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ORIGINAL ARTICLE

EPIDEMIOLOGICAL PROFILE OF THE INMATES OF A CUSTODY CENTRAL OF JUSTICE PRISONERS

PERFIL EPIDEMIOLÓGICO DOS PRESOS DE UMA CENTRAL DE CUSTÓDIA DE PRESOS DE JUSTIÇA

EL PERFIL EPIDEMIOLÓGICO DE LOS INTERNOS DE UNA CENTRAL DE CUSTODIA DE PRISIONEROS DE JUSTICIA

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ABSTRACT

Objective: to characterize the profile of prisoners in the Custody Central of Justice Prisoners. **Method:** descriptive, field study, of quantitative approach. The internals' profile of the CCPJ of Caxias/MA was traced, from December 2014 to February 2015, using a semi-structured questionnaire covering sociodemographic characteristics and incarceration history. **Results:** the most prevalent age group was 26-35 years, most had not completed elementary school and is single. The use of illicit drugs among them is high and some individuals require periodic consultations and examinations. **Conclusion:** the human dignity of this population, mostly young, with little education, was withdrawn at the time they entered the prison, resulting in insufficient conditions for a healthy life, observed in the study results. **Descriptors:** Nursing; Prisoners; Public Health.

RESUMO

Objetivo: caracterizar o perfil dos encarcerados na Central de Custódia de Presos de Justiça. **Método:** estudo descritivo, de campo, de abordagem quantitativa. Foi traçado o perfil dos internos da CCPJ de Caxias/MA, de dezembro de 2014 a fevereiro de 2015, utilizando-se um formulário semiestruturado que abordou características sociodemográficas e histórico de encarceramento. **Resultados:** a faixa etária mais predominante foi de 26 a 35 anos, a maioria possuía ensino fundamental incompleto e está solteira. O consumo de drogas ilícitas entre eles é elevado e alguns indivíduos necessitam de consultas e exames periódicos. **Conclusão:** a dignidade humana desta população, a maioria jovem, com pouca escolaridade, foi retirada no momento em que os mesmos adentraram ao presídio, culminando em condições insuficientes para uma vida saudável, observadas nos resultados do estudo. **Descritores:** Enfermagem; Prisioneiros; Saúde Pública.

RESUMEN

Objetivo: caracterizar el perfil de prisioneros en la Central de Custodia de Prisioneros de Justicia. **Método:** estudio descriptivo, de campo, de enfoque cuantitativo. Fue trazado el perfil de los internos de la CCPJ de Caxias/MA, desde diciembre 2014 hasta febrero 2015, utilizando un cuestionario semi-estructurado que abordó las características sociodemográficas y historial de encarcelamiento. **Resultados:** el grupo de edad más frecuente fue de 26-35 años, la mayoría no había terminado la escuela primaria y es soltera. El uso de drogas ilícitas entre ellos es alto y algunos individuos requieren consultas y exámenes periódicos. **Conclusión:** la dignidad humana de esta población, en su mayoría jóvenes, con poca educación, fue retirada en el momento en que entraron en el presidio, lo que resulta en condiciones insuficientes para una vida saludable, observadas en los resultados del estudio. **Descriptores:** Enfermería; Los Prisioneros; Salud Pública.

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INTRODUCTION

The Prison System is a rebound subject in Brazil, due to its many problems. Data from the National Penitentiary Department - DEPEN recorded the Brazilian prison population at 548,003 inmates; however, the general capacity of prisons, in Brazil, is 310,687 vacancies.¹ There is, then, overcrowding, which is one of the discussed subjects in our country, regarding the prison system, and the lack of hygiene that provide various diseases.

