



HEALTH BEHIND BARS: THE PERSPECTIVE OF DETAINEES UNDER CLOSED REGIME

SAÚDE ATRÁS DAS GRADES: SOB A ÓPTICA DOS DETENTOS EM REGIME FECHADO SALUD TRAS LAS REJAS: BAJO LA ÓPTICA SOMETIDA A LOS CONDENADOS A SISTEMA CERRADO

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ABSTRACT

Objective: to examine health from the perspective of convicts in a closed regime. **Method:** exploratory, descriptive, quantitative and qualitative study; developed in a Prison System of João Pessoa/PB/Brazil, with a sample of 15 prisoners. Data collection was conducted through semi-structured interviews and analyzed by percentage extraction of sociodemographic data and qualitative data through thematic analysis technique. The research project was approved by the Ethics Committee of the National School of Public Health Sergio Arouca, under protocol No. 304/2011 and CAAE 0321.0031.000-11. **Results:** it was evident a dissatisfaction of the prisonates with emergency care unit in Prison because delaying the ambulance arrived and the shortage of trained professionals. **Conclusion:** we need a more reflexive and obsequious to the issue of health in the prison system, seeking to create reforms for inmates to contemplate their rights as citizens. **Descriptors:** Health; Grids; Optics.

RESUMO

Objetivo: analisar a saúde sob a óptica dos apenados em regime fechado. **Método:** estudo exploratório, descritivo, quanti-qualitativo, desenvolvido em um Sistema Prisional de João Pessoa/PB/Brasil, com amostra de 15 apenados. A coleta de dados foi realizada por meio de entrevista semiestruturada e analisada pela extração percentual dos dados sociodemográficos e dados qualitativos por meio da Técnica de Análise Temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa da Escola Nacional de Saúde Pública Sérgio Arouca, sob o protocolo nº 304/2011 e CAAE 0321.0031.000-11. **Resultados:** foi evidenciada insatisfação dos apenados com o atendimento de emergência na Unidade Prisional devido o retardamento da chegada da ambulância e a escassez de profissionais capacitados. **Conclusão:** é preciso um olhar mais reflexivo e obsequioso para a questão da saúde no sistema penitenciário, visando à criação de reformas para os apenados possam contemplar os seus direitos enquanto cidadãos. **Descritores:** Saúde; Grades; Óptica.

RESUMEN

Objetivo: analizar la salud desde la perspectiva de los reclusos en régimen cerrado. **Método:** exploración, desarrollo descriptivo, cuantitativo y cualitativo de un sistema penitenciario João Pessoa/PB/Brasil, con una muestra de 15 reclusos. La recolección de datos se realizó a través de entrevistas semi-estructuradas y analizadas por extracción porcentaje de datos sociodemográficos y datos cualitativos a través de la técnica de análisis temático. El proyecto de investigación fue aprobado por el Comité de Ética de la Escuela Nacional de Salud Pública Sérgio Arouca, bajo protocolo nº 304/2011 y CAAE 0321.0031.000-11. **Resultados:** fue evidente el descontento de los reclusos con unidad de atención de emergencia en la cárcel porque el retraso que llegó la ambulancia y la escasez de profesionales capacitados. **Conclusión:** necesitamos una más reflexiva y obsequioso con el tema de la salud en el sistema penitenciario, buscando crear las reformas de los reclusos para contemplar sus derechos como ciudadanos. **Descriptores:** Salud; Redes; Óptica.

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INTRODUCTION

Health, according to the World Health Organization (WHO), in the preamble of constitution, is considered as a state of complete "wellness-physical mental and social." This concept influenced somehow the laws of its member States.

The concept of health has gained greater consistency after the 1st International Conference of Health Promotion, by submitting a letter of Ottawa, whose pillar health equity recognizes health as indispensable to human dignity, as well as the close and reciprocal relationship of human health with environmental and economic conditions in which they live.

In this context, in relation to the health of inmates in the Prison System Brazilian, even before the institutionalization of SUS, there was already a statutory regulation from the Penal Execution Law - LEP number 7.210/1984. This law in Section III, Article 14, states that the inmate health care and the hospital, preventive and curative care comprise medical, pharmaceutical and dental.

