



HEALTH AND ITS RELATIONSHIP WITH THE RESOCIALIZATION OF THE PRISONERS

A SAÚDE E SUA RELAÇÃO COM A RESSOCIALIZAÇÃO DAS PRESIDÁRIAS LA SALUD Y SU RELACIÓN CON LA RESOCIALIZACIÓN DE LAS PRESIDARIAS

Karlayne Reynaux Vieira de Oliveira¹, Amuzza Aylla Pereira dos Santos², Jessica de Melo Albuquerque³,
Marianny Medeiros de Moraes⁴

ABSTRACT

Objective: to analyze the relation that the access to the health of incarcerated women can have with the process of resocialization. **Method:** this is a qualitative study, of descriptive type. The process will be based on the theoretical reference of the sociological phenomenology of Alfred Schutz. The research will be carried out at the Santa Luzia Female Prison (SLFP) in 2019, with women incarcerated for more than one month and users of the offered health services, penitentiary agents and health professionals who have been active for more than three months. The information will be produced through a semi-structured interview form and the data collected according to the Content Analysis technique will be analyzed. **Expected results:** it is intended to unveil the relationship between access to health services and the process of resocialization of imprisoned women and to describe the ways in which access to health services and resocialization initiatives in prisons are given. **Descriptors:** Prisons; Right to health; Nursing care; Women's Health; Socialization; Health services.

RESUMO

Objetivo: analisar a relação que o acesso à saúde de mulheres encarceradas pode ter com o processo de ressocialização. **Método:** trata-se de estudo qualitativo, tipo descritivo. Fundamentar-se-á o processo no referencial teórico da fenomenologia sociológica de Alfred Schutz. Realizar-se-á a pesquisa no Estabelecimento Prisional Feminino Santa Luzia (EPFSL), no ano de 2019, com mulheres encarceradas há mais de um mês e usuárias dos serviços de saúde ofertados, agentes penitenciários e profissionais de saúde atuantes há mais de três meses. Produzir-se-ão as informações por meio de um formulário de entrevista semiestruturada e analisar-se-ão os dados coletados de acordo com a técnica de Análise de Conteúdo. **Resultados esperados:** pretende-se desvelar a relação existente entre o acesso aos serviços de saúde e o processo de ressocialização de mulheres encarceradas e descrever as formas como se dão o acesso aos serviços de saúde e as iniciativas de ressocialização no cenário prisional. **Descritores:** Prisões; Direito à saúde; Cuidados de Enfermagem; Saúde da Mulher; Socialização; Serviços de Saúde.

RESUMEN

Objetivo: analizar la relación que el acceso a la salud de mujeres encarceladas puede tener con el proceso de resocialización. **Método:** se trata de un estudio cualitativo, tipo descriptivo. Se fundamentará el proceso en el referencial teórico de la fenomenología sociológica de Alfred Schutz. Se realizará la investigación en el Establecimiento Penitenciario Femenino Santa Lucía (EPFSL), en el año 2019, con mujeres encarceladas hace más de un mes y usuarias de los servicios de salud ofertados, agentes penitenciarios y profesionales de salud actuantes desde hace más de tres meses. Se producirá la información a través de un formulario de entrevista semiestruturada y se analizarán los datos recopilados de acuerdo con la técnica de Análisis de Contenido. **Resultados esperados:** se pretende desvelar la relación existente entre el acceso a los servicios de salud y el proceso de resocialización de mujeres encarceladas y describir las formas como se dan el acceso a los servicios de salud y las iniciativas de resocialización en el escenario penitenciario. **Descriptores:** Prisiones; Derecho a la Salud; Atención de Enfermería; Salud de la Mujer; Socialización; Servicios de Salud.

¹Masters student, Federal University of Alagoas/UFAL. Maceió (AL), Brazil. Email: karlayne2006@gmail.com.br ORCID ID: <http://orcid.org/0000-0002-8920-5154>; ²PhD, Federal University of Alagoas / UFAL. Maceió (AL), Brazil. Email: amuzza1@hotmail.com ORCID ID: <http://orcid.org/0000-0001-6299-7190>; ³Nurse, Federal University of Alagoas / UFAL. Maceió (AL), Brazil. Email: j.meloalbuquerque@gmail.com ORCID ID: <http://orcid.org/0000-0002-9678-1387>; ⁴Nursing Academic, Federal University of Alagoas ESENFAR / UFAL. Maceió (AL), Brazil. Email: marianny.medeiros.moraes@gmail.com ORCID ID: <https://orcid.org/0000-0001-8208-4268>

INTRODUCTION

Penitentiary models were analyzed in the middle of the seventeenth and early eighteenth century and the conclusion was reached that the whole system was based on the correction of individuals in their various forms of attempts to transform the soul and behavior into social life; however, the deprivation of liberty still does not reach the social function proposed, social reintegration or reintegration, as it should be. It is understood that the prison, which should be restricted to the deprivation of the right to freedom, today is much more than that for those who experience the sentence.¹⁻²

Brazil is different, considering the world perspective, of other Latin American countries, as it occupies 4th place in the ranking of the largest prison population, reaching 600 thousand inmates by the year 2014. It can be seen, based on this growing vulnerable public, that the country has a set of laws for the consecration of prisoners' rights, consistent with the main international recommendations, such as the Criminal Enforcement Law (Law No. 7,210, of 1984), where the democratic principals to the prisoner are broadened and care is made available in various spheres and conditions of social integration to the prisoner.³⁻⁴

It is precluded, in this model, although punishment has arisen over the centuries for the purpose of moral recovery of prisoners, the recovery of the prison population to return to society, since this model of punishment does not satisfy political-social needs, because it distances the individual from its environment and deprives access to health services, work or the possibility of rebuilding a life project. Negative results are promoted, such as a significant increase in institutional and social violence, a fact that is directly reflected in the rates of recidivism of crime and the consequent increase in the prison population.⁵

The sentence of deprivation of liberty, based on the previous affirmation, is associated with the process of resocialization, aiming to re-educate the individual to reintroduce it to living in society, being able to use the benefits of work and study as tools of resocialization, since the State must take responsibility to return to society as an individual with more skills and able to return to normal life.⁴

One observes the reality deviating from the goal of reintegration, and prison practices promote segregation and deprivation not only of freedom but of basic and essential rights,

among them, health. The current situation is presented as a scenario that reaffirms the data presented, where only one third of the prison units in Brazil have a health module, and 63% of the persons deprived of their liberty are in these units, and 37% population do not have access to any basic health care service in the Unit.⁶

Human rights violations are identified where justifications are sought, through the condition of the woman who is deprived of her liberty, labeling her as a transgressor, a drug user and irresponsible, condemning her social practices as a way of delegitimizing her rights guaranteed by law. The lack of reflections of the managers on the role of the State in relation to the prisoners, who, even having their private rights in the passage through the prison, the right of the human person and of citizen must remain, besides the social rights that they need to be ensured by the State.⁷⁻⁸

It is considered the Brazilian penitentiary system, mainly health care, a disturbing and often hidden picture; however, it is important that in the prison system there is health care, where persons deprived of their liberty can access services through the use of educational, preventive and health promotion processes in prisons.⁹

It is necessary to deconstruct the thinking model that restricts the prisoner's rights in prison, allowing the recognition of women as an active subject in their lives, capable of making their decisions, recognizing the precariousness of resources for the expansion of possibilities, given that, when entering the female prison, the professionals are faced with innumerable challenges and stiffened barriers that can be removed by reflexive and political practices capable of breaking with the hypocrisy of the state and institutions. It should be emphasized that professionals must not only defend the rights of women in prison, but also affirm them as subjects of rights and transform them into creative powers capable of re-creating themselves and their ways of living.^{7,10}

The study is justified by the increasing presence of women in situations of incarceration, facing daily barriers to the right to access health services in different contexts, and this condition can generate increasingly disabling sequels, a fact that contradicts one of the principles of the fulfillment of the sentence, which is directed to restricting freedom to the possibility of re-educating and resocializing the offending individual, providing a viable return to social interaction.

It is questioned, corroborating the previous statements: "What is the relation that the

access to the health services of the women in the prison environment can have with the process of resocialization?".

It is believed that this study has relevance to the health practices that are directed to the attention to the health of imprisoned women and the scientific community, to the regulatory organs of the prison system, to organizations and professionals that actively act in the process of resocialization of the victims, since it is the duty of the State to guarantee access to services and fundamental rights to the human being.

In this perspective, it is relevant to reinforce the premise that the objective of punishment in prisons should not be restricted to deprivation of liberty, aiming at the fulfillment of a sentence, but, above all, it is objected to re-socialize the individual giving them the possibility of rebuilding their history, enjoying all their rights, including the full enjoyment of the best health standards, involving physical, psychic and social well-being, so that, from this condition, they are able to work and study, even in the prison environment, where the attempts of resocialization begin.

OBJECTIVE

- To analyze the relation that the access to the health of incarcerated women can have with the process of resocialization.

METHOD

It is a qualitative study, of descriptive type, considering, as a theoretical reference, the sociological phenomenology of Alfred Schütz. It is searched, with the research of a phenomenological base, to undertake investigations about human phenomena, being concerned with the analysis of the reports and the descriptions of the subjects which experienced the phenomenon.¹¹

It is a new possibility to think, to investigate, to develop, to base and to take care in Nursing, through social phenomenology, that has as reference, the social relations established in the world, valuing the intersubjective dimension of care and translating it as the most originating of the existing relations between human beings, discussing the structure of reality and emphasizing the social relation as a fundamental element in the interpretation of the meanings of the action of the subjects of the everyday world.¹²

The research will be carried out at the Santa Luzia Female Prison (SLFP) from May/2018 to April/2019, since there is only

one prison in the State that is able to house incarcerated women located in Maceió, Alagoas.

The study will be composed of women who have been in the prison for more than a month and have already been able to benefit from the care offered and by professionals who regulate access to health services (penitentiary agents) and who are actively working in the health care in the Correctional Facility, who wish to share their perceptions and positions, as long as they are in a position to answer the questions. Women and professionals who present a diagnosed cognitive or behavioral deficit that makes it impossible to respond to the research questions through the interview will be excluded from the study.

The research subjects will be approached after approval of the research in the Ethics Committee, clarifying the purpose of this study, being guaranteed the spontaneous participation, the anonymity through pseudonyms, the possibility of interrupting the interview if it is his will and respect for the data collected, without induction or constraint. In the case of acceptance, the reading and the subscription or printing of the fingerprint, the Free and Informed Consent Term (FICT) by the research participants will be requested, after due clarification.

The information will be produced through a semi-structured interview form, data collection method using a script with open questions and indicating a phenomenon to be studied with a specific population. In this instrument, closed questions will be used to characterize subjects (race/color, age, marital status, schooling, naturalness, religion and obstetric history), as well as open questions related to access to health, health care practices and the relationship that access to health can have with the process of resocialization, questions that can be answered by women deprived of their liberty, by penitentiary agents and professionals of the health team.

The collected data will be transcribed in full, analyzing them according to the Content Analysis technique, from the perspective of Bardin, in the Thematic modality, described as a set of techniques of analysis of the communications by systematic and objective procedures that allows the inference related to the production and reception of knowledge, through the use of the following steps: pre-analysis; exploitation of the material and treatment of the results.^{11,13}

Attention is given in this technique to linguistic materiality, through the empirical

conditions of the text, establishing categories for its interpretation, based on the subject's thinking through the content expressed in the text, in the transparent conception of language and in the context of the proposed analysis.^{11,13}

The request for authorization for the execution of the research will be made to the Secretariat of Social Re-Socialization and Inclusion (SERIS), however, this project already has a favorable ethical opinion issued by the Research Ethics Committee of the Federal University of Alagoas (UFAL), through CAAE No. 92124418.1.0000.5013, through the Brazil Platform for appreciation, in order to confirm compliance with ethical principles in the study, which should only be developed after approval. The research will be carried out in compliance with resolution 510/16, approved on April 7, 2016, which establishes applicable norms for research in Human and Social Sciences.

EXPECTED RESULTS

It is hoped that the results may reveal the relationship between access to health services and the process of resocialization of incarcerated women, and it is possible to describe the ways in which access to health services and resocialization initiatives in prisons. Through these results, a reflective exercise on health and resocialization will be allowed, in which health care practices are a relevant and integrated part of the resocialization process, aiming at reeducating the individual to reintroduce him to the society, considering the benefits of work and study. However, it is hoped that the State will return to society an individual able to return to normal life, providing adequate conditions during the sentence, both the physical conditions of prisons and access to basic health and care services, thus guaranteeing the health of the being who will have the chance to reconstruct its history in society.

