

**(Un) care to men's health in a prison context: does prison in Brazil build visibility barriers?**

*(Des) asistencia a la salud de los hombres en contexto penitenciario: ¿la prisión en Brasil construye barreras de visibilidad?*

*(Des) assistência à saúde do homem em um contexto prisional: o cárcere no Brasil constrói barreiras de visibilidade?*

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## Abstract

The aim was to analyze, through bibliographic surveys, the health care provided to men deprived of their liberty. This is a systematic review using the Regional Health Virtual Library database platform. These are articles used to compose this through the descriptors: deprivation of liberty, prison, prisoner, health and prison, between the periods of 2010 to 2020, articles that did not approach the male population deprived of liberty as a research source were discarded. Through the synthesis of the results, it was possible to verify the absence of health professionals in male prisons in São Paulo, high rates of contamination of infectious diseases such as tuberculosis and psychological disorders such as depression. It is concluded that primary care and the multidisciplinary team are extremely important for the prevention of diseases and health promotion, however, the ineffectiveness of existing public policies aimed at people deprived of liberty is noted.

**Descriptors:** Prisoners; Men's Health; Prisons; Rights of Prisoners; Health Status Disparities.

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## Resumén

El objetivo fue analizar, a través de levantamientos bibliográficos, la atención a la salud brindada a los hombres privados de libertad. Esta es una revisión sistemática utilizando la plataforma de base de datos de la Biblioteca Virtual Regional en Salud. Son artículos utilizados para componer este a través de los descriptores: privación de libertad, prisión, recluso, salud y prisión, entre los períodos de 2010 a 2020, se descartaron los artículos que no abordaban a la población masculina privada de libertad como fuente de investigación. A través de la síntesis de los resultados, fue posible verificar la ausencia de profesionales de la salud en las cárceles masculinas de São Paulo, altos índices de contaminación de enfermedades infecciosas como la tuberculosis y trastornos psicológicos como la depresión. Se concluye que la atención primaria y el equipo multidisciplinario son de suma importancia para la prevención de enfermedades y promoción de la salud, sin embargo, se advierte la ineficacia de las políticas públicas existentes dirigidas a las personas privadas de libertad.

**Descriptores:** Prisioneros; Salud del Hombre; Prisiones; Derechos de los Prisioneros; Disparidades en el Estado de Salud.

## Resumo

Objetivou-se analisar por meio de levantamentos bibliográficos a assistência em saúde prestada aos homens privados de liberdade. Trata-se de uma revisão sistemática utilizando a plataforma de base de dados Biblioteca Virtual de Saúde Regional. Trata-se de artigos utilizados para compor este mediante os descritores: privação de liberdade, cárcere, preso, saúde e prisional, entre os períodos de 2010 a 2020, foram descartados artigos que não abordavam como fonte pesquisa a população masculina privada de liberdade. Através da síntese dos resultados, foi possível constatar a ausência de profissionais de saúde em unidades prisionais masculinas em São Paulo, altos índices de contaminação de doenças infecciosas como tuberculose e acometimentos psicológicos como a depressão. Conclui-se que a atenção primária e a equipe multidisciplinar são de extrema importância para a prevenção de agravos e promoção de saúde, todavia nota-se a ineficácia das políticas públicas existentes destinadas às pessoas privadas de liberdade.

**Descritores:** Prisioneiros; Saúde do Homem; Prisões; Direitos dos Prisioneiros; Disparidades nos Níveis de Saúde.

## Introduction

Prison is conceptualized, albeit broadly, being understood as the deprivation of liberty, the withdrawal of the power to come and go. It is to put an individual in prison, who remains the holder of human and social rights as the Brazilian Constitution of 1988 advocates, in order to apply punishment provided for by law for the protection of an entire society<sup>1</sup>.

According to the National Survey of Penitentiary Information (INFOPEN), Brazil recorded a total of 748,009 persons deprived of liberty (PPL) from July to December 2019, 95.6% men and 4.94% women, a number which puts us in 3rd position in the ranking of countries with the largest prison population in the world, with China in 2nd place and the United States of America leading this list<sup>2,3</sup>.

