

* Original Article

Women's perspectives on male condoms in the prison environment of Juazeiro-BA¹

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Abstract

The female prison population has been increasing. It is known that the health of women in prison deserves attention because they are more susceptible to sexually transmitted diseases (STDs). The aim of the present study was to understand the perceptions of incarcerated women regarding condom use by their partners during intimate visits at the Juazeiro Penal Compound-BA female penitentiary (Penitenciária Feminina, Conjunto Penal de Juazeiro-BA). This investigation was a descriptive and exploratory study that utilized a qualitative approach. We used a semi-structured interview, which was subsequently analyzed using Bardin's content analysis. The male condom is considered a temporary preventive method, and female passivity is closely related to their vulnerability to STDs/AIDS.

Keywords: women, STD, AIDS, condom.

¹ The data were extracted from dissertation research that was presented in December 2010 at the Federal University of the São Francisco Valley (Universidade Federal do Vale do São Francisco - UNIVASF). The study was approved by the UNIVASF Ethics Committee under CAAE 4281.0.000.441-10. There are no conflicts of interest.

Introduction

The population confined in the National Penitentiary System has been estimated to consist of approximately 409,287 individuals, and they are distributed in prisons throughout the 26 states and the Federal District. Based on the distribution by gender, 94% of this population are men (385,219 individuals) and 6% are women (24,068 individuals) (BRAZIL, 2009).

In the state of Bahia (BA), the prison population includes approximately 14,910 detainees, which is equivalent to 102.81 prisoners for every 100,000 inhabitants. Based on gender, approximately 95% are male and 5% are female, which is close to the national percentage. The 20 penal establishments are distributed into the following categories: penitentiaries (6); prisons (10); and agricultural, industrial, or similar penal colonies (4) (BRAZIL, 2009).

According to the Ministry of Justice (2009), the prison population in Brazil is growing. Each day, 200 new prisoners are incarcerated beyond the number of inmates being released from the 1,150 prisons across the country. In 2008, the rate of incarceration in Brazil was 225 prisoners for every 100,000 inhabitants.

These inmates comprise a population at risk for sexually transmitted diseases (STDs) and chronic infections because they frequently engage in high-risk behaviors, including drug-abuse-related activities and the exchange of sex for drugs (WILSON, 1991 apud MIRANDA, VARGAS; VIANA, 2004; LIMA, 2005).

According to the World Health Organization (WHO), STDs are frequent in Brazil, with approximately 10 to 12 million new cases occurring per year. These illnesses can generate potentially serious complications, such as infertility, miscarriage, and congenital infections (BRAZIL, 2007). Moreover, STDs facilitate the transmission of the HIV virus because the presence of sores or irritation in the mucous membranes may favor the entry of the virus into the body (SILVA;VARGENS, 2009).

Prevention initiatives focus on promoting male and female condom use because it is the only available means of protection against STDs/AIDS and unplanned pregnancy. However, a traditional sexual culture persists in Brazil, which is imbued with a dualistic vision of gender and prominent sexism—delegating the attributes of activity, domination, and rationality to the man and passivity, submissiveness, and emotion to the woman. The discussion and negotiation on the recommended use of male and female condoms might not occur prior to sexual intercourse, rendering the incarcerated woman who desires to use condoms dependent on the agreement of her partner (GELUDA et al., 2006).

Therefore, the assumption that the negotiation of condom use in marital and extramarital relationships is affected by emotional and social considerations and that this reality also applies to the prison environment raises the question of the present study: how do incarcerated women view the use of condoms by their partners during intimate visits?

The aim is to understand the perception of incarcerated women on condom use by their partners during intimate visits at the female penitentiary, Juazeiro Penal Compound, Bahia State, in northeastern Brazil.

This research is relevant because it expands knowledge on the subject and greatly contributes to academics in related fields and the practices of researchers and health professionals.

Therefore, this information will facilitate interventions that are directed at this incarcerated population, and insights into the relationships between men and women in this context will facilitate the provision of specifically tailored healthcare. To this end, the present study not only clarifies the importance of access to information as a factor in health promotion but also provides information that could be used to guide public policies in the field of healthcare.

Methodology

The present investigation is an exploratory study that utilizes a descriptive and qualitative approach.

The fieldwork was conducted in the municipality of Juazeiro in the state of Bahia, located in the sub-middle region of the São Francisco River Basin, on the border with the state of Pernambuco (PE), Northeast Brazil. The study was conducted in the female penitentiary at Juazeiro Penal Compound-BA because there is a substantial population of females in this facility who participate in intimate visits and are therefore at risk for STDs. The aforementioned penal compound is located at BR 407, Km 10, Juazeiro-Carnaíba Road.

Ten heterosexual female inmates were selected based on information from the health sector of the Penal Compound; these participants represented the most common sexual orientation among the women who are serving a sentence under a closed regimen at the Female Penitentiary and who are entitled to receive their partners for intimate visits. The subjects agreed to participate in the study without any legal gain and expressed a willingness to attend workshops on topics related to women's health; these workshops were conducted to establish a connection between the researcher and the subjects.

These inclusion criteria were selected to achieve a broader scope of testimonials and a greater diversity of opinions on the regular use of male condoms in sexual relations during intimate visits.

Prior to the interviews, the subjects were informed that a tape recorder would be used and that the recorded information would be filed for five years and then discarded.

The data were collected after authorization from his Excellency the Judge of the Criminal Executions Court of the municipality of Juazeiro-BA and after approval by the Ethics Committee of the UNIVASF, Petrolina-PE, under CAAE 4281.0.000.441-10.

After the study was approved, we visited the female penitentiary to become acquainted with the study area and to collect information on the number of women who were serving a sentence under a closed regimen, which would fit the inclusion criteria for the survey.

Prior to conducting the interviews, we held workshops on topics related to women's health so that the women would feel freer to express their views on the surveyed topic at the time of data collection. The participants signed their informed consent in compliance with the National Health Council (Conselho Nacional de Saúde – CNS) 196/96 resolution.

A pre-test was conducted to allow for adjustments to the instrument prior to collection. The incarcerated women who participated in the pre-test were not included in the data collection because the objective was only to perform the necessary modifications to the instrument before applying the interview in the field.

A semi-structured and anonymous interview was adopted for data collection, and the interviewees were identified using the names of flowers.

After making modifications based on the pre-test, the interview script was composed of two parts. The first section included socio-demographic questions that addressed socio-economic data, the time served in prison, convictions, and the use of contraceptives, both prior to arrest and while in prison. The second section included guided questions on the use of condoms by the male partners during sexual intercourse, whether male condoms were used during all sexual relations with the partners, and whether contraceptives were supplied by the prison health service.

The interviews were recorded on tape with the consent of the interviewees, and the tapes were subsequently transcribed. The answers were reviewed for spelling and grammar while strictly preserving their content.

Results and discussions

The survey was given to 10 female inmates. Tables 1 and 2 show the detailed profiles of the participants, each of whom is represented by the name of a flower.

Table 1 - Identification of the female inmates, September 2010, Juazeiro-BA.

Name	Idade	Marital status prior to incarceration	Current marital status	Occupation prior to incarceration	Education	Family Income	Religion	Race
Violet	27	Married	Single	Maid	Incomplete elementary education	1 to 3 minimum wages	Catholic	White
Jasmine	20	Single	Single	Maid	Complete elementary education	1 minimum wage	Evangelical	Black
Orchid	35	Married	Single	Saleswoman	Incomplete elementary education	1 to 3 minimum wages	Evangelical	Mixed (Brown)
Carnation	25	Single	Single	No remunerated occupation	Incomplete elementary education	1 minimum wage	Evangelical	Black
Princess Earring	29	Single	Single	Saleswoman	Incomplete elementary education	3 minimum wages	Catholic	Black
Amaryllis	35	Stable relationship	Stable relationship	School lunch lady	Incomplete elementary education	3 minimum wages	Evangelical	Mixed (Brown)
Margarida	33	Married	Married	Rural worker	Incomplete elementary education	1 minimum wage	Evangelical	Black
Tulip	24	Stable relationship	Stable relationship	No remunerated occupation	Incomplete secondary education	3 minimum wages	Catholic	White
Rose	22	Single	Single	Maid	Incomplete elementary education	1 minimum wage	Catholic	Mixed (Brown)
Anthurium	23	Stable relationship	Stable relationship	Washerwoman	Incomplete elementary education	1 minimum wage	Evangelical	Mixed (Brown)

Source: identification data of the interviewees, September 2010, Juazeiro-BA.

Table 2 - Social data of the female inmates, September 2010, Juazeiro-BA.

Name	Time served	Conviction	Used contraception before being arrested? Which method?	Current contraceptive method used
Violet	4 years and 2 days	Murder	No	None
Jasmine	7 months	Drug trafficking	Yes, pill	Male condom
Orchid	1 year and 6 months	Drug trafficking	Yes, male condom and tubal ligation	Male condom
Carnation	2 months	Theft	Yes, latex male condom	Male condom
Princess Earring	2 years and 2 months	Drug trafficking	Yes, male condom and tubal ligation	None
Amaryllis	3 months	Robbery	Yes, birth control pill and male condom	None
Daisy	2 years and 1 month	Drug trafficking	Yes, quarterly injectable contraceptive	None
Tulip	1 year and 4 months	Drug trafficking	Yes, monthly injectable contraceptive and birth control pill	Birth control pill and male condom
Rose	1 year and 6 months	Drug trafficking	Yes, male condom	Male condom
Anthurium	5 months	Drug trafficking	Yes, quarterly injectable contraceptive	Male condom

Source: interviewees' identification data, September 2010, Juazeiro-BA.

The interviews were analyzed following a qualitative approach that utilized Bardin's content analysis (BARDIN, 2004). The lines were distributed into theme-based categories, which were subsequently divided into subcategories based on the most significant lines of study, as described below.

Perceptions of the use of male condoms

Various reasons were expressed for using male condoms. Therefore, this category included the importance of and the main reasons for using male condoms, divided into two subcategories to better describe the answers.

Preventing diseases and unwanted pregnancy

In this subcategory, we found that all of the women interviewed knew the importance of using male condoms during sexual intercourse, based on a fear of unwanted pregnancy combined with concern regarding STDs/AIDS.

"I think it is important to use [a condom] during intercourse because it prevents diseases [laughter] and unwanted pregnancy...." (Violet)

"Yes, I think it is important to avoid catching diseases, AIDS, syphilis, gonorrhea, and pregnancy." (Amaryllis)

"It is important because it prevents pregnancy and diseases, syphilis, AIDS—these sexually transmitted diseases." (Anthurium)

The male condom is the only contraceptive method that offers dual protection against STDs/AIDS and unplanned pregnancies. Therefore, a sexual relationship is considered to be safe when measures, such as the use of condoms, are taken to avoid the chance of contracting disease by sexually transmitted agents (GELUDA et al., 2006).

For the interviewed women, we observed that the use of male condoms means not taking the risk of becoming pregnant or getting sick. In these cases, the attention is on the prevention of disease, and condoms are considered essential during any sexual intercourse with their partners.

The type of bond with the partner, the level of information concerning preventive methods, and the risk or presence of STDs/AIDS are factors that interfere with the acceptance and use of condoms during frequent sexual activity. The following testimony demonstrates that knowing the partner does not ensure that the interviewee uses prevention.

"Because ... because there ... how can I say? I'm getting rid of the disease, which I don't know if he has ... [laughter]" (Carnation)

Almeida (2002) noted in his study that knowing a partner is a widely used resource for the prevention of STDs/AIDS. However, the answer provided by Carnation presents a different perspective; knowing her partner is not sufficient to prevent STDs/AIDS because she claims that she does not know whether her partner has a disease.

Sense of well-being and security associated with condom use

This subcategory highlighted a sense of well-being and security in preventing diseases in the interviewees who frequently used condoms during their sexual relations. The answer given by Orchid possibly indicates that condom use is linked to a feeling of cleanliness and purity. This perception is intimately related to the practice of safe sex; this woman feels clean by always using male condoms during intercourse with her partner and consequently avoids the risk of acquiring STDs.

"I feel good because, in my mind, I am avoiding various things." (Rose)

"And because I really like myself, since we met we used [...]. [...] I like it. I feel good—a super-clean woman, pure—when he uses a condom. And for this, we use in all relationships. I feel super clean and protected!" (Orchid)

According to Silveira et al. (2002), women are physiologically more vulnerable to STDs for two reasons: (i) greater exposure of the vaginal mucosa to semen, i.e., the susceptible area more of women is extensive than the male genital surface and (ii) a higher concentration of HIV in semen than in vaginal fluid. In addition, STDs are often asymptomatic, especially in younger women.

We observed in Orchid's answer that "liking" herself is important for safe sex to occur. In this sense, it is noteworthy that caring for themselves and feeling good about the condom, as presented in the first statement, greatly influences these women in their choice of prevention.

Madureira and Trentini (2008) assert that condom use and safe sex are directly related to self-esteem, self-valuing, and self-assurance, allowing the woman to be less controlled by the socio-cultural demands imposed by models of subordination.

Claims for non-use of condoms

This category included the answers of the interviewees that presented the main justifications for the non-usage of male condoms, defined in three subcategories.

When the decision for non-usage comes from the woman

For Violet, the fact that she and her partner do not like to use male condoms justifies their decision not to use the only method of preventing STDs.

"Because we do not like it. Neither I nor he likes it; it feels different—I don't know." (Violet)

For another interviewee, the decision not to use male condoms is related to a lack of lubrication.

"Because after a certain time, the lubrication ends and turns me off." (Jasmine)

The use of male condoms can cause mucosal irritation in the woman, which can be avoided by changing the type of condom and using a water-based lubricant. Lubricated condoms are recommended because they facilitate the penetration of the penis into the vagina or the anus. However, when increased lubrication is needed, an additional water-based lubricant is recommended because petroleum-based lubricants such as Vaseline or hand creams can damage the latex and risk condom rupture. Time is another factor that influences the loss of lubrication because, as the condom remains on the penis in contact with the vagina, its moisture decreases, which reduces the lubricating action, as indicated by the manufacturer; therefore, every instance of sexual intercourse should include a new condom (BEMFAM, 2007).

Moreover, according to Silva (2004), the idea might persist that condom use is harmful to the woman, leaving her uterus dry when it should be wet by semen.

It is therefore clear that a lack of information regarding the use of male condoms could cause pain and suffering in women because when a condom is no longer lubricated, it should be replaced by another condom to facilitate penetration.

In the case of Princess Earring, choosing not to use the male condom is linked to greater female sexual satisfaction and knowledge of her partner. In the opinion of this interviewee, the male condom should only be used if the partner is unknown; furthermore, when a condom is used, it obstructs sexual pleasure.

"[laughter] No, I decided exactly because I don't like condoms. That is how it goes. When I don't know the man, I use a condom, but when I know, I don't use it ... [laughter]."
(Princess Earring)

The belief that the male condom reduces sexual pleasure hinders the male-female interaction, contributing to non-usage. Alves (2003) noted that a discourse between men and women could recognize the importance of using male condoms to prevent STDs and AIDS; however, many people hold negative perceptions regarding condom use.

Nonetheless, the answer provided by Princess Earring reveals that knowing one's partner contributes to the non-usage of condoms during sexual intercourse, which renders the use of condoms inconsistent and unpredictable because they are used in certain circumstances but not in others.

Silva (2002) noted that condoms are consistently used when the partner is not well known or when the relationship is casual. This fact indicates an abstract belief that "knowing the person" is a preventive method, despite knowledge that the signs of HIV/AIDS in carriers of the disease are not visible to the naked eye.

Gender and power: the decision ends up being his

Women prefer the risk of infection to the loss of an initial or stable marital relationship. They believe that the man takes the initiative and controls the relationship; therefore, whether to use a male condom is a decision for the man to make. He is the one who should possess condoms, and the decision to use it is up to him, leaving the woman submissive to his will and vulnerable to STDs if the man chooses not to use male condoms.

"So.... It is because he does not want to use it... because intercourse is better without a condom. [laughter]" (Amaryllis)

"Because sometimes he doesn't want it because he says the condom squeezes his penis, and then it is harder for him to come. But, when I insist, he uses it." (Tulip)

"Because he does not like it, but I always like to demand that he uses it because he is out there, and I don't know what he is doing out there. But, since he does not like to use it, sometimes I give up and don't use it. He said he did not feel pleasure. The pleasure is better without a condom." (Anthurium)

Male sexuality is characterized as expansive and almost unmanageable, whereas the female is perceived as an object of male control. In this dominance system, the man exerts nearly absolute power over the sexual behavior of the woman, whereas the woman is submissive and exerts little or no control over the sexual expression of her companion (AMORIM; ANDRADE, 2006).

According to Geluda et al. (2006), the unequal power in relationships between men and women is one of the reasons both have difficulty discussing safe methods of sexual expression.

Confidence in the partner and a negative exam: guarantees of non-infection

In this subcategory, trust in the partner appears to justify the decision of the woman not to use male condoms during intimate visits.

"Because I only have him. I only have sex with him, and I know that he has no relations with any other woman out there [...]. [...] Because he assured me he was going to be faithful to me while I am here, we decided not to use a condom anymore." (Daisy)

From the answer given by Daisy, we realized that fidelity is a determining factor in the decision of a couple not to use a condom during intercourse. For women, a notion of love that includes a guarantee of loyalty poses difficulties in risk assessments and safe-sex negotiations, rendering them submissive to the wills and desires of men. This belief is especially prevalent among inmates, who are often abandoned by their partners after imprisonment.

Almeida (2002) determined a close relationship between the non-usage of male condoms and fidelity within the relationship. In the aforementioned study, some men reported that with marriage, they established an exclusive relationship and pledged fidelity to their wives, which led to using condoms only in special situations and considering condoms to be provisional in marriage.

The term "trust" was employed by the subjects in reference to a sexual-affective relationship that was characterized not only by a commitment to mutual sexual exclusivity but also by a presumption that this commitment was being fulfilled. The consideration of risk during continual condom use might disrupt this commitment, calling into question the loyalty of the partner.

Trust, fidelity, and a permanent and exclusive partnership contribute to the non-usage of condoms because a request by either the man or the woman to use condoms may be interpreted as a revelation of extramarital relations, contrary to social norms. This belief is a cause for concern because HIV transmission between long-term partners has infected mostly women (GELUDA et al., 2006).

The following quotes indicate that the guarantee of having a negative HIV test, combined with fidelity, is considered by these women to be a deciding factor for practicing unprotected sex. We also noted that AIDS is the STD that is most feared by the interviewees; furthermore, in their perception, a negative test result means the absence of not only HIV but also any other STD.

"[...] He doesn't like it and says that having sex with a condom is the same as eating banana with the peel and that he did not have contact with any other woman. I already did the tests and have no problem, and I have been married to him for 6 years, so I end up giving in to him and have sex without a condom." (Amaryllis)

"[...] I told him that I wouldn't have sex without a condom and then he also told me that he didn't have sex without a condom and that he agreed with me because the right thing was to use a condom. After that, I went to the [clinic] and got the AIDS test; he also did it. We started knowing each other more and more, and we didn't want to use a condom anymore." (Princess Earring)

These statements reveal that confidence in the partner combined with a negative HIV test promotes unprotected sexual intercourse. For the women interviewed, the meaning of loyalty within the marital relationship is related to sexual practices and determines the appropriateness of the usage or non-usage of male condoms. According to Amorim and Andrade (2006), the definition of fidelity is steeped in cultural elements that define the standards of masculinity, and the man determines how sexual relations take place inside and outside of marriage.

The vulnerability of women to HIV is linked to a cultural logic of sexuality that perpetuates the sexual submission of women to men and the sexual repression that permeates the education of girls, which in turn is based on myths and prejudices delimited by gender, sex, sexual orientation, social class, and race. These factors directly interfere with the prevention and control of the AIDS epidemic because they make it difficult to negotiate condom use and generate awkwardness in broaching the topics of sexual intercourse and sexual health (SOUZA; ANDRADE, 2003).

For the aforementioned reasons, it is crucial to offer counseling and HIV testing to women, especially incarcerated women, because these services ensure the right to information, treatment with antiretroviral drugs, and alternative ways of living with the virus—and can even prevent the transmission of HIV in most cases.

For the majority of the participants, non-adherence to preventive measures or adherence only at the beginning of a relationship was justified by the belief of being engaged in a stable sexual-affective relationship with the presumption of mutual sexual exclusivity. This belief was also influenced by a history of negative HIV tests. Therefore, the perceptions of risk of the interviewees are largely linked to the presence of multiple partners and the confirmation of being an HIV carrier, with these situations most likely to occur in the absence of an exclusive commitment or when this commitment is not kept.

Conflicts experienced in condom negotiation

From this category, two sub-categories emerged that were related to conflicts experienced by female inmates regarding the use of male condoms.

Conflicts regarding the decision to use condoms

The testimonials below reveal that the interviewees acted outside the feminine submission standards and were instrumental in the decision to use male condoms during sexual activities, showing concern regarding their vulnerability to STDs/AIDS.

The AIDS epidemic has directed attention to the gender issue because of the increase in female cases over the past decade. The biological and epidemiological characteristics that are linked to risky behavior in the transmission of HIV and STDs are real, especially for incarcerated or confined individuals (STRAZZA et al., 2007).

"I got there and then said, so, where is the condom? Then, he said, okay it's here ... then voila! [laughter]" (Carnation)

"I asked him to use it, but then he felt bad and didn't like it. But I insisted, and he used it. In the beginning, it was a problem because we always had some fights because I asked him to use it. But once he saw that I would only do it with a condom, he accepted and used it."
(Rose)

From these testimonials, we note that the women have chosen not to forgo condoms, showing less vulnerability to the possibility of having sex without a condom and demonstrating little difficulty in insisting that condoms be used.

According to Amorim and Andrade (2006), working-class women advocate an active position of women in regard to the imposition of protective devices in sexual-affective relationships. Among this group, it is for the woman to decide whether the male partner uses condoms. This unusual positioning of gender relations indicates the tension between traditional and modern views and health concerns.

"[...] Since we met, we've used [condoms]. But after that, he became Evangelical, and he doesn't like to use them because of religion. His religion does not allow it, but I like to use them. Then, I said that he was going to have to use them. [...] We almost split up because of that—because he is Evangelical. Then, I said, you will have to use them, and currently, we always use them." (Orchid)

In this statement by Orchid, we note the influence of religion on the use of condoms. To Christian moralists, human sexuality is generally associated with sin, except when it is used for reproduction. This sinful aspect is emphasized when sexual relations occur outside marriage (FALCÃO JUNIOR et al., 2007).

The interrelations between religion and sexual behavior have not been thoroughly explored in the scientific literature, and additional studies of this topic are needed in Brazil. In the present investigation, the interviewed women said that they felt responsible for the decision of whether to use a condom and that it was up to them to impose on the man any preventive measures that were considered necessary and which would potentially affect the continuity or dissolution of the relationship.

Limited control by women over sexual decisions

When the women were asked whether they preferred that their partners use the male condom, some of the interviewees answered "yes" with several justifications.

The statement by Amaryllis revealed her vulnerability to STDs/AIDS. Because of her concern about these risks, she wanted to introduce the consistent use of male condoms during intercourse with her partner.

Silva and Vargens (2009) found that women are more vulnerable because they either do not want or do not demand the use of condoms by their partners; feminine credulity, submission, emotional dependence, neediness, and romanticism are recognized as key vulnerability factors.

"Yes I would like it because it is very good for avoiding diseases, like AIDS, syphilis, and gonorrhoea." (Amaryllis)

The prevention of STDs and AIDS among women depends on their understanding of the risk. An appropriate perception of the risk enables them to avoid risky behaviors and situations and to adopt routinely preventive measures, such as the use of male or female condoms during intercourse (SILVEIRA et al., 2002). Despite the awareness of the interviewees regarding their vulnerability and the risks that permeate the penitentiary environment, their behavior regarding condom use contradicts this perception.

"Yes, I would like it, but they bother him, so I accept that he does not use them. We both get exams every six months, and it's always all okay [...]" (Daisy)

Daisy believes that the HIV tests taken by her and her companion constitute a preventive measure. HIV testing is an important means of characterizing an epidemic because the disease is a serious global public health problem (ROUQUARYOL; ALMEIDA FILHO, 2003). Daisy prefers that her partner use a condom, but this desire is suppressed because the condom bothers him.

Several factors contribute to the decisions of women regarding preventive and birth control methods. Duarte (2000) revealed in his study that men exert influence on their partners regarding the use of contraceptives; however, it is not only the male partner who influences his companion. The same study showed that, when questioned regarding who chose the contraceptive method used by the couple, slightly more than one-half of those surveyed (55.5%) said it was a joint decision, approximately one-fifth reported that the woman chose the method that was used, and 13% of the respondents stated that their physician chose the method.

Regarding high-risk behaviors, the level of sexual activity in prisons is sufficient to encourage the transmission of HIV and other STDs. There are reports of the possible transmission of gonorrhoea, syphilis, and hepatitis B within these institutions. Additional evidence indicates that

both heterosexual and homosexual activities habitually occur during incarceration, facilitating the spread of sexually transmitted pathogens (MIRANDA; VARGAS; VIANA, 2004).

"Yes, I wanted him to always use it because I use contraceptives, but I don't like it because I feel sick, get fatter, and feel breast pain. Also, because the contraceptive only prevents pregnancy, I don't really like it! I only take it because I have no choice, and with the condom, I get protected against pregnancy and sexually transmitted diseases." (Tulip)

In her statement, Tulip stresses the importance of the use of male condoms by her partner as the only method that provides dual protection against pregnancy and STDs/AIDS. Another important part of her answer describes the side effects of taking oral contraceptives: significant weight gain, sickness, and breast pain. Therefore, the idea of female passivity, which meets the desires of the other and ignores her own, is frequently present in the responses of the interviewees.

The individual personalities of women determine their choice of preventive methods because their behavior in relation to their contraceptive needs is influenced by interpersonal aspects, cultural contexts, and their own personalities (ALVES; LOPES, 2007).

"Yes, I would like it because I feel better when he uses a condom because I feel cleaner, and because I don't like when that liquid from his orgasm remains in my vagina." (Anthurium)

For Anthurium, her desire to use a condom during intercourse is based on personal hygiene. She believes that using a condom means staying clean during the relationship because she is not exposed to her partner's semen—a feeling that is unpleasant for her.

When discussing their sexual practices and the prevention of STDs and AIDS, the interviewees sometimes speak ambiguously, which can create confusion and significantly increase their vulnerability to HIV/AIDS.

The heterosexual female interviewees, who are either married or in consensual unions, hold considerable knowledge regarding the transmission of STDs and HIV/AIDS; however, their marital perceptions express the gender roles and sexual-affective relationship hierarchy of their culture. These perceptions may explain the limited adoption of preventive behaviors, making the women vulnerable to infection by HIV/STDs.

Female sexual satisfaction: discussing the non-usage of condoms

This category included the testimonials of the women who use sexual satisfaction as a decisive factor for rejecting condom use. These reasons for not using male condoms during sexual intercourse are the most diverse; however, in this category, the women highlight female sexual satisfaction when asked if they want their partner to use a condom. Each interviewee presented a different situation.

"No, because I don't like it [laughter]." (Violet)

This answer from Violet shows that she attributes no importance to her partner's non-usage of male condoms because it is something that bothers them both.

"No, because the lubrication becomes bad." (Jasmine)

In Jasmine's perception, the condom restricts her natural lubrication and prevents a pleasurable sexual interaction. Her answer might reflect her lack of knowledge regarding the correct use of condoms.

Indeed, some individuals lack information on preventive methods and their use, which leaves them more vulnerable, as has been observed in some interviews. This lack of information, combined with the idea that HIV infection is only a remote issue, can lead women to use inadequate preventive measures. In a survey of HIV-positive women, the most important factor for infection was a lack of knowledge regarding the transmission and prevention of the disease (SILVA; VARGENS, 2009).

The type of sexual practices may determine a greater sexual satisfaction, combined with greater or lesser exposure to risks, as revealed in the testimony below. Princess Earring asks her partner to use a condom during the sexual activities that involve more exposure and risk to her health. However, this concept is related not to the prevention of disease but to the concept that unprotected anal sex is poor hygiene.

"No, I never thought about it because what I really like is to feel and see the sperm coming in [laughter]. But I use a condom when he asks for anal sex because I think it's poor hygiene not to use one. In oral sex, it depends.... When I don't know the man, I ask him to put on mint- or grape-flavored condoms.... But, when I know... [laughter]" (Princess Earring)

During intercourse, sexual fluids are exchanged, which directly facilitates the transmission of various microorganisms, including HIV, depending on the sexual practice. Vaginal and anal intercourse pose a high risk to both partners when performed without a condom because there is a greater exchange of fluids. During oral sex, this risk is present, but to a lesser degree. If there are minor injuries, the risk is potentially greater (FALCÃO JÚNIOR et al., 2007).

Analyzing the answers given by the women in the present study, it is evident that STDs/AIDS prevention policies must consider that the epidemic is based on inequalities, such as gender inequality, and therefore affects populations unevenly. Social stigmas, taboos, and prejudices related to these diseases establish a family and social structure in which discourses of power, especially in conjugal relations, influence the collective responses to the epidemic. Campaigns that are targeted to couples in stable relationships are necessary and must consider the social values that hinder the adoption of preventive practices by certain individuals.

Final considerations

Life in penitentiaries has unique characteristics. In Brazil, the incarcerated population generally requires special attention because there is more vulnerability to STDs/AIDS inside the prison system. We conclude that the relationship between incarcerated women and the STDs/AIDS epidemic has deep and complex roots that go beyond the individual and are intermingled with the cultural, social, and economic aspects of the interaction of these subjects with their environment and their perception of that environment.

Risky behaviors in the transmission of STDs and HIV are related to the biological point of view and to the epidemiological reality, especially when one considers the specific situation of confinement in combination with female passivity, in which women prefer to meet the wishes

of their partners while repressing their own. This phenomenon socially reinforces the submissive and conformist aspects of sexuality.

Finally, the present study demonstrates that female inmates view the male condom as a temporary preventive method because its use is abandoned from the moment the partner is known, the HIV test is negative, or the marital relationship becomes stable; subsequently, sexual intercourse becomes unprotected.

Considering these results, we suggest actions that promote the usage of male condoms, focusing on stable marital relationships and informing both men and women that this type of relationship does not protect against STDs/AIDS. In addition, condom use should also be encouraged because it is a method of preventing unplanned pregnancies.

Healthcare teams working with the prison population must implement ways to promote the use of male and female condoms in this population, integrated with a broad range of informational strategies for health promotion. The inclusion of nursing in the discussion of healthcare in the prison system is a new concept that requires continuity and necessitates new scientific studies that would contribute to health promotion and prevention, filling gaps in the literature regarding the health-versus-disease process in incarcerated individuals.

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