Although there are partnerships between the Ministries of Justice and Health in the pursuit of effective health care by inmates, the services provided to this population still true effects are not successful, due to immeasurable obstacles observed in daily prison system, as politicians, civil, economic and human rights, whether at the national or regional level, there is thus the need to adopt strategies for coping and finding possible solutions to given situations experienced in relation to health.

It is also important to emphasize that there are numerous factors that predispose to a greater impairment of the health of inmates, including the inadequacy of the means of personal hygiene and nutrition, increased susceptibility to infectious diseases due to overcrowding of the cells, their precarious and unsanitary conditions that make prisons an environment conducive to spread of diseases and the spread of outbreaks, personal conflicts associated with violence resulting in injury mild in nature, serious and / or very serious. Besides the problems of a psychological and physiological that contribute to the onset of stress, restlessness, violence, resulting in riots and rebellions, and may even cause damage to the health of its reversible or irreversible, or not followed by death.

Through the above and understand health

be a right essential to the life of any human being, considered to study the health of the convict in Prisons João Pessoa - Paraíba, as a social right guaranteed by the state and is a current topic relevant which involves a whole biopsychosocial context, which requires a reflective look, which should be based on the assumptions that legislate attention to health conditions of all Brazilians, regardless of where you are.

We also emphasize the importance of this research, given the constant need for development of scientific studies that can support the improvement of the current health scenario, observed in daily Prisons, becoming therefore the following question:

The health care provided to inmates in the prison system has been developed to meet what advocates the law of the country, considering the Federal Constitution, the principles advocated by the SUS and the Penal Execution Law?

To answer this question, this study aims to analyze the health from the perspective of convicts in a closed regime.

METHOD

Study is an exploratory, descriptive approach with quantitative and qualitative held in a maximum security Prison Unit, located in the city of João Pessoa / PB / Brazil.

The sample design was a simple random probabilistic where inmates from its interest, agreed to participate in the study, being escorted by correctional officers to the presence of the researchers. The team met the following criteria: be male, meet in a closed meeting imprisonment for more than eight years in a closed regime in a maximum security prison.

We interviewed 15 inmates, who agreed to participate by signing the consent form and the opinions, relating to health, registered in the questionnaire. Data collection was conducted between March and September 2011 by using recorded semistructured interview technique, being guided through a script composed of two stages: the first representing quantitative data that referred to sociodemographic data and the second concerning the qualitative data composed of eight subjective questions, directed at opinion on the health of inmates in Prison. The speeches were transcribed each recording reliably to help analyze the data.

For data analysis, we used the percentage extraction of quantitative data variables, for quantitative analysis, readings were made initially to organize the material to be analyzed, taking up the initial goals of the research material collected against the then aggregate the data trying to identify the categories in accordance with the proposed objective by reference to thematic analysis, and soon after, reflections and interpretations of each category presented using fragments of the speeches of the subjects participating in the research are subsequently discussed based on the literature existente.⁴

Participants were decoded with letter "A" to ensure their anonymity and meet the requirements of Resolution 196/96 of the National Health Council, which provides standards and guidelines regulating research involving humans.⁵ The study was approved

research project by the research Ethics Committee of the National School of Public Health Sergio Arouca - CEP / ENSP and is registered under the protocol number 304/2011 and CAAE 0321.0031.000-11.

RESULTS AND DISCUSSION

With regard to demographics the inmates were asked about their age, education, marital status and occupation. The quantitative results also show the crimes committed and the time penalty.

• Socio-demographic data

Is visualized in figure 1, the majority of inmates 40.0% is aged 35 to 40 years, followed by 26.0% in the age range 40 to 45 years, 20.0% from 25 to 30 years and to a lesser extent inmates 14.0% from 30 to 35 years.

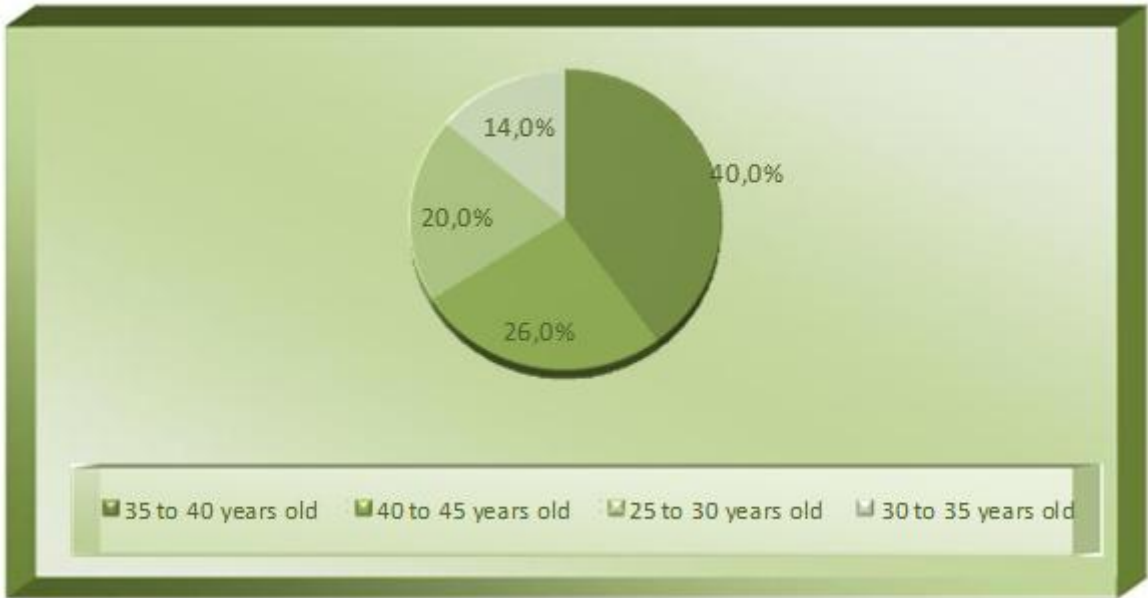


Figure 1. Percentage of the distribution of responses of convicts on the track etária.João Pessoa/PB. Oct.2011.Source: field research / Unit Prison João Pessoa/PB/2011

Note for the results, a higher proportion aged 35 to 40 years old. It is believed that this occurs due to the fact that inmates have committed crimes such great offensive potential homicide, robbery, crime against morals, drug trafficking, rape, among other crimes, considering that most of these crimes are feathers high and vary according to the Penal Code.

Other aspects that we consider important to justify the data presented above, refer to matters relating to unemployment, social inequality, scarcity or lack of applicability of

public policy, responsibility for which belongs to loved Federated.

In aspects of the age of the population of prisoners in Brazil, 122,616 inmates are aged 18 to 24 years old and 105,396 prisoners aged between 25 and 29 years old.