The young age profile representing almost half of this population, 23.29% of them are between 18 and 24 years old and 21.5% are between 25 and 29 years old, draws attention to the importance of the effectiveness of public policies that aim at social reintegration and stimulate PPL educational activity. With regard to ethnicity, level of education and access to income, 64% are black, 75% of them did not have access to high school and only 1% have a university degree, most of them come from less favored social classes, which speaks in favor of continuing the socioeconomic inequality that characterizes reality outside the bars and causes the perception of deprivation of basic

rights even before freedom is withdrawn due to acts in violation of the law<sup>1,3</sup>.

Regarding to health care, regardless of the legal prohibition of coming and going, universality and equality in access are constitutionally guaranteed rights, corroborated by the Penal Execution Law (LEP) No. 7,210 of July 11, 1984 for PPL, starting point for the process of developing policies aimed at maintaining social rights within prisons, and even before the LEP, the Brazilian Penal Code already provided for this security. LEP maintains human rights for people who fall into this condition of temporary stay in prison environments, provides preventive and curative health care, with provision of medical, pharmacological and dental care<sup>4</sup>.

Despite laws that advocate the preservation of the health of the confined population, the insufficiency of its effectiveness in practice was perceived and, in search of a solution to these issues, the National Health Plan in the Penitentiary System (PNSSP) was instituted in 2003 by the Interministerial Ordinance. n.º 1,777/2003, which reaffirms the right of access to health for those incarcerated in accordance with the principles of the SUS, which involve integrality and equity. In addition, it favors the conservation of identity as it disassociates the nomenclatures "prisoner" and "convicted" from the PPL with the understanding that these terms demean the subject and restrict them to their crimes and penalties<sup>4,5</sup>.

Ten years after the formulation of the PNSSP, with the aim of adding guarantees and social rights of the



Brazilian prison population, the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System was created through Interministerial Ordinance No. January 2, 2014. In short, it integrates primary health care in the prison system into the Health Care Network, with nurses being the protagonists in the development of health strategies that meet the specificities of this population<sup>5</sup>.

It is true that the SUS works with difficulty due to the lack of investment in the health sector and overcrowding is a very evident problem, but these ills are even more challenging when the action is within the space of public security. In the same year that INFOPEN collected the data already reported in this study, a deficit of 312,925 places was also identified within the penitentiary system, which indicates an overloaded environment that is conducive to the spread of infectious diseases, with Tuberculosis (TB) and Acquired Immunodeficiency Syndrome (AIDS) the most incidents in male PPL<sup>6,7</sup>.

This research is an integrative review that has the man deprived of liberty as an object of study, and aims to carry out an analysis of the health care provided to them, in order to clarify the imminent risks to health as a result of prison and the most common pathologies in this environment, in addition to verifying a possible need to improve health strategies and new studies focused on the subject in question, aiming at universal accessibility behind prison walls.