REFERENCES

1. Foucault M. Vigiar e punir: nascimento da prisão. 42th ed. Rio de Janeiro; 2014.
2. Costa ECP. Enfim, a liberdade: as mulheres e a vivência pós-cárcere [thesis] [Internet]. Recife: Universidade Federal de Pernambuco; 2011 [cited 2017 Sept 19]. Available from: <http://repositorio.ufpe.br/handle/123456789/9186>.
3. Ministério da Justiça (BR). Levantamento nacional de informações penitenciárias [Internet]. Brasília: Ministério da Justiça; 2014 [cited 2018 Feb 24]. Available from: <http://www.justica.gov.br/news/mj-divulgara-novo-relatorio-do-infopen-nesta-terca-feira/relatorio-depen-versao-web.pdf>
4. Lei nº 7.210, de 11 de julho de 1984 (BR). Institui a Lei de Execução Penal. Diário Oficial da União [Internet]. 1984 July 11 [cited 2017 Aug 13]. Available from: http://www.planalto.gov.br/ccivil_03/leis/l7210.htm
5. Rosa SM, Nunes FC. Prisons institutions: psicossocial attention, mental health and social reinsertion. Fragmentos de Cultura. 2014 Jan/Mar; 24(1):125-38. Doi: <http://dx.doi.org/10.18224/frag.v24i1.3393>.
6. Ministério da Justiça (BR), Portaria interministerial nº 210, de 16 de janeiro de 2014. Institui a Política Nacional de Atenção às Mulheres em Situação de Privação de Liberdade e Egressas do Sistema Prisional (PNAMPE), e dá outras providências. Brasília: Ministério da Justiça; 2014 [cited 2017 Aug 13]. Available from: http://www.justica.sp.gov.br/StaticFiles/SJZ/DC/ArquivosComuns/ProgramasProjetos/PPM/U_PT-INTERM-MJ-MSPM-210160114.pdf
7. Diuana V, Ventura M, Simas L, Larouzé B, Correa M. Women's reproductive rights in the penitentiary system: tensions and challenges in the transformation of reality. Ciênc Saúde Coletiva. 2016 July; 21(7):2041-50. Doi: <http://dx.doi.org/10.1590/1413-81232015217.21632015>.
8. Arruda AJCG, Oliveira MHB, Guilam MC, Vasconcelos DIB, Costa TF, Leite IF. Right to health in the prison system: integrative review. J Nurs UFPE. 2016 July; 7(esp):6646-54. Doi: [10.5205/reuol.5058-41233-3-SM.0711esp201312](https://doi.org/10.5205/reuol.5058-41233-3-SM.0711esp201312)
9. Ribeiro MAJ, Silva ICR. A saúde no sistema prisional [Internet]. Goiânia: PUCGO; 2013 [cited 2017 Aug 13]. Available from: <http://www.cpgls.pucgoias.edu.br/8mostra/Artigos/SAUDE%20E%20BIOLOGICAS/A%20sa%C3%BAde%20no%20sistema%20prisional.pdf>
10. Calhiari EA, Santos LRS, Brunini BCCB. Perpetrators to victims: the blind and void rights of pregnant woman in jail situation. Psicologia argumento [Internet]. 2015 July [cited 2017 Aug 13]; 33(82):393-409. Available from: <http://www2.pucpr.br/reol/pb/index.php/pa?dd1=16203&dd99=view&dd98=pb>.
11. Pesce L, Abreu CBM. Pesquisa qualitativa: considerações sobre as bases filosóficas e os princípios norteadores. Rev FAEEBA [Internet]. 2013 June/Dec [cited 2017 Oct 08]; 22(40):19-29. Available from:

https://www.revistas.uneb.br/index.php/fae_eba/article/view/747/520

12. Jesus MCP, Capalbo C, Merighi MAB, Oliveira DM, Tocantins FR, Rodrigues BMRD, et al. The social phenomenology of Alfred Schutz and its contribution for the nursing. Rev esc enferm USP 2013 June; 47(3):736-4. Doi: <http://dx.doi.org/10.1590/S0080-623420130000300030>

13. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.

Submission: 2018/03/31

Accepted: 2019/01/02

Publishing: 2019/02/01

Corresponding Address

Amuzza Aylla Pereira dos Santos
Programa de Pós Graduação em Enfermagem
Escola de Enfermagem e Farmácia
Universidade Federal de Alagoas
Av. Lourival Melo Mota, s/n - Cidade
Universitária
CEP: 57072-900 – Maceió (AL), Brazil

English/Portuguese

J Nurs UFPE online., Recife, 13(2):541-5, Feb., 2019