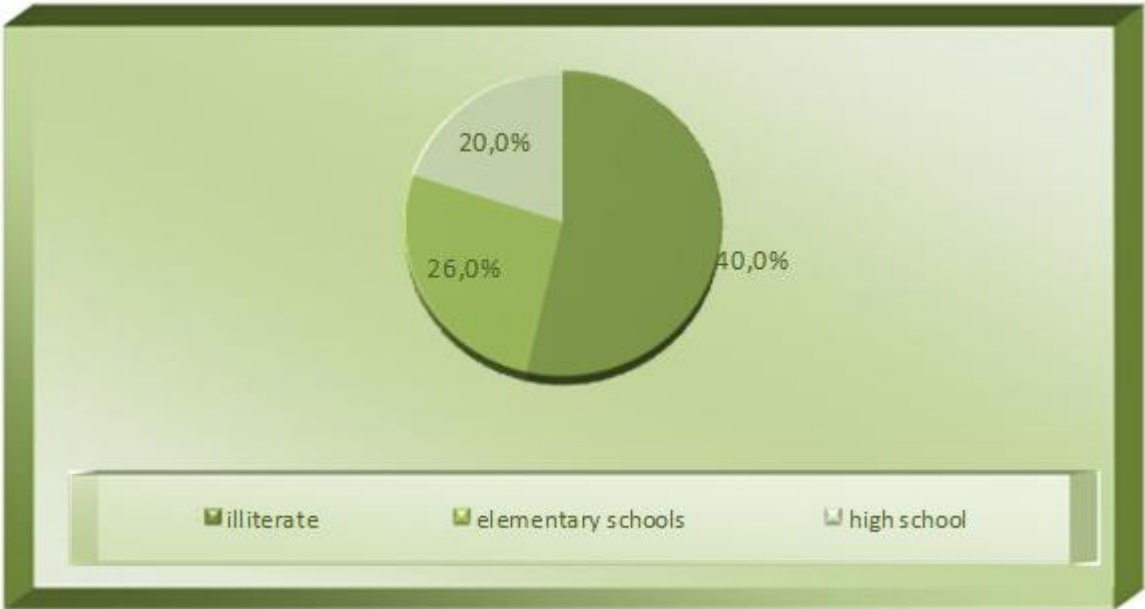


Figure 2. Percentage distribution of the responses by inmates related to schooling. João Pessoa/PB. Oct. 2011. Source: Field research / Unit Prison João Pessoa/PB - 2011

It can be seen in Figure 2, which surveyed 53.6% of inmates are illiterate, 20.0% have finished high school, 26.4% stopped their studies in elementary schools, which are distributed in equal proportion 6.60% respectively 4th , 5 th, 6 th and 8 th grade.

The data presented confirm the statistics recorded in Brazil InfoPen (2010b) 6, where the total male prison population in Brazil,

corresponding to 457,641, 40,568 are in the educational activity inside prisons, with 10,814 inmates in literacy process and 21,880 attended the elementary school. The others are enrolled in other levels of education or refuse to participate in the educational program offered by the Federal Government.

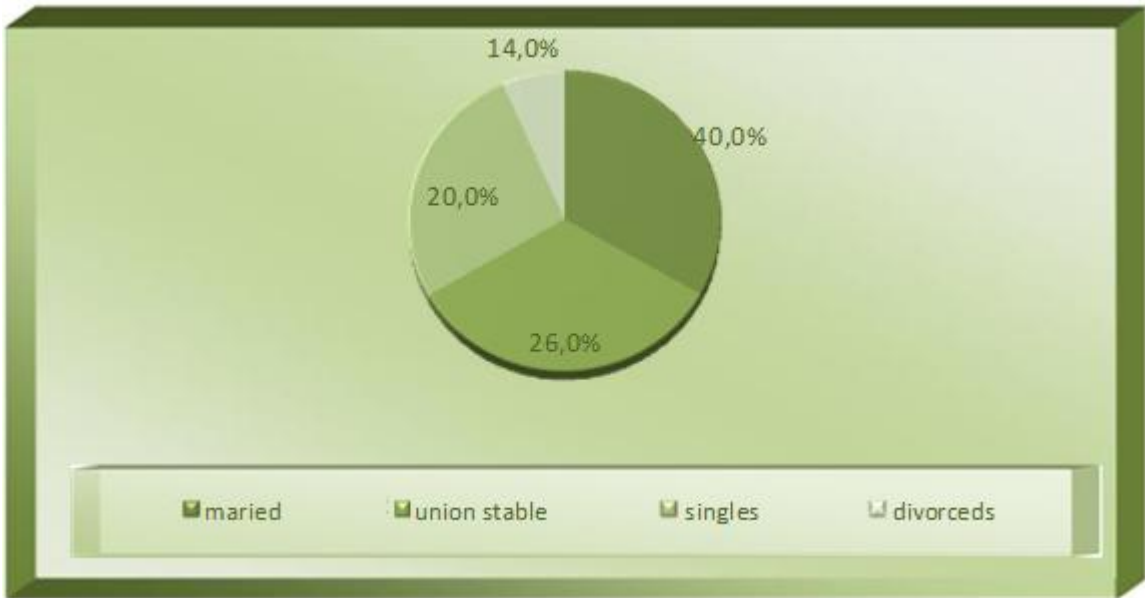


Figure 3. Percentage of the distribution of responses by inmates according to marital status, João Pessoa/PB. Oct. 2011. Source: Field research / Unit Prison João Pessoa - PB - 2011.

It is evident in Figure 3 that the sample of participants 33.3% are married and are in equal proportion of stable, followed by 26.8% single and 6.60% belong to being divorced.

It is thought that regardless of the relationship between the convict and his partner, they can is exposed to numerous diseases when in contact with the inmates in conjugal visit. It is also raises the possibility that the reverse can also occur, ie, the women are vehicles for contamination of the external environment into the prison.