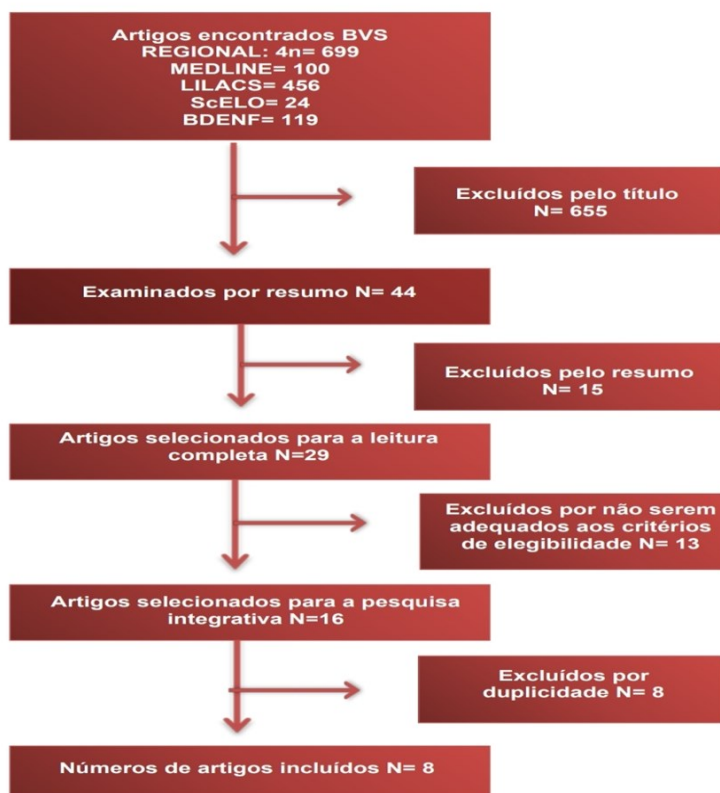
## Methodology

This study was carried out by adopting the integrative review (IR) method, which consists of searching and synthesizing literature on a particular object defined by the researchers, with the objective of building knowledge and deepening knowledge on the investigated topic through research, an analytical systematization process that includes the following research steps: elaboration of a guiding question; search or sampling in the literature; data collect; critical analysis of included studies; discussion of results and presentation of IR<sup>8-11</sup>.

Having initially the elderly male population with chronic non-communicable diseases in a condition of deprivation of liberty in the midst of our research, the precariousness of materials developed on the subject was identified, making it necessary to expand the research object in a way that discarded it, if the exclusive investigation in people over 60 years and the chronic affections, maintaining the investigation of the health of the male prison population, however in an extensive way.

The searches and verification of the materials found were carried out between July and August 2020, using the Virtual Regional Health Library (BVS) as an online database platform with the following descriptors and their respective synonyms (DeCS): prisons, prisoners and persons deprived of liberty. To visualize this study, we used the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) flowchart, which gathers all the articles used in full and the selection and exclusion criteria, elucidates in a simplified way the search steps and the progression of the material selection process carried out by the researchers.

Figure 1. Selection flowchart of the interrogative review articles. Rio de Janeiro, RJ, Brazil, 2020



A total of 699 articles were obtained, 456 from Latin American and Caribbean Literature on Health Sciences (LILACS), 119 from the Nursing Database (BDENF), 100 from the Online System of Search and Analysis of Medical Literature (MEDLINE) and 24 from the Scientific Electronic Library Online (SciELO). Of this total, 655 were excluded by title, 15 were excluded after reading the abstract, of the 29 that were selected for reading in full, 13 were excluded because they did not meet the inclusion criteria, which were: male gender, publications in Portuguese and a maximum of 10 years. Sixteen were kept and, due to duplicity, 08 were excluded. In this way, we proceeded with the reading of 08 articles in full as shown in the flowchart.

## Results

From the systematic reading of the articles selected for this study, it was noticed the convergence of findings regarding the structural problems faced in prison institutions and the impacts caused on the health of PPL, as well as the critical reflection on the urgency of adapting to the policies of existing health.

A table was created that brings together all the articles, organized by title, authors, year, database, with the presentation of the findings of this research, revealing the most expressive aspects that were found in each one of them in order to facilitate the understanding of what is being discussed to answer the guiding questions.

**Chart 1.** Presentation of the articles and their findings for the development of the study. Rio de Janeiro, RJ, Brazil, 2020

ARTICLES	TITLES	AUTHORS	YEAR	BASE	RESULTS
1	Necessidade de aprimoramento do atendimento à saúde no sistema carcerário	FernandesLF, AlvarengaCW, Santos LL,Filho AP	2014	LILACS	The main problems encountered were the delay in the results of laboratory and imaging tests, in addition to the lack of structural conditions for secondary and tertiary care.
2	A saúde dos detentos sob a responsabilidades das equipes de saúde da família: realidade e possibilidades	Costa GMC, Gois SM, Rodrigues GSLDS, Celino SM, Oliveira LV	2014	LILACS	It was found that the lack of physical structure, human and material resources make it impossible to carry out activities with the inmates, which stand out for the efficiency, effectiveness and effectiveness of health actions.
3	Assistência à saúde das pessoas privadas de liberdade provisória: análise da efetividade do plano nacional de saúde do sistema penitenciário	Batista MA,Araújo JL, NascimentoEGC	2019	LILACS	Health and justice professionals have limited knowledge about this population's right to health. There are difficulties for an effective dialogue to occur in the management of local health services and with justice agents for the full effectiveness of prison health.
4	Atenção à saúde de pessoas privadas de liberdade	Valim EMA, Daibem Hossne WS	2018	LILACS	Difficulties in care, dissatisfaction with therapy, lack of guidance.
5	Condições de saúde dos presos do estado do Rio de Janeiro, Brasil	MinayoMCS, Ribeiro AP	2016	LILACS	Despite the legal provisions that include prison health care among SUS attributions, services are scarce and inefficient and one of the biggest causes of dissatisfaction among prisoners.
6	Atenção básica à saúde de apenados no sistema penitenciário: subsídios para a atuação da enfermagem	Barbosa ML, Celino SDM, Oliveira LV, Pedraza DF, Costa GMC	2014	LILACS	The nursing office was considered the least adapted. Five health facilities do not meet accessibility requirements. It was found that minor surgeries and family planning are implemented with restrictions.
7	A saúde dos homens privados de liberdade no Brasil	Cristo M, Diniz ML, ConceiçãoVM, Léo MMF, SantosJA, Simoneti RAAO	2020	LILACS	The search resulted in 546 articles in both bases, after analyzing the inclusion and exclusion criteria, nine studies were included. After reading and analyzing these studies, four thematic categories were constructed.
8	Para além das grades e punições: uma revisão sistemática sobre a saúde penitenciária	Gois SM, Junior HPOS, SilveiraMFA, Gaudêncio MMP	2011	LILACS	It is perceived that the health of detainees is an emerging public health problem, which demands research that can guide health policies and strategies.

Although the PNSSP was instituted in 2003, until 2014, 4 of the 27 federative units in Brazil had not yet implemented it. Greater adherence was obtained in the South region, with the Southeast and Midwest regions being its precursors<sup>12</sup>.

## Discussion

A 2009 study covering 69 male prison units (UP-MASC) in the State of São Paulo reveals data on the number of health professionals working in these spaces. A total of 15 PUs were identified without any doctor available, 22 had no nurses and 7 of them were in the same condition regarding the presence of a nursing assistant. The least found professional in this research was the psychiatrist, only 36 of these units had at least one, which makes the ratio of this professional for every thousand inmates to be 0.8. The same correlation results in 2.1 for physician, 2.4 for nurse and 4.9 for nursing assistant, numbering expressed by interquartile range<sup>13</sup>.

Due to the gaps that form in the provision of health care due to the shortage of professionals evidenced in the UPs of São Paulo, a parallel was made with studies carried out in Minas Gerais, and Piauí. In them, the detainees declare that they feel abandoned by the health teams and that the offer of this right is not carried out immediately because many of these agents are not available full-time. They consider that having doctors, a nursing team and the supply of medication, when care is needed, is essential to make the service effective and that delay in care violates the principle of equality<sup>5</sup>.

Another important connection with the data obtained in the UPs of São Paulo on the availability of professionals focused on mental health can be made with a study carried out in Rio de Janeiro in 2013, in 33 units, which includes all penitentiaries, custody houses and public jails, with a total of approximately 25,570 people incarcerated. In it, it was identified that 52.2% of men said they had had nervous system impairment in the last 12 months and 71.2% reported having shown signs of depression. Another report, permeated by the revolt, which implies mental health, was that of prisoners having watched the death of confinement colleagues due to the lack of care, they were more prevalent in the Capital and Baixada Fluminense<sup>12</sup>.

In addition, the participants also vehemently criticized the quality of care offered to them both in health units and in transport, and therefore prefer to go to the doctor in a situation of imminent death. When they talked about drug prescriptions, many reported having received medical advice to use the same drug for different health complaints and that it is very common for them to be financed by the family, as the units often do not have these drugs<sup>12</sup>.

