

TRACKING OF HEALTH PROBLEMS IN WOMEN DEPRIVED OF LIBERTY IN NORTHERN BRAZIL

RASTREAMENTO DE PROBLEMAS DE SAÚDE EM MULHERES PRIVADAS DE LIBERDADE NO NORTE DO BRASIL

DOI: <https://doi.org/10.16891/2317-434X.v11.e3.a2023.pp3271-3277> Recebido em: 04.05.2023 | Aceito em: 08.01.2024

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ABSTRACT

Introduction: The prison situation in Brazil is worrying because it presents problems related to overcrowding, lack of physical structure and health care, poor hygiene conditions, unhealthy conditions, aspects related to violence and intolerance to homosexuality. These causes end up contributing to favor the spread of infectious and contagious diseases, as well as intensifying chronic pathologies, resulting in a public health problem. **Objective:** Track the main health problems that women deprived of liberty have in the prison system in northern Brazil. **Method:** A total of 38 women were included in this cross-sectional study. They were deprived of liberty at the Women's Reeducation Center in Marabá, state of Pará, Brazil. The study took place between October 2020 and July 2021. The participants were 18 years of age or older, female, who spontaneously sought the screening service. A questionnaire composed of two domains was used: the first with questions related to age, ethnicity, marital status, education; the second refers to the identification of health problems identified in individuals. **Results:** The pathologies were identified and separated according to the corresponding system of the human body. A quantity of 25 health problems was found. There were no reports of serious cases. **Conclusion:** It was found that these individuals are more likely to contract diseases and for these reasons, it is important that there are measures to ensure that these locations have adequate hygiene conditions to improve and prevