

Overview of menstrual health among women deprived of liberty: is there a state of the art?

Panorama de la salud menstrual en mujeres privadas de libertad: ¿existe un estado del arte?

Panorama sobre a saúde menstrual de mulheres privadas de liberdade: há um estado da arte?

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Abstract

The aim was to analyze the studies on the menstrual health of women deprived of liberty. This was an Integrative Literature Review with a descriptive approach. To this end, the PICo strategy was used to define the guiding question: "What do studies address about the menstrual health of women deprived of liberty?" The following databases were used: Virtual Health Library, Mourisco Catalog, SciELO, and Capes Journal, resulting in a significant 30,290 studies, from which three articles were selected and analyzed using Laurence Bardin's content analysis. This review highlights two strands: studies on women deprived of liberty and studies on menstruation/menstrual dignity. Studies on women deprived of liberty address diverse situations, such as motherhood; STIs; and mental health, among others. Studies on menstruation/menstrual dignity address the phenomenon in schoolchildren, indigenous people, and others. The necessary in-depth analysis of the menstrual health of this specific population was not found. In response to the question of whether there is a state of the art on the subject, this review identified a significant shortage of studies with sufficient robustness to map academic production on the subject.

Descriptors: Menstruation; Menstrual Hygiene Products; Prisons; Incarceration; Women's Health; Gender Rights.

Resumén

El objetivo fue analizar los estudios sobre la salud menstrual de mujeres privadas de libertad. Se realizó una revisión bibliográfica integradora con un enfoque descriptivo. Para ello, se utilizó la estrategia PICo para definir la pregunta guía: "¿Qué abordan los estudios sobre la salud menstrual de las mujeres privadas de libertad?". Se utilizaron las siguientes bases de datos: Biblioteca Virtual en Salud, Catálogo Mourisco, SciELO y Revista Capes, lo que resultó en un total significativo de 30.290 estudios, de los cuales se seleccionaron tres artículos y se analizaron mediante el análisis de contenido de Laurence Bardin. Esta revisión destaca dos vertientes: estudios sobre mujeres privadas de libertad y estudios sobre menstruación/dignidad menstrual. Los estudios sobre mujeres privadas de libertad abordan diversas situaciones, como la maternidad, las ITS y la salud mental, entre otras. Los estudios sobre menstruación/dignidad menstrual abordan el fenómeno en escolares, pueblos indígenas y otros grupos. No se encontró el análisis profundo necesario sobre la salud menstrual de esta población específica. En respuesta a la pregunta de si existe un estado del arte sobre el tema, esta revisión identificó una escasez significativa de estudios con la solidez suficiente para mapear la producción académica sobre el tema.

Descriptoros: Menstruación; Productos de Higiene Menstrual; Prisiones; Encarcelamiento; Salud de la Mujer; Derechos de Género.

Resumo

Objetivou-se analisar sobre o que versam os estudos acerca da saúde menstrual de mulheres privadas de liberdade. Trata-se de uma Revisão Integrativa da Literatura com abordagem descritiva. Para tal, foi utilizada a estratégia PICo para definir a questão norteadora: "O que abordan os estudos que falam sobre saúde menstrual de mulheres privadas de liberdade?". Foram utilizados os bancos de dados: Biblioteca Virtual em Saúde, Catálogo Mourisco, SciELO e Periódico Capes resultando em expressivos 30.290 estudos, dos quais foram selecionados três artigos, que foram analisados à luz da análise de conteúdo de Laurence Bardin. Esta revisão aponta para duas vertentes: dos estudos sobre mulheres privadas de liberdade e os estudos sobre menstruação/dignidade menstrual. Os estudos realizados sobre mulheres privadas de liberdade abordam situações diversas como: maternidade; ISTs; saúde mental, entre outros. Os estudos que versam sobre menstruação/dignidade menstrual abordam o fenômeno nas escolares, indígenas, entre outros. Não foi encontrado o aprofundamento necessário sobre a saúde menstrual dessa população específica. Diante do questionamento se há um estado da arte sobre a temática, esta revisão identificou que há uma escassez significativa de estudos com robustez suficiente para se mapear uma produção acadêmica sobre o assunto.

Descritores: Menstruação; Produtos de Higiene Menstrual; Prisões; Encarceramento; Saúde da Mulher; Direitos de Género.



Introduction

This study is a state of the art, which is part of the field research "Women deprived of liberty and menstrual health conditions: reflections for the promotion of dignity", which seeks to describe the menstrual health conditions of women deprived of liberty using the Life Narrative method of the theoretical framework Daniel Bertaux, under CAAE No. 83711824.0.0000.5269.

It is important to contextualize that women deprived of liberty are those who "are in the custody of the State, on a provisional basis or sentenced to serve a custodial sentence or security measure, aged 18 (eighteen) years or older." It is important to emphasize that, in Brazil, this is a temporary condition, since there is no perpetual deprivation of liberty in the country; that is, it is optional for the State, not conferring the character of a definitive condition¹.

The most recent data from the National Penitentiary Information Survey (INFOPEN) showed that in December 2019, there were 37.2 thousand women deprived of liberty².

In Brazil, the profile of women deprived of liberty is mostly young, black and brown, single mothers, coming from a dysfunctional family circle; victims of some type of violence at some point in their lives; with low levels of education; and convicted of drug trafficking, generally in subsidiary conditions such as working as a drug mule³. An important fact highlighted in the study carried out⁴, in 2023, many women are linked to crime due to male influence, with men being directly or indirectly responsible for women's involvement in crime.

In this research, gender is considered a division beyond biological duality and synonymous with sex. It considers socio-historical and cultural constructs, the subjectivity of individuals, and the formation of their own identity⁵. Because gender relations are unequal, they dictate what it means to be a woman in society, which is structured according to a patriarchal model. In the same vein, patriarchy is the definition of this study⁶, that is, it is a system of male domination over women. It is argued that being a woman in the prison system reflects the current system, designed and constructed by men and for men. In other words, a figure who already faces inequality and violence becomes invisibly and socially excluded⁶.

In prisons, women's main complaints are related to non-compliance and/or denial of rights; poor nutrition; clothing; lack of visits; attention to psychological needs; violence; difficulties in maintaining personal hygiene; lack of gynecological care, and difficulties in managing menstruation³.

The Ministry of Health⁷ defines menstruation as a milestone in female puberty, and it's important to consider the reality of people who menstruate beyond cisgender people, when the endometrium sheds due to the lack of fertilization, causing bleeding. Although a physiological process, menstruation is a phenomenon that transcends the biological dimension. The topic is permeated by taboos, as negative meanings surrounding menstruation, which have been present in women's lives since a very early age, generate misinformation, insecurity, low self-esteem,

feelings of disgust and shame, which can be exacerbated by menstrual poverty⁸.

In this work, menstrual poverty is understood as the lack of resources for menstrual management. This problem leads women to use unhealthy products to contain and absorb menstrual flow, such as newspaper, toilet paper, breadcrumbs, scraps of cloth, old clothing, and paper towels⁹.

Considering menstrual poverty as a public health problem that violates human dignity, there is an urgent need to conceptualize menstrual health - which is defined as complete physical health, mental and social well-being in relation to the menstrual period¹⁰. It is a broad concept - beyond the availability of items for menstrual absorption - as it encompasses knowledge; underwear; self-care and knowledge of one's own body; adequate hygiene conditions; basic sanitation and garbage collection; sanitary facilities and infrastructure; personal hygiene products; access to clean water; social environment; diagnosis; treatment of discomfort; and access to health care⁸.

Although the Menstrual Dignity program sanctioned by the Ministry of Health in February 2024 guarantees the distribution of disposable sanitary pads for women, including those deprived of liberty, the distribution of the items must be guaranteed through the Ministry of Justice and Public Security¹¹.

However, the reality experienced by these women promotes very particular situations, such as living in overcrowded cells, lack of health promotion and prevention actions, lack of basic sanitation, and inadequate infrastructure, these being the conditions that prevent the guarantee of menstrual health¹².

Nursing professionals working in the prison system face a challenge: ensuring promotion and prevention actions, health education, and guidance on proper menstrual management. Several barriers impede care, such as a lack of resources and infrastructure, and fear of judgment when these women seek healthcare professionals¹³. It is worth highlighting, for the contextualization presented here, that there is a shortage of specific scientific productions in Nursing on the subject, with productions predominantly found in the fields of Law and Social Sciences.

The concepts and contexts above are used to guide this study's guiding question: "What do studies address about the menstrual health of women deprived of liberty?" The objective of this research was to analyze the findings of studies on the menstrual health of women deprived of liberty.

Methodology

This is a qualitative, descriptive study that aims to analyze the current findings on the menstrual health of women deprived of liberty. The qualitative approach was selected to explore subjective questions that cannot be quantified, as they are embedded in a social context, including its meanings, realities, values, beliefs, and particularities¹⁴.



The state of the art, also known as the state of knowledge, is understood as a mapping of academic and scientific productions on a topic, generating an overview with an inventory and descriptive nature of the current trend of a topic¹⁵. Therefore, to obtain this mapping, metrics from an integrative literature review (ILR) were used. ILR is a method that allows for in-depth exploration of a specific topic by systematizing the search, organizing, and synthesizing the results¹⁶.

To formulate the guiding question, the PICO strategy was used, which consists of formulating a research question through axes, namely population (P), interest (I) and context (Co), arranged in Chart 1. In this sense, the PICO

guiding question of this study was: "What do studies address about the menstrual health of women deprived of liberty?".

Data collection was carried out in August 2024, in the Virtual Health Library (VHL); Capes Journal; Mourisco Catalog and Scientific Electronic Library Online (SciELO) databases, using descriptors from the Health Sciences Descriptors (DeCS, 2024), namely: "women's health"; "gender studies"; "gender rights"; "gender perspective"; "gender health"; "menstruation"; "menstrual hygiene products"; "prisons"; "incarceration", based on advanced search strategies using the Boolean operators "AND" and "OR", as consolidated in Chart 2.

Chart 1. Application of the PICO Strategy. Rio de Janeiro, RJ, Brazil, 2019-2024

Description	PICO	Components	Descriptors
Population	P	Women	"Women's Health" "Gender Studies" "Gender Rights" "Gender Perspective" "Gender Health"
Interest	I	Menstrual health	"Menstruation" "Menstrual hygiene products"
Context	Co	Deprivation of liberty	"Prisons" "Incarceration"

Chart 2. Database search strategy. Rio de Janeiro, RJ, Brazil, 2019-2024

Searches	Strategies	Databases
S1	"Women's health AND prisons"	Capes Journal, VHL, Mourisco Catalog, SciELO
S2	"Women's health AND incarceration"	Capes Journal, VHL, Mourisco Catalog, SciELO
S3	"Menstruation AND gender studies OR gender rights OR gender health OR gender perspective"	Capes Journal, VHL, Mourisco Catalog, SciELO
S4	"Menstrual hygiene products AND gender studies OR gender rights OR gender health OR gender perspective"	Capes Journal, VHL, Mourisco Catalog, SciELO

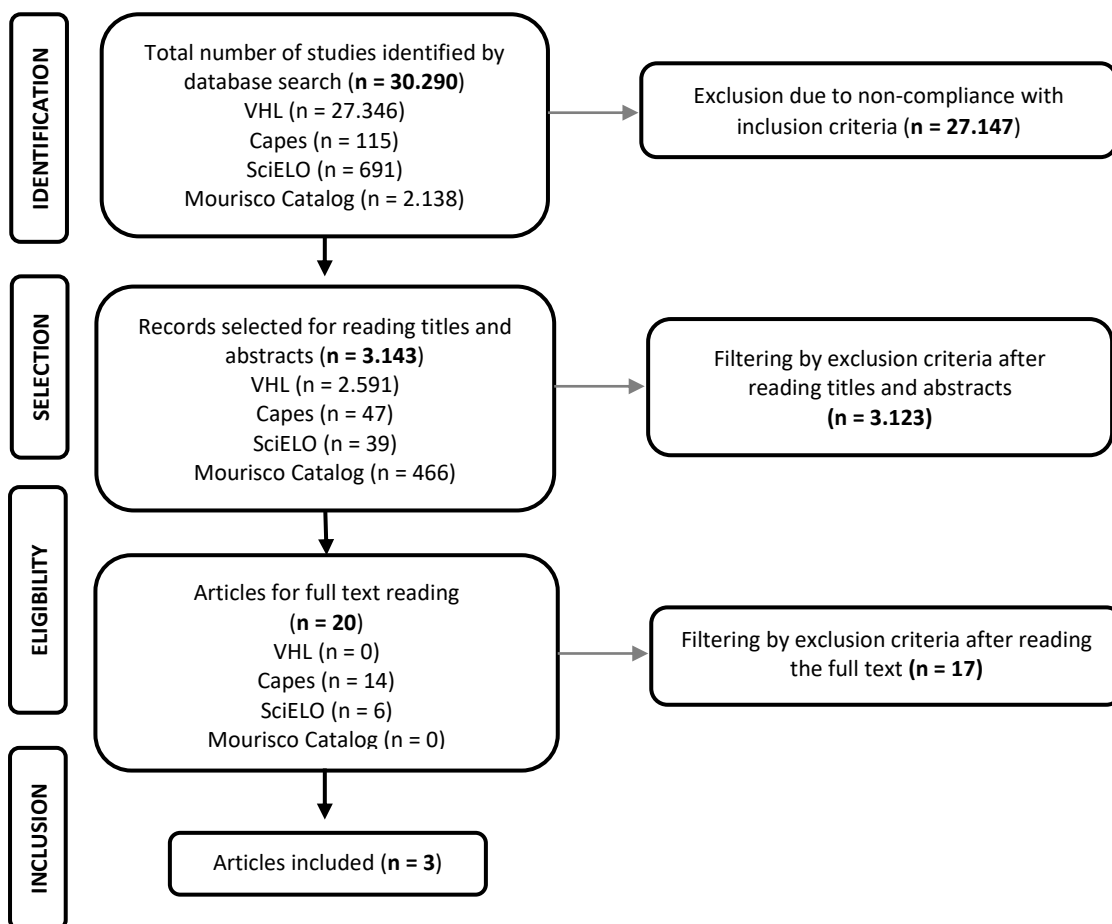
The inclusion criteria were studies freely available, in full, published between 2019 and 2024, in Portuguese, English, and Spanish. Exclusion criteria included preliminary notes, literature reviews, interviews, editorials, duplicates, and studies that did not answer the PICO question. Using the four different search strategies (Chart 2), replicated across the four databases, we reached a significant total of 30,290 studies. After applying the inclusion criteria, we reached 3,143 studies. After reading abstracts and titles, which were duly reviewed by more than one researcher, a total of twenty articles were selected for full reading, resulting in three articles being included in this RIL. Most studies were

excluded in this final filter because they did not meet the PICO criteria. Figure 1 shows the flowchart for this review, adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).

Content analysis was used to analyze the data, following Laurence Bardin's theoretical framework. This process involves three distinct, interconnected, and intersecting stages: 1) pre-analysis: organizing ideas and materials; 2) material exploration: coding data based on concept frequency and the emergence of categories; 3) data processing, inference, and interpretation: interpreting the data¹⁷.



Figure 1. Flowchart of the study selection process adapted from PRISMA. Rio de Janeiro, RJ, Brazil, 2019–2024



Results

Of the three (03) articles that make up the corpus of analysis of this RIL, two were published in 2020 and one in 2024. The studies were published in Brazil and are in Portuguese. Two (02) of them were carried out in the state of Pernambuco and one (01) in Ceará. Regarding the type of study, two (02) correspond to the qualitative approach and one (01) corresponds to the quantitative approach. Regarding the journal, one (01) was published in the Revista

Ciência & Saúde Coletiva and two (02) in the Escola Anna Nery Revista de Enfermagem. All correspond to the area of knowledge of nursing. Chart 3 organizes the articles by column, coded by the letter A and numbered from 1 to 3, according to the ascending order of the years of study. In the rows, we chose to break down their constituent elements into title; year of publication; main author; place of publication; type of study; journal; Qualis; approach; method; sample; area; and main results.

Chart 3. Characterization of selected studies. Rio de Janeiro, RJ, Brazil, 2019-2024

Codification	A1	A2	A3
Title	Assistência à saúde de mulheres encarceradas: análise com base na teoria das necessidades humanas básicas	Mulheres detentas do Recife-PE: saúde e qualidade de vida	Acesso e cuidado a saúde de mulheres privadas de liberdade na penitenciária cearense
Year	2020	2020	2024
Authors	Araújo <i>et. al.</i>	Ferreira e Fernandes	Campelo <i>et. al.</i>
Location	Ceará	Pernambuco	Pernambuco
Type of Study	Article	Article	Article
Journal	Escola Anna Nery Revista de Enfermagem	Escola Anna Nery Revista de Enfermagem	Ciência & Saúde Coletiva
Qualis	A2	A2	A1
Approach	Qualitative	Quantitative	Quantitative
Method	Exploratory descriptive study	Cross-sectional study	Cross-sectional study
Sample	8	287	90
Area	Nursing	Nursing	Nursing
Main Results	It was observed that psychobiological and psychosocial needs were not met,	The reported morbidities, negative health assessments, certain lifestyle	Limitations were found in the availability of disease screening



	<p>through reports of an unhealthy environment, an excessive number of women in the cell, illnesses presented, and inefficiency in health care.</p>	<p>habits, and the prison structure impacted the inmates' QoL. Understanding the social and health profiles of these women and the situations they experience in prison can contribute to planning interventions that can minimize health problems and the impact on their quality of life.</p>	<p>tests for inmates upon their admission to prison, particularly for those who were not pregnant at the time of incarceration. Differences were observed between the different health conditions analyzed, with priority given to pregnant and postpartum women. Although there is relevant legislation guaranteeing access to healthcare in prison, the prison system is unprepared to meet the needs of women with comorbidities, pregnant women, and postpartum women.</p>
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Discussion

The process of applying the inclusion and exclusion criteria was important for understanding, from a global perspective, the published research on women deprived of liberty (WPs). The studies address diverse situations, such as: motherhood¹⁸, STIs¹⁹, mental health²⁰, abortion²¹, intimate relationships²², prevalent diseases²³, breastfeeding²⁴, substance use²⁵, nutrition²⁶, and oral health²⁷. This RIL revealed that these are the areas of interest to researchers in the development of knowledge in the field of deprivation of liberty. The prevalence of research addressing the pregnancy-puerperal cycle is notable. Although this care is also limited, it is more frequent when compared to other complaints, contributing to the invisibility of women's health needs throughout their life cycle, reducing and prioritizing their health care to maternity, and moving away from the perspective of human and gender rights.

Another perspective that applying the inclusion and exclusion criteria can provide is regarding studies that address menstruation or menstrual dignity. The published articles address the phenomenon in diverse audiences, including: schoolchildren²⁸, quilombolas²⁹, Indigenous people³⁰, university students³¹, and adolescents³². The studies analyze variables in economic terms³³, race/ethnicity³⁴, dysmenorrhea³⁵, pathologies such as endometriosis and polycystic ovary syndrome³⁶, and decolonial menstruation³⁷.

In this sense, this review highlights two strands in the publication of articles: studies on women deprived of liberty and studies on menstruation/menstrual dignity. That is, there is significant knowledge production when the topic is either focused on the target audience: women deprived of liberty; or when it focuses on the phenomenon of menstruation/menstrual dignity. However, when both topics are intertwined, no articles are found on studies that have focused on menstrual health and menstruation among women deprived of liberty. This is a significant finding of this review, as of these studies, only three address the issue of menstrual health and this specific audience. The necessary depth on the menstrual health of this specific population was not found, either because the studies did not mention menstruation or because they briefly discussed the conditions that affect these women.

In the context of sexual and reproductive health, all women must have their rights guaranteed; however, an intersectional approach allows us to identify vulnerabilities that require specific care. Considering the sociodemographic profile of women deprived of liberty, it is possible to identify vulnerabilities that existed before their deprivation of liberty, which, when incarcerated, can be exacerbated or compounded by the emergence of new needs³⁸.

Women deprived of liberty are under the tutelage of the State, which is known for its neglect of this population, and it is only through the State that they can obtain health care. This neglect is evidenced by the limited number of public policies available that consider gender specificities³⁸.

The expanded concept of health states, in addition to the biomedical model, that health is the result of several conditions, such as food, housing, education, income, environment, work, transportation, employment, leisure, freedom, access to and ownership of land, and access to health services³⁹. However, studies show that the state does not provide enough, violates women's rights, and is unable to guarantee health for inmates, including menstrual health³⁸.

Considering the definition of menstrual health, the three publications sought to identify the absence and presence of the elements necessary for the consolidation of menstrual health to deepen the discussion.

About study A1⁴⁰, this is a qualitative, exploratory study with eight women, which aimed to analyze how incarcerated women perceive their health care using Wanda Aguiar Horta's Theory of Basic Human Needs. The authors argue that, in addition to safety, improvements in confinement conditions and access to health care must be considered to ensure basic human needs are met.

The A2 study⁴¹, is a quantitative, cross-sectional study involving 287 female inmates. Its objective was to identify the social profile, lifestyle habits, and reported morbidities of female inmates; to identify their Quality of Life (QoL) and associate it with variables such as social profile, lifestyle habits, and reported morbidities. The authors discuss the low average overall quality of life scores, with an association between QoL and poor/very poor health assessments across all domains and reported morbidities across most domains.



Study A3³⁸ is a quantitative, cross-sectional study of 90 women incarcerated in the state of Ceará. The authors discuss the limited access to health care for women incarcerated in the state of Ceará and the violation of basic rights.

It is understood as menstrual self-management technologies, according to the United Nations Population Fund^{42:15}, "[...] the set of materials used to absorb or collect menstrual fluid, which includes disposable pads; cloth pads; menstrual panties; tampons; menstrual cups and discs, among others." The term 'menstrual hygiene products' reinforces a market-driven view of essential items as consumer goods, generating high taxes and reinforcing the idea that menstruation is something dirty or impure.

The three selected articles do not mention such technologies, nor do they even mention menstruation as a focus of women's health care. The prison environment limits women in their choice of technology, as the lack of access to clean water and adequate ventilation precludes the use of cloth pads, menstrual panties, cups, and pads, which require sanitization and could be viable, sustainable, and economical alternatives due to their long durability and ease of use. This limitation, combined with the lack of disposable pads, leads women to resort to extreme solutions that put their lives and health at risk, such as the use of improvised items and the reuse of disposable pads, as they put them at risk of infections, irritation, small tears in the mucosa, toxic shock syndrome, and exposure to substances such as polyester, polypropylene, polyethylene, and dioxin⁴².

Article A1 reports that personal hygiene products and clothing are often brought from home by family members or through external donations. An important fact to highlight is that many women experience abandonment when they are imprisoned, which impacts more than just their safety and affection, also depriving them of material support for receiving supplies. Some suffer from abandonment because it violates the principle of benevolence expected of a woman within a patriarchal culture. Others suffer due to financial circumstances, as many of these women are heads of households and providers, financially depriving their families of their resources through their incarceration. When placed in prisons, they must choose between visiting or sending necessary items to the woman. One of the reported fears is that they will be sent to prisons far from their families⁴⁰.

The amount of underwear and other products, such as toilet paper, soap and the like, that suffer significant deprivation is based on the needs of men, as for women, the frequency of change and use is different⁴³. However, this issue is only mentioned in the articles, and there is no depth in the discussion.

Prison infrastructure is a problem that appears in articles A1, A2, and A3. There is a consensus among the studies regarding overcrowding, a lack of mattresses and beds, leading women to sleep on the floor, a lack of basic sanitation, poor cleanliness, excessive heat and noise, lack of ventilation, the presence of insects, and lack of access to clean water. The hostile and unsanitary environment contributes to the high risk of complications. Sanitation

facilities - a necessary room for menstrual management - are precarious in prison settings, with makeshift toilets on the floor or without flushing, cold showers, considering hot water an important non-pharmacological method for pain relief, and a lack of necessary privacy. In the study⁴⁴, an excerpt from a statement by one of the interviewees: "During the menstrual cycle, it's a horror here. The cells are filthy. It's a profound lack of respect for women's dignity, above all."

To consider the current conditions of women in prisons is to reflect on their history and the legacy that shapes them. Before the creation of women's prisons, women—mostly sex workers and slaves—shared prison space and cells with men, exposing them to rape, prostitution, disease, violence, and neglect of basic female needs. Opened only in 1937 in the city of Porto Alegre, the Madre Pelletier Penitentiary was the first women's prison in Brazil⁴³. The building chosen was an existing one, adapted to become a women's prison, that is, it was not designed for women in its construction⁴⁵.

In 1940, after the inauguration of the Madre Pelletier Penitentiary, the Penal Code provided in its article Art. 29, § 2, that women would serve their sentences in special establishments⁴⁶. The current reality, according to DEPEN⁴⁷, is that 75% of prisons are for men, only 7% of prisons are exclusively for women, and 17% are mixed. The latter, study⁴⁸ defines it as "masculine mixed" since its entire structure, organization, clothing, and facilities are designed with "neutral" management that makes the existence and specific needs of women in that space invisible, being a space designed by men and for men.

The Bangkok Rules are an international regulatory framework approved in 2010 by the United Nations General Assembly (UN) that guides the treatment of female prisoners and non-custodial measures for female offenders. From a menstrual health perspective, although not using this term, the rules provide several necessary elements for obtaining them, such as free provision of sanitary towels, a regular supply of water for personal care, ensuring personal hygiene and related products, health promotion, and gynecological care, among others. Brazil participated in their development and approval, and as a member of the UN, the country is committed to abiding by the rules⁴⁹.

Although it is also guaranteed by law and supported by public policies, such as the National Policy for Care for Women Deprived of Liberty and Ex-Prisoners (PNAMPE) and the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (PNAISP), access to health care in prisons is not offered in the way it is expected.

In study A2, inmates rated their health as fair or poor, with more than half of the participants having some health problems, and the overwhelming majority receiving no treatment. This finding is corroborated by study A3, where, regarding sexual and reproductive health, more than half of the women reported no gynecological follow-up, demonstrating a priority given to pregnant women and limitations on screening tests, even though they reported a



desire for health care. Health in prisons is treated as a privilege, not a right^{38,41}.

In this context, study A1 found that healthcare services are controlled based on the hierarchy of inmates or even by prison guards. These professionals, lacking the necessary skills and qualifications, conduct non-technical assessments based on criteria lacking a scientific basis, deciding, based on a logic of power, who should be referred for care. This study also identifies the denial of treatment for pain or discomfort, as women lack the autonomy to implement non-pharmacological measures, and access to medication is denied and limited⁴⁰.

Considering the phenomenon of menstruation and the individuality of bodies, despite being a natural and physiological process, imbalances may require specific care and treatments. These include menstrual cramps, emotional tension, heavy bleeding, as well as some diseases that affect the menstrual cycle, such as endometriosis, adenomyosis, polycystic ovary syndrome, uterine fibroids, premenstrual dysphoric disorder, among others⁴².

Promotion and prevention actions are lacking, as revealed in article A3. Most interviewees report not receiving this type of guidance, which increases their susceptibility to health problems and should be a priority within these settings³⁸.

Nursing professionals are directly involved in health promotion and play a crucial role in education, being a fundamental element in the implementation of public policies. Health promotion goes hand in hand with empowerment, which generates autonomy and awareness of shared responsibility for health, builds knowledge, fosters exchanges and bonds, ultimately consolidating improved health and quality of life. These elements provide women deprived of liberty, with such curtailed rights, the possibility of informed and conscious choice regarding the information necessary to make decisions, in line with their personal values⁵⁰.

From a menstrual health and health promotion perspective, the role of nurses is to provide menstrual education, which consists of informing women, considering their age, cultural, and social context, about their cycle, its changes, and self-care practices, encouraging self-awareness and improving self-esteem. This way, women can gain more confidence in decision-making, facilitating their perception of their own bodies, identifying changes, and communicating them more easily to healthcare professionals⁴². In A3,

feelings such as low self-esteem and body image issues appear as a problem³⁸.

The social environment hinders the consolidation of menstrual health, as the stigma surrounding the topic is significant, making the topic a marginalized debate, according to a study⁵¹, feelings of shame, embarrassment, low self-esteem and the tendency to hide menstruation occur because environments are dominated by a masculinist logic, therefore, encouraging these feelings of disgust or invisibility contributes to the absence of dignity.

Final Considerations

Given the question of whether there is a state of the art on this topic, this review identified a significant shortage of studies robust enough to map academic literature on the subject. The absence of studies addressing the menstrual dignity of women deprived of liberty reveals the invisibility of this group in the provision of care and a gap in the production of knowledge by researchers in the field of women's health.

The research identified a weakness in the scarcity of literature addressing this topic. This indicates the need for new studies and investment in public policies that include the menstrual health of women deprived of liberty. It is also important to raise awareness among healthcare professionals about the specific needs of this neglected population, considering that menstrual dignity goes beyond the availability of menstrual absorbent items.

Understandably, the discussion about menstrual poverty is disturbing and profound, encompassing a variety of aspects. Especially when it comes to a setting like prison, its complexities and obstacles intensify the problem due to the environment rife with oppression of all kinds. The limited data available is largely outdated, and there is no concrete information about the menstrual health of women deprived of liberty.

Since prison is a place where punishment for crimes committed in society is materialized, gender inequality is glaring. Deprivation of liberty alone is not enough of a sentence; women are doubly punished, and the second way is through their menstruation. Thus, in this context of menstrual health, it is possible to affirm that women deprived of liberty experience a double oppression: that of being a woman and of being deprived of liberty in systems dominated by masculinist logic. Their specific demands, including this basic need, are neglected.

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