Other research carried out in the state of São Paulo and Rio de Janeiro on infectious diseases, aimed at male PPL, showed that there is a high risk of contamination by the Human Immunodeficiency Virus (HIV) as well as Hepatitis C (HCV/HCV ), mainly due to the use of injectable drugs and little or no importance to the practice of safe sex, although there has been extensive knowledge about AIDS (Acquired

Immunodeficiency Syndrome). AIDS is considered a potent risk factor for tuberculosis, which spreads easily and has an even higher infection potential in the prison scenario that involves overcrowding, unhealthy environment and drug use<sup>4</sup>.

Musculoskeletal disorders are the most frequently referred, with pain in the spine, back and neck being the first clinical symptoms, followed by joint involvement, bursitis, chest pain, arthritis/rheumatism, fractures, other bone, cartilage, muscle and tendon diseases. Among the diseases of the respiratory system, the most mentioned were sinusitis, allergic rhinitis, chronic bronchitis, pulmonary tuberculosis and others, in that order<sup>13</sup>.

Tuberculosis and dengue are the most mentioned infectious diseases, they were mentioned by 4.9% and 16.7%, respectively. Complaints of hearing difficulty, blindness in one eye, myopia, astigmatism and tired eyes were also reported. As for the digestive system, the most reported were constipation, digestion difficulties and gastritis and as for heart disease, the most common is systemic arterial hypertension (SAH) and with regard to pathologies of the circulatory and endocrine system the most common are anemia and prostate involvement, while in the dermatological part the most mentioned are ulcers, eczema and psoriasis<sup>13</sup>.

In their speeches, the detainees revealed that the aforementioned conditions already existed before incarceration and they believe that the conditions related to the structure and the precariousness of the health offer in which they live are determinant for the deterioration of their physical and mental state<sup>12</sup>.

One of the studies in these same states reveals that the use of illicit substances inside prisons is common, and that this was already a practice adopted before incarceration. The most used among men is marijuana and they are the ones who most associate with other drugs. When responding to a survey on the dangerous combination of marijuana and cocaine, 70% of them said they had used at least one of these before being arrested and 33% after being deprived of liberty<sup>4</sup>.

In addition to the issues exposed in the course of this study, factors such as the lack of security reported by health professionals when they are working in prisons, poor communication between health and justice institutions, absence of permanent education policies for these workers and little understanding of the PNSSP by the professionals demonstrated in some studies are other complicating factors of a resolute health policy, which offers dignity and the right of access to universal health<sup>1</sup>.

## Conclusion

The sociodemographic profile of this population shows the situation of vulnerability in which they live due to failures in the provision of basic services and that an efficient public policy for PPL transcends incarceration and has its genesis in equal access to rights and equity.

Negligence, neglect, lack of professionals and their training portray the model of prison health care in Brazil, contributing to the deterioration of men's health. This





unseemly and unconstitutional conduct, which seems to have the cry of the majority of the population, in addition to offering double punishment, goes against the principle of the Prison Health Guide, which says that the prisoner cannot leave the confinement in a worse situation than he entered.

Many men are admitted to the prison system with some previous pathology, but those who arrive with preserved health are at great risk of acquiring some physical and mental disorder. Although we have laws aimed at PPL that are based on the principles of the SUS, what can be seen is that in practice they are not respected and that the reality of these people could be totally different if they were fully applied.

We know that each health professional is a unique individual, with different morals, culture, religion and values, but to work in health there is a need for their principles and

conduct to be guided by respect for the deontological principles of each profession and to work in the system, this must be constantly reinforced through training and continuing education programs aimed at promoting humanized care.

New research in this field is also necessary, both to fill the gaps in PPL health care and to develop new strategies that can complement those that already exist. Adequacy and rigor in the application of existing laws is urgent in Brazil so that there is dignity, their post-prison expectations are more encouraging and the improvement of health indicators in general.

The PPL are people with the right to life, they are removed from social life for punishment according to the Brazilian penal code and not to live in conditions analogous to torture or for a veiled death penalty.

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