, the ND are relevant to the dynamics of care for the imprisoned mothers, bringing them information which will contribute to the interdisciplinary planning of action, as educational interventions that make knowledge more effective to this public, and reducing the ND defining characteristics and related factors, especially in the prison environment. We also suggest that other studies are conducted with a view to contemplate other prison scenarios in the country.

## RESUMO

**Objetivo:** Identificar os Diagnósticos de Enfermagem de nutrizes em privação de liberdade pela Taxonomia II da NANDA-I. **Método:** Estudo descritivo/exploratório, desenvolvido na Colônia Penal Feminina do Recife – PE. **Resultados:** A amostra constituiu-se de 18 mulheres que se encontravam amamentando durante o período da pesquisa. Foram elencados 17 diagnósticos classificados em moderada e alta acurácia pela Escala de Acurácia de Diagnósticos de Enfermagem (EADE, versão 2). Desses, cinco foram selecionados para discussão, considerando-se a frequência, a magnitude e a repercussão na saúde e no bem-estar das nutrizes participantes do estudo. **Conclusão:** Os Diagnósticos de Enfermagem identificados não são exclusivos das nutrizes em privação de liberdade, porém, alguns fatores relacionados são pertinentes ao ambiente carcerário, os quais podem agravar os problemas dessa população, pois retratam situações de vulnerabilidade à saúde e violação dos direitos dessas mulheres, exigindo mudanças que respondam às demandas de saúde desse público-alvo.

## DESCRITORES

Diagnóstico de Enfermagem; Aleitamento Materno, Prisões; Enfermagem Materno-Infantil.

## RESUMEN

**Objetivo:** Identificar los Diagnósticos de Enfermería de madres amamantando en privación de libertad por la Taxonomía II de NANDA-I. **Método:** Estudio descriptivo/exploratorio, desarrollado en la Colonia Penal Femenina de Recife, Estado de Pernambuco. **Resultados:** La muestra se constituyó con 18 mujeres que se encontraban amamantando durante el período de la investigación. Fueron listados 17 diagnósticos clasificados en moderada y alta precisión por la Escala de Precisión del Diagnóstico de Enfermería (NDAS, versión 2). De esos, cinco fueron seleccionados para discusión, considerándose la frecuencia, la magnitud y la repercusión en la salud y el bienestar de las lactantes participantes en el estudio. **Conclusión:** Los diagnósticos de Enfermería identificados no son exclusivos de las madres lactando en privación de libertad, pero algunos factores relacionados son pertinentes al ambiente carcelario, los cuales pueden agravar los problemas de dicha población, pues muestran situaciones de vulnerabilidad sanitaria y violación de los derechos de esas mujeres, por lo que requieren cambios que respondan a las demandas sanitarias de ese público objetivo.

## DESCRIPTORES

Diagnóstico de Enfermería; Lactancia Materna, Prisiones; Enfermería Materno-infantil.

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