On September 9, 2003, the Interministerial Ordinance nº 1,777 established the National Health Plan for the Prison System, approved at the 12th National Conference on Health. The concern to invest in health care of persons deprived of liberty arose when believing that the crime will not reduce with the expansion of the prison system, but with the prisoners' need for reintegration into society through humanization. Nevertheless, the National Health Plan for the Prison System comprises, essentially, the people gathered in penitentiaries, prisons, agricultural colonies and/or agro-industrial and custody and treatment hospitals, which does not include open-regime and provisional prisoners, gathered in public jails and police stations.² Therefore, since the Custody Centers are, theoretically, units for provisional detainees, they are not included in the Plan. However, besides provisional, the Custody Center of Justice Prisoners - CCPJ of Caxias also houses closed-regime prisoners, for the region does not have a prison, which results in an overcrowding and, consequently, serious problems of various aspects.

In general, it is undeniable the precarious situation of those living in the prison environment. Overcrowded prisons, people crowded into cells, exposed to violence and without the minimum of pleasure aggravate health in incarceration.

The serious situation experienced by freedom-deprived people, in addition to, among other factors, practices of violence, the precariousness of physical space and lack of health care, is an undeniable reality.² Although there are numerous international treaties that define standards and guidelines for better implementation of prison units around the world, they have not been followed.

Starting from the knowledge that the "universality" is one of the principles of the Unified Health System (SUS), there is, then, the need to meet the requirement of constitutional law "health is a universal right and a duty of the State". The National Health

Plan for the Prison System (PNSSP) predicts the inclusion of the prison population in the SUS, ensuring that the right to citizenship materializes in human rights perspective.

Since the prison population is confined, they are more reachable and, therefore, should represent a portion of greatest interest to health professionals, particularly nurses, in directing prevention programmatic based on the peculiarities of this population stratum.³

This study is relevant for there is insufficient number of health studies and publications in this area, particularly concerning the work done by nurses who assist the prison population. Most of the research conducted in this area had focused on the study of HIV and hepatitis infection; however, there are few studies on the psychosocial characteristics of the population, such as psychological stress, social support or drug use. It is a population that needs health, regardless of their committed crime. Therefore, health actions may change the scenario within the prisons.

There are also benefits for the prisoners' families, for they might have contagious diseases and their family is at risk of contracting the disease, because, during lockup period, they have, by law, temporary exit in some cases, such as to visit family and attend vocational courses, as stated by Prison Law 7,210/84.

Given the above, and understanding health is an essential right in the life of any human being, studying the health of the prisoner in the Prison System, as a social right guaranteed by the state, is a current and relevant theme, which involves a whole biopsychosocial context, which requires a reflective look that should base on the assumptions that legislate attention to the health conditions of all Brazilians, regardless of where they are.⁴

Thus, it is necessary to come across the reality of the prison system to meet its indicators and, then, fabricate special health needs plans for this group. This study aims to characterize the profile of prisoners in the Custody Central of Justice Prisoners.

METHOD

Descriptive, field-study, of quantitative approach, with the prison population at the Custody Central of Justice Prisoners (CCPJ) of Caxias, in the state of Maranhão, from December, 2014, to February, 2015.

The Custody Central, previously called Police Complex of Caxias, has 14 cells and the capacity to receive 80 detainees. The staff has one director, 13 correctional officers, 37

monitors and two administrative officers. Prison officials form the effective staff. Monitors and administrative agents are part of an outsourcing company that provides services to the State.

There is no health sector implemented in the establishment. Internals have only accompaniment of a nurse who works as a correctional officer in the unit.

The study subjects included all individuals over six months of imprisonment in the mentioned CCPJ. Sixty-three sentenced and in provisional regime participated in the study. The collecting instrument was a semi-structured questionnaire covering the sociodemographic characteristics and incarceration history. The interview method was chosen because it allowed the internals greater freedom to express their statements and feelings. The participants signed the Informed Consent Form (ICF).

The applied questionnaire had issues related to sociodemographic aspects, incarceration history, behavior of the internal, among other. The researcher herself filled in the questions, which guaranteed the confidentiality of information.

The inmates were identified through a list with their full names, provided by the CCPJ front office. In the form, they were identified by numbers. Since the interview was individually conducted, the monitor led an internal by time to the office adapted to the survey, following the order by cells. After confirming the name of the list, the number was given according to the call order. This

would be his numerical identification to compliance with confidentiality.