Front of the above and the many exhibitions without proper prevention and protection to prisoners and their contacts. It is evident that the prison system not only threatens the lives of inmates but also facilitates the transmission of the disease in a population in general visitors (family and conjugal visits). For that detainees are not completely isolated from the outside world, an uncontrolled contamination between them represents a serious risk to public health.

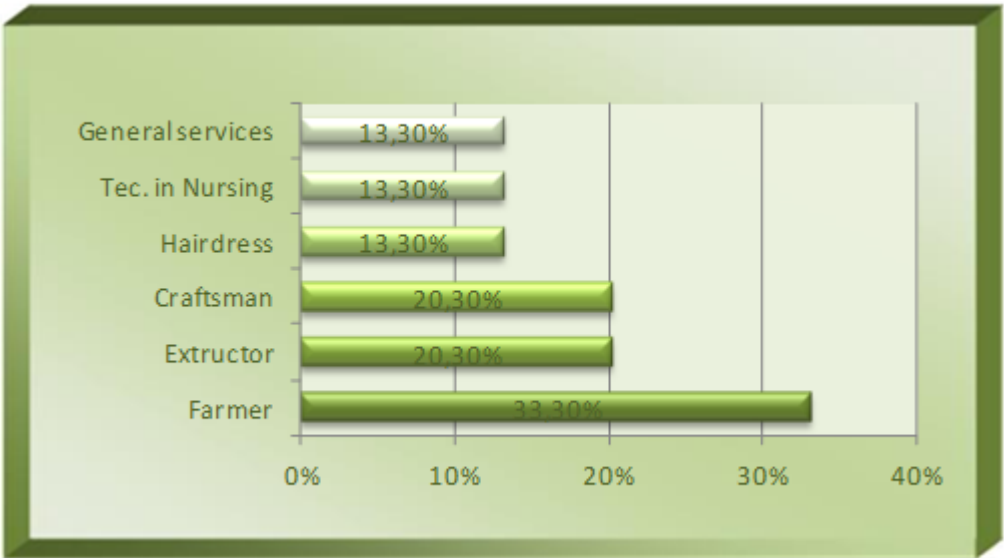


Figure 4. Percentage distribution of responses by inmates according to profession. João Pessoa/PB/Oct./2011. Source: Field Research/João Pessoa/PB/2011.

Professions that inmates exercised before they are serving a sentence, one can show that the majority were farmers with a total of 33.30% followed by 20.30% respectively craftsman, extructor (plastic manufacturing) and Mason in equal proportion 13.30%, hairdresser, nurse and general services.

One can identify that they all had the same profession before committing criminal offenses, but because of the situation that led them to commit certain crimes may not always relate financial needs, but

hypothetically this relationship may be due to the emotional state at the time of the criminal act .

Given this context the incentive to work the inmate has to make sense of Article 29 of the Penal Execution Law which tells us that: "The work of the offender, as a condition of social duty and dignity, will have an educational purpose and productive."

- **Data relating to crimes committed by convicts and length of sentence served**

Table 1. Statement of crimes committed by inmates with their articles against time penalty enforced. John Pessoa/PB/Out./2011.

N of prisoners	C E	Crime Article of Cp	%	T C	time of penauty accomplished
04		To kill somebody/Art.121	40,0	8 to 17 years	
	O	To offend the physical or health integrity of another, Art.129	26,7	1 to 7 years	
03		To kill somebody / To steal, Art.121/157	20,0	12 years	
02	E	Rape/Art. 213	13,3	4 to 6 years	
Total	-----	-----	100	-----	

Origin: Research/Prisional Unit of João Pessoa (PB), 2011.

It can be seen in Table 1 that the research subjects investigated 40.0% were sentenced under Article 121 of the Criminal Code (killing someone) the variation between these convicts serve their sentence is 8-17 years. Following these data 26.7% offended bodily integrity or health of others, typified in Article 129 of the same Code, where the sentence is served around 1-7 years. The data also show that 20.0% plus kill someone practiced theft; they have already served 12 years worth. As for the crime of rape 13.3% carried this offense and has served time 4-6 years. With regard to the amount of penalty still to be fulfilled by these convicts, these range from two to thirty years imprisonment.

As for the crimes committed by inmates and presented earlier, are scary because numeric values are relative to crimes and attempted homicides followed consummated and qualified. The data can lead to

reflections on the high marginality promoted by convicts amid EU generating violence outside the prison walls and are penalized when they entered the prison and carry on their violence is, indeed generating these conflicts and the appearance of assaults resulting in lesions which may be mild, serious and very serious resulting in compromised health.

- **Data regarding the opinion of convicts in relation to prison health**

The inmates when asked about the presence of the health care team to provide care, 33% said the existence of this team promptly to serve them. In contrast 67% said the opposite and complemented his statement saying the team does not exist but only a nurse twice a week takes actions like dressing, administering medications, injections, pressure check, blood glucose and

other activities typical of the profession.

They also state that the nurse meets the needs of illnesses that appear in the schedule where he is. Outside these hours if you need to call in emergency cases, agents enable the transport direction of the endorsement. They further argued that this nurse despite efforts rendered unable to contemplate all prisoners because they need health team daily.

Obtained the affirmative, for the presence of health staff, the prison study showed that these departed by inmates who are in socio-educational measures inside the prison, and these character in finishing the sentence. It is believed that these convicts, not to harm the service, claimed the existence of a health team even without the presence of this in order to extol the environment and somehow pleasing direction, because they consider the best of recent times.

The implementation of the National Health Plan of Prisons - PNSSP aims to organize access to the actions of the prison population and health services Health System, implementing various health care primary care in prisons and organizing the actions of references for outpatient services and specialized hospital.

With regard to the state of Paraíba, the State Health Plan Operating System Penitentiary after their qualification, 18 teams were awarded Health, who work inside prisons. Initially there are seven teams distributed in some prisons in the cities of João Pessoa, Campina Grande, Santa Rita and Guarabira. The care provided by these teams is performed by primary care network, with the more complex cases referred to local hospitals.

Even in the implementation phase of health teams in Prisons, Paraíba still presents a quantitative professionals insufficient to meet demand prison. Became evident only 11 dentists, 3 physicians, 8 nurses, 10 nursing assistants, 1 pharmacist, 22 psychologists and 34 social workers when the need is respectively 16 professionals for each modality.

In qualitative analysis, the results were grouped into three categories: Conceptions of convicts on the emergency care unit of the Prison, changes in the health service provided by this Unit Prison inmates and suggestions for improvement of health care in Prison Unit.

• Satisfaction of convicts on the emergency care unit of the Prison

When convicts study participants were asked about their satisfaction regarding the emergency care unit in the same prison showed feelings of dissatisfaction with the delay of the vehicle for the provision of relief and fear of dying for lack of medical care, being evidenced in the statements follows:

[...] Yes, twice went badly. Vi's time to die and I am helped by an agent. It put me in the car and drove me because the ambulance takes too long to get here (A1).

[...] I never had, but I've seen my colleague, a known fall Durinho after taking a drug that gave the agent. It carried him to the hospital and then returned it nice, another shovel ready. The car took too long to arrive (A5).

As regards the transport needs for assistance, resulting from diseases and their complications, or emergencies of all origins can be observed through the lines of convicts suffering a consequence of the instability of the carriage, beyond the reduced quantity thereof, for enabling displacement when their need for attention from health services and high and medium complexity.

In this context, it is worth noting that the convicts are in situations of exposure to violence and health problems needing emergency assistance, so emergency care should be one of the priorities of health care in prisons. However, we note instances of inefficiency in government prisons to provide transportation to drive to a service instance of high complexity.

According to the testimony of A8 are not trained professionals for emergency care.

[...] Yes, so here is a hell, I'm paying the evil done to others, got sick and took me to the hospital, the car took too long to get here and have no doctor here and we are not running to the hospital dies (A8).

As the statements above it is observed that there is lack of emergency care in which mainly the lack of agility and quality of care are present, as well as shortage of qualified staff for these cases, where often the car ends up making paper ambulance. Sometimes the use of this means of transport also serves as deception on the part of the prisoner, which simulates situations in the acute phase of illness to get out of the prison facilities and joint leakage during transportation.

