LEPROSY PREVENTION IN PRISON UNITS: REPORTING THE EXPERIENCE OF EXTENSION ACTIVITIES

RESUMO

Objetivo: relatar a experiência sobre atividades educativas e investigação epidemiológica da hanseníase em unidades prisionais. Método: estudo descritivo, do tipo relato de experiência, desenvolvido em duas instituições carcerárias de Petrolina/PE. Resultados: evidenciou-se a lacuna de informações referente à hanseníase entre os detenentes, bem como o elevado índice da doença e a carência de profissionais da saúde trabalhando neste meio. A educação em saúde corroborou uma ferramenta importante para a prevenção da hanseníase neste ambiente, tendo como estratégia o diálogo e o empoderamento dos envolvidos. Conclusão: é relevante o acompanhamento dos detentos com práticas extensionistas em saúde, no intuito de prevenir os elevados índices de hanseníase na comunidade carcerária e romper a cadeia de transmissão da doença por meio do diagnóstico precoce e realização correta do tratamento. Descritores: Educação em Saúde; Hanseníase; Prisões; Enfermagem.

ABSTRACT

Objective: reporting the experience about educational activities and epidemiological investigation of leprosy in prisons. Method: a descriptive study of type experience report developed in two prison institutions of Petrolina/PE. Results: it was evidenced the information gap related to leprosy among the detainees, as well as the high rate of the disease and the lack of health professionals working in this place. Health education corroborated an important tool for the prevention of leprosy in this environment, with the strategy of dialogue and empowerment of those involved. Conclusion: it is relevant monitoring of inmates with extension practices in health, in order to preventing the high leprosy rates in the prison community and break the chain of transmission of the disease through early diagnosis and correct completion of the treatment. Descriptors: Health Education; Leprosy; Prisons; Nursing.

NOTICE PREVIEW ARTICLE

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PREVENÇÃO À HANSENÍASE EM UNIDADES PRISIONAIS: RELATANDO A EXPERIÊNCIA DE ATIVIDADES EXTENSIONISTAS

PREVENÇÃO DE LA LEPRa EN UNIDADES PRISIONALES: REPORTAR LA EXPERIENCIA DE LAS ACTIVIDADES DE EXTENSIÓN

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INTRODUCTION

Leprosy is a contagious infectious disease and chronic degenerative caused by Mycobacterium leprae or Hansen bacillus and is a serious problem of public health in Brazil, considering the peripheral nervous system, resulting in disabilities. Of slow evolution, its symptoms include skin lesions and nerves, mainly affecting eyes, hands and feet and when not diagnosed early and properly treated, can progress to permanent physical deformities.\(^1\)

Worldwide, this injury has greater endemic in 11 countries, including Brazil, which is the second most prevalent country.\(^2\) Despite a drop in detection rates in some states in the North, Midwest and Northeast, the rates still are very high when compared to the South and Southeast.\(^3,4\)

The significant incidence of this disease, coupled with the intimate and prolonged contact condition is exacerbated when referring to the prison population, considering the unsanitary conditions and the lack of health actions, thus increasing the possibility of transmission of leprosy. It is noteworthy that in prisons has become a complex web of relationships between inmates, the criminal justice system workers and the community. The development of actions for the health protection of those who are in this context of prisons, also presupposes, the protection of which there are not, since at some point, this meeting will take place.

Leprosy control in criminal institutions, the practice of educational activities, can be seen as a facilitating action in reducing new cases this medium. Study showed that work with educational materials and methods in the context of leprosy allows a better understanding and appropriation of meaning on disorders and disease prevention.\(^5\)

In this perspective, the educational activities of leprosy control are an informative and a communicative action directed to the public, patients and health professionals, in order to maintain a dialogue about the signs and symptoms of the disease, the feasibility of the treatment, the importance of diagnosis and discussion aiming to demystify the disease.\(^6\)

Study found that often the information about the importance of adherence to drug treatment are understood lightly, showing the need for effective communication between health professional and patient with leprosy;\(^7\) however, as provided by law since 1984, only in 2003 was created the Ministerial Decree n°

1.777 which deals with the approval of the National Health Plan for the Prison System, designed to provide the comprehensive health care of the prison population confined in male facilities and female. From this, the health care of people inmates in prisons and the actions and health services in the prison system, were implemented based on the principles and guidelines of the Unified Health System (SUS).\(^8\)

It is noteworthy that in April 2012 the National Penitentiary Department (DEPEN) of the Ministry of Justice launched the Interministerial Working Group of Health Care in Prison for drafting the National Health Policy in Prisons (PNSSP), thus ensuring the right of access health at all levels of care for people who are detained, leprosy standing out as one of the priority diseases in prevention, promotion and treatment.\(^9\)

The prison population is on disability for vulnerable the food quality, the hostile environment, with stressors. Thus, requiring specialized care, provided by an interdisciplinary team, including promotion, prevention, treatment of diseases and primarily the diagnosis.\(^10-11\)

In this context, the educational practices emerge as an efficient tool for the empowerment of leprosy patients, providing opportunities for them to play self-care. The goal is mainly to facilitate behavioral modification for knowledge; so that people give opinions about their own health decisions.\(^12\) As nurses, potentially educators, their training supports the development of educational practices, focusing on health promotion and the prevention of injuries.\(^11-12\)

In this sense, this study aims to report the experience of educational activities and epidemiological investigation of leprosy in prisons.