Initially, there was the descriptive analysis of the sociodemographic characteristics and risk behavior for infection in the environment. A database was created in Epi Info version 3.5.2 which contained data obtained through interviews. The data were analyzed taking into account the literature on the theme, based on scientific articles and the Ministry of Health. The project was approved by the Research Ethics Committee (CEP) of UEMA - CAAE 39302114.4.0000.5554.

Since it is secret information, at no time, the respondents' identity was revealed. The survey was conducted individually and always accompanied by a monitor appointed by CCPJ, properly trained for such a feat and in safe environment.

RESULTS

The total population of the CCPJ of Caxias - MA, from December 2014 to February 2015 was 122 inmates. Sixty-three sentenced and provisional-regime men participated in the study, who met the inclusion criteria. However, among the excluded individuals, five refused to participate, 38 have been prisoners for less than six months and 15 were in the semi-open regime, spending the day out of prison, for they work at external services, returning to the unit at night, which precluded their participation in the study.

Table 1. Sociodemographic and behavioral characteristics of the prison population of the Custody Central of Justice Prisoners - Caxias - MA, 2015.

Variables	n	%
Gender		
Male	63	100%
Female	0	0
Age Group		
18 - 25	24	38.1%
26 - 35	26	41.3%
36 - 45	9	14.3%
46 - 55	3	4.8%
56 - 65	1	1.6%
Education		
Illiterate	5	7.9%
Incomplete Elementary School	41	65.1%
Complete Elementary School	7	11.1%
Incomplete High School	6	9.5%
Complete High School	4	6.3%
Marital Status		
Married	9	14.3%
Divorced	1	1.6%
Separated	4	6.3%
Single	34	54.0%
Stable Union	14	22.2%
Widower	1	1.6%
Number of children		
0	19	30.2%
1	12	19.0%
2	17	27.0%
3	7	11.1%
4	5	7.9%
5	2	3.2%
6	1	1.6%
Place of birth		
Caxias - MA	43	68.3%
Maranhão State	14	22.2%
Other	6	9.5%

According to Table 1, there were only male respondents because the female population has been recluse for less than six months. All individuals are 18 years old or more. The age group with the greatest prevalence was 26 - 35 years, with 26 (41.3%) individuals. More than half of respondents, 41 (65.1%), have not finished elementary school. Only four (6.3%) completed high school. Most of the inmates, 34 (54%), are single, followed by stable union, 14 individuals (22.2%), as they have non-official companion. Regarding the city of origin, the majority, 43 (68.3%), is from Caxias - MA, followed by 14 (22.2%) born in other

cities in the state of Maranhão. Other six (9.5%) are from other states.

Table 2 shows the analysis of anthropometric characteristics (weight and height) already converted to body mass index (BMI) and blood pressure characteristics (BP), based on the VI Brazilian Guidelines on Hypertension developed by the Brazilian Society of Cardiology (2010).

Table 2. Analysis of the anthropometric characteristics converted into BMI and of the blood pressure according to the VI Brazilian Guidelines of Blood Pressure.

Variables				Situation	n	%
BMI						
Below 17				Very Low Weight	2	3.17%
Between 17 and 18.49				Underweight	0	0%
Between 18.5 and 24.99				Normal weight	45	71.43%
Between 25 and 29.99				Overweight	11	17.46%
Between 30 and 34.99				Obesity I	4	6.35%
Between 35 and 39.99				Obesity II	0	0%
Over 40				Obesity III	1	1.59%
Subtotal					63	100%
Blood Pressure						
Systolic		Diastolic				
<120	AND	<80	Great	29	46.03%	
<130	AND	<85	Normal	8	12.70%	
130 - 139	Or	85 - 89	Limitrophe	7	11.11%	
140 - 159	Or	90 - 99	Stage 1	9	14.28%	
160 - 179	Or	100 - 109	Stage 2	2	3.17%	
≥180	Or	≥110	Stage 3	0	0%	
>140	AND	<90	Isolated systolic hypertension	8	12.70%	
Subtotal					63	100%

Table 2 shows that most of the internal, 45 (71.43%), has normal weight, 11 (17.46%) inmates are overweighed, two (3.17%) are very underweighted, four (6.35%) have degree I obesity and one (1.59%), degree III obesity. Analyzing the situation of the blood pressure of individuals, 29 (46.03%) had the BP considered optimal according to the VI Brazilian Guidelines on Hypertension.

According to the Brazilian Society of Cardiology (2010), great BP is lower than 120/80mmHg and people who have BP between 130/85mmHg are considered normotensive.

Figure 1 shows the distribution of the drugs most widely used by the CCPJ population according to the therapeutic class.

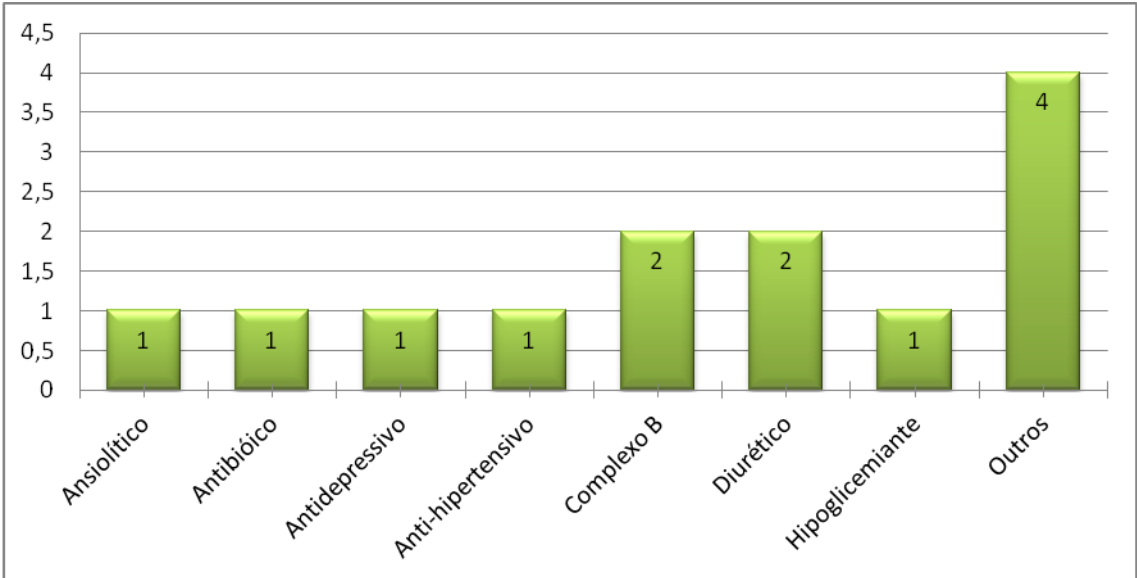


Figure 1. Distribution of the medicine used by the internal population at CCPJ of Caxias/MA according to its therapeutic class.

Among the drugs mentioned by the inmates (Figure 1), the B complex and diuretics (losartan and hydrochlorothiazide) were mentioned twice, each. Anxiolytics, antibiotics, antidepressants, antihypertensive and oral hypoglycemic agents were mentioned only once, each. The item "other" includes omeprazole, acetaminophen. There were also pathology-related drugs, not mentioned by the inmates, since they could not remember the names. Among them, cocktail for anemia and corticoids.

DISCUSSION

The inmates' epidemiological profile showed no discrepancy in relation to results identified in other studies.

The most important characteristic related to low education as a possible inducer element of violence is linked to employment conditions that the freedom-deprived people face, since they do not have access to better income, live in needy places, with poor physical structure, without adequate

infrastructure and no privacy between individuals and family groups.⁵

There was a high rate of informal unions because, during the interviews, individuals, when asked about their marital status, had doubts as to its condition. Self-reported single for it is the real marital status, when there was the option of considering themselves as “living-together”.⁶

This research sets as result similar to the one presented by Bulhões and Basílio Filho, who traced the epidemiology of systemic arterial hypertension (SAH) in a prison of Caruaru - PE, with 97 study participants, in which 29 (29.9%) inmates had good blood pressure and 25 (25.8%), normal blood pressure. The number of individuals experiencing stage 1 hypertension was 22, equivalent to 22.7%.⁷

Hypertension is a major public health problem in Brazil and worldwide. Its prevalence in Brazil varies between 22% and 44% for adults (32% on average), reaching more than 50% of individuals aged 60 to 69 years and 75% in people over 70 years.⁸

Nursing consultation for people with borderline blood pressure intends to work the process of education in health for the primary prevention of the disease, by encouraging the adoption of healthy life habits and also to assess and stratify the risk for cardiovascular disease⁹. The non-drug treatment is a fundamental part in the control of hypertension and other risk factors for cardiovascular disease (CVD), such as obesity and dyslipidemia. This treatment involves changes in lifestyle (CLS) that accompany patient's treatment throughout his life; however, this treatment seems feasible within the prison environment, which does not contribute to the development of these actions.

According to the inmates' reports, the access to medicines is difficult because family members bring most medications at the time of the visit, since some are of daily use, though they complain of not having available analgesics, anti-inflammatory and other basic medications for any needs. In addition, the use of certain drugs requires medical monitoring for patient evaluation in relation to the evolution of his painting, such as in the case of individuals who use antihypertensive, antibiotics, among others.

The etiological bases of depression and symptoms of anxiety disorders do not appear to be related to the prison environment, but this may merely serve as a trigger for the activation of disorders or symptoms in individuals with biological predisposition,

maintained in accordance with the distorted thoughts of individuals.¹⁰

A huge amount of detainees states suffering from lack of basic assistance for basic needs such as cold, and clean and dry clothes. As a result, easily treated diseases, such as influenza, for example, come to get worse, turning into pneumonia without medicines to treat them.¹¹

The Interministerial Decree N° 1,777 of September 9, 2003, states that the State Ministers of Health and Justice, in the exercise of their powers, approved the PNSSP considering the estimate that, due to the large exposure of this population to risk factors, there is a significant number of cases of STD/AIDS, tuberculosis, pneumonia, skin diseases, mental disorders, hepatitis, trauma, infectious diarrhea, and other prevalent problems in the adult Brazilian population, such as hypertension and diabetes mellitus, and need for health promotion and disease prevention in prisons.

We must ensure that prisons are not becoming breeding grounds for communicable and non-communicable diseases.¹² The World Health Organization believes that social values, such as human rights and equity, are the key to good health. When a State deprives people of their liberty, it must guarantee their right to health and provide them with the best possible care.

The discomfort of overcrowded cells leads to pain in the lumbar spine, though the headaches, stomach and possibly muscle pain may relate to the level of stress. The lack of hygiene and ventilation, as well as high humidity inside the prison are harmful to health and may cause various diseases, being the likely cause of frequent fevers, as a way of the body to fight possible infections.¹³

CONCLUSION

Most incarcerated in the Custody Central of Justice Prisoners is young, single and has not completed elementary school. They exhibit signs and symptoms that require consultation and examination for possible diagnosis and treatment; however, access is difficult, and often denied to SUS health programs. The situation of CCPJ prisoners is complex, since there is no health service in the institution composed of a team to provide care to these individuals.

The internals' human dignity was extracted at the time they entered the prison, because of lack of government investment in the prison system, resulting in insufficient conditions for a healthy life, observed in the study results.

In fact, the system molds the prisoner. It is impractical to require his rehabilitation if he lives without minimal human conditions, away from a health treatment in a hostile environment and eccentric. Prison should be an environment for rehabilitation, but it is promoting health issues for the individuals, thus, it is more he withdraws from this environment willing to commit new crimes.

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