In this sense refers to the Penal Execution Law, in its art. 14 which states that the health care of prisoners and interned preventive and curative care comprise medical, pharmaceutical and dental. And in § 2 of the article is referring to when

established at the correctional facility is not equipped to provide the necessary medical care, this will be provided elsewhere, upon authorization from the establishment.

• Changes in the health service provided by the Unit Prison

When asked about changes in the health service since their arrests, inmates expressed divergent opinions.

Some inmates reported that care is improving; however, these inmates generally converge on the confidence in the new direction, interest, understanding and seeking solutions and ensure that this direction can not evolve because it depends on others that are above.

[...] Now will improve. The Director is a good man and will help us a lot, will struggle to have a doctor here (A1)

[...] Yes, it has improved a lot here. It was much worse and now this Director cares about us, I have faith that it will improve even more, there's even a nurse! Who knows after the doctor arrives (A8)

Already, other inmates understand that nothing has changed in recent years and that diseases such as tuberculosis and AIDS are still scary and sick inmates that they are sharing the same cell, without health care and without satisfactory hygienic conditions, which is reflected the statement below:

[...] Here nothing changes the people come here to talk to Dr. improved is because they are afraid to speak the truth. I'm not afraid of anything so speak the truth here has AIDS and tuberculosis in the same cell, everything is dirty, unhygienic. Another man is within the same corner (A3).

[...] Anything, this is a hell, worst ever spent more at another prison. Has hell worse than this one, at least here we have a remedy for (A6)

As can be seen in the testimony of A3, the living conditions and health remain precarious, due to an unfavorable environment and a variety of diseases, causing not only physical, but also psychological.

Importantly overcrowding in prisons is increasing, being thus, the inmates are increasingly likely to acquire diseases within prisons. It is estimated that 20% of Brazilians are prisoners with AIDS, homosexuality in the consequences of sexual violence by other prisoners and drug use. In addition to these diseases, there are a large number of prisoners suffering from mental disorders,

cancer, leprosy and disabilities (paralytics and semiparalíticos). As for dental health, it just comes down to extractions.

Thus, like other population groups, people who are recruited in a penitentiary also need health care, but what we can see, is lack of supplies needed for such assistance is carried out to prevent and restore the health of these individuals as established in the 1988 constitution, which guarantees access to this population activities and services Health, also the National Health Plan in the Prison System established in 2003 provides for the inclusion of the prison population in the SUS, ensuring that the right to citizenship becomes effective the perspective of human rights through actions and services of primary health care in prisons organized and conducted by interdisciplinary teams of health.

• Suggestions for improvement of convicts health care in Prison Unit.

This category is noted through the testimony, a concern with the lack of health professionals to provide care. These participants believe that they should have professionals working in these services daily, or at least a doctor for complications.

[...] We have a lot of health working all day in here, just so we did not need to leave the hospital in careers (A5).

[...] A unit type in here, the doctor, to doctor, dentist, exams, nurse, everything we need to not get sick (A14).

In these speeches, there is the need that the inmates have minimal health care, the report still targeting assistance to the prevention of health problems. In other testimony, we note that the inmates know their rights, but these are not properly followed.

[...] The law says we have the right, but that's only on paper, at least one doctor here in (A1)

[...] Have prison that has professional, not here and we have not finished going to the hospital or even dying is here (A12)

[...] There are people in my cell ill with tuberculosis and nobody does anything, if I had a doctor (A7)

The right to health includes proper attention to health and related policies that ensure the promotion and protection of human rights of way and focal character immediately to vulnerable and marginalized groups. In this sense, the government's obligation is not restricted to prevent the

individual right to health is violated, but ensure policies and provision of health services to all population groups based on equality, freedom and non-discrimination.

CONCLUSION

The issue of health care in the prison system is emerging problem because the inmates are at risk at all times, with poor hygiene at the mercy of a range of diseases, without any foundation in health care.

The distance between the governing Constitution and what is observed in practice is increasingly clear in the opinion of the convicts, noting that the current prison system needs major reforms so they can contemplate their rights as citizens, because this does not is in line with what advocates the principles of the NHS and the Penal Execution Law.

The paucity of literature on the subject, hinders the diffusion of knowledge and awareness of the real health problem in prisons. It is hoped that this study will contribute to deepening the health issues of inmates, which will support new research that allows for reflection on the subject matter.

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