METHOD

This is a descriptive study, of case studies type of educational activities account of experience and epidemiological research on leprosy during the extension project entitled "resocialization spotless: breaking stigmas and treating leprosy in the prisons of Petrolina-PE". The project implementation period was from August 2009 to July 2010, and approved by the Institutional Scholarship Program Integration, Federal University of São Francisco Valley (PIBIV/UNIVASF).

The extension actions were developed in male and female prison public jail, both located in Petrolina, Pernambuco, Brazil. The
The completion of the extension project in these prisons was initially from the request of the managers of these institutions to the Nursing Board of UNIVASF due to the need to adopt effective strategies to reduce transmission of leprosy in the prison population and follow up of cases already diagnosed. So we adopted concomitant educational activities of epidemiological research, providing opportunities for information on the disease and contributing to reduction of incidence of new cases, providing elements to demystify this disease, respecting knowledge and practices of the specific group through dialogic practice.

The educational activities were developed fortnightly for two academic nursing, a market and other voluntary, with an average of an hour and a half each. During the extension actions, activities were supervised by the guiding teacher of the project. Academic were always conducted by a prison guard at both institutions.

The meetings take place in classrooms and in the library, the latter being an improvised space. The day and time of the activities were established by institutional managers. It is noteworthy that no detainee selection criteria for the participation of educational activities. However, prison guards organized the runners by each pavilion and subsequent saddles, and their presence by their own free will.

The epidemiological investigation of actions lasting a full shift, with the inclusion criteria: detainees who had participated in the educational activity, with signs and symptoms suspected to leprosy and closed prison regime, as these remained during the performance of shifts of activities, while the half-open was assigned to the prisons only in night.

The numbers of detainees who have participated in each meeting were on average 25 men in prison and in the chain, the groups consisted of about 10 women. This information relates to the physical space available to carry out the educational practices and also for having more inmates in prison than in jail. The number of detainees at the beginning of the project activities, informed by prison managers was 919 in the male prison and 55 in the women's jail. It is noteworthy that the turnover of inmates in institutions was frequent and therefore the amount modified to each month.

Prior to the development of educational practices, there were technical visits in the two institutions, aiming an approach to the field in which outreach activities would be developed, knowing the physical structure and the functioning of the prison system. In this sense, the starting point was a survey of the health status of the population to be worked, obtained through secondary data through verbal information.

With respect to health care in prisons, in the male prison, there was no health care team, and the urgencies and emergencies, referred to the clinic in the neighborhood. In the female prison, women were met by a social worker and a psychologist, who effectuated care related to their fields by individual and ad hoc queries. So, do not extend to other aspects of women’s health, getting this attention directed to the nearest health services of the institution.

Corroborating this, study claims that incarceration alone can already have negative effects on a person’s health and can be considered as predictor of health, causing problems such as insomnia and stress.13 In the context of the Brazilian prison system is also favored the contagion of infectious diseases, since the internal do not know what health problems their prison mates acquired before the arrest.

The planning of the project activities consisted in two stages: in the first, develop educational activities open to the prison population and second, conduct epidemiological research. It is noteworthy that during practicum, was detected a large number of detainees with signs and symptoms suggestive of leprosy, as well, little is evidenced knowledge regarding this disease.

From this leprosy suspected cases there were investigated and after if necessary, referred to the county referral service. The objective therefore stops early, the spread of leprosy. In cases where the diagnosis of leprosy was confirmed, there was monitoring to drug treatment.

Often, people with leprosy have weakness in credibility as the medical diagnosis and the use of drugs as a way to get cured of the disease due to popular imagination. This reveals the need to increase communication through orientations to patients in order to raise awareness of adherence to treatment will cure the disease.7

According to a research on educational activities for prevention of Sexually
Transmitted Diseases (STDs) in prisons it was shown that this population is highly vulnerable to STDs, due to sexual risk behavior of detainees. In this scenario the women showed greater knowledge about STDs. Health education activities are scarce and there is no interaction between the knowledge professions, revealing the need for a greater understanding of the promotion and prevention should also be offered to persons deprived of their liberty. Thus, health education programs in this population can be effective in reducing the risk of actions among detainees.¹⁴

Regarding educational practices, each meeting took place in three stages: the initial moment was named awareness, animation techniques took place, relaxation, in order to reduce tensions.¹⁵ This moment lasted about 30 minutes. In the second phase, it sought to identify prior knowledge of each participant through inquiries and mediation, encouraging participation. Subsequently, discussions took place through audiovisual material, containing relevant information to the following topics: definition, incidence, signs and symptoms, prevention, transmission and treatment of leprosy. Prejudice and stigma were fairly reported by the detainees because their conceptions and attitudes toward leprosy patient.

The discovery of the disease treatment helped to decrease the physical trauma, but the psychological issues surrounding leprosy are still permeated by prejudice inherent in history of the disease, which is present in the carrier itself resulting often in the rejection of the condition, which can even omit signs and symptoms fearing not have support from friends and family.¹⁶-¹⁷ Thus, we highlight the importance of the nurse’s role with this population in order to identify problems and find solutions that reduce the impact of the diagnosis.¹⁸

The exchange of information and knowledge became rich in the subjective aspect of the disease, an opportunity to break paradigms and prejudices acquired throughout life and that harmed the diagnosis and treatment of disease. During the activity participation was satisfactory, many demonstrating be lay on the subject, but with enough interest in learning.

After a week of educational activities, the same inmates who participated in the last practice were asked by prison officials to conduct epidemiological research, within the inclusion criteria. In prison the research going on in the health care rooms and in jail, in the same space where educational activities occurred.

The triad thermal sensitivity, tactile and painful, and in addition, the peripheral nerves were tested, according to the dermatological recommended in Brazil.¹ activity was completed by the delivery of flyers about the disease, stimulating the interest of detainees. Suspected cases were then referred to the reference center of the municipality, to complement the research, confirming or dismissing cases. In addition to monitoring of new cases, patients underwent the existing of those in institutions of incarceration.

The project evaluation happens through monthly meetings between the academic and the guiding teacher. In these moments, discussed the development of the design and planning of future activities. This allowed during the 12-month duration of the project, 100% of the prison population in the chain was awarded the educational practices and epidemiological research. It is noteworthy that in this scenario there was no new case of leprosy, but follow-up was performed to treat two inmates already diagnosed with the disease.

In the penitentiary, approximately 50% of the male prison unit was awarded the educational activities and 30%, with the epidemiological investigation. It is noteworthy that the eight suspected cases referred to the reference service, five were confirmed to leprosy which added to the two previously existing in the women’s institution, totaled seven cases followed by academic and by the teacher.

This quantitative, when compared to the incidence of indicators, it is worrisome because they are higher than the prevalence rate of leprosy (2.7 cases/10,000 inhabitants) in the state of Pernambuco. Of the 187 municipalities, 25 are considered hyper-endemic, highlighting Petrolina, which presented in 2010, 39.99 cases/100,000 inhabitants.¹⁸

It should be noted that educational activities in prisons were worked in order to reduce the incidence of leprosy cases in the specific group through actions that reduce disease transmission, sensitize professionals involved and people in rehabilitation process. It is thought that with proper approach and orientation, you can provide a better quality of life for this population at risk.

In addition, it is believed that by knowing the prison reality can develop planning initiatives to control more effectively and consistently disease with representations in...
the life of the prison population and training of the involved nursing students, providing opportunities to develop knowledge, theoretical and enabling better health care for leprosy patients and workers who live with them.

In this sense, health education turned to an expanded concept of health, taking into account the determinants and constraints of life situation where detainees and professional institutions were.

The activities developed with trapped people possible to know the reality in which the prisoners lived in relation to the difficult access to health services and the lack of adherence to preventive measures, such as epidemiological research, and lack of health human resources trained for this practice.

Study that reports the success of a health program for people with leprosy a Western country shows that the prevention of disabilities caused by the disease depends on the training and motivation of professionals working in the public system and volunteers to control the disease, perform monitoring, supervision and effective communication between health sectors.19

The lack of updated health professionals about leprosy hinders the diagnosis and treatment of the condition, which highlights the need for training so that these professionals have knowledge to develop educational practices, helping to reduce the stigma, maintenance therapy and in the prevention of disabilities.16

As a factor of difficulty in carrying out extension activities, identified the difficult access to prison because the displacement of nursing students happened to own transport, since the public transport timetables did not converge with the times stipulated by the prison guards to the beginning of activities. This limited the participation of other students in the extension project to include 100% of the prison population of this institution.

Given the above, the health care of the prison population is still an unknown field of practice of many nurses. Currently there are 236 health staff in the prison system providing assistance to 150,000 persons deprived of liberty, which shows the lack of professional assistance to deal with this growing population, even living in a private setting of freedom, have the right to receive quality of care.11

CONCLUSION

It is believed that the development of educational practices in prisons may have contributed to the demystification of thought “leper” and the reduction of leprosy transmission in the working group.

The educational activities in health by the periodic epidemiological investigation were effective strategies for the detection of signs and symptoms of leprosy, thus contributing to prevention and early diagnosis, enabling closer to the reality experienced by inmates regarding the conditions of confinement and interference that this has on people’s health.

The realization of extension activities related to leprosy allowed the demystification of the disease by carrying detainees, contributing to the expansion of knowledge with this audience, which often is not the subject of health actions. In addition, the activities undertaken by the project contributed positively to the training of future nurses, providing opportunities for them to reflect critically on the performance of the education of the nurse role and its influence on health promotion and prevention of leprosy in the prison system.

From this report it was revealed the deficit Brazilian studies have as backdrop prison institutions. It encourages the conduct of research with this population, mostly living in unfavorable conditions for proper maintenance of the health quality of leprosy patients.

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Leprosy prevention in prison units...

Submission: 2014/01/28
Accepted: 2015/03/22
Publishing: 2015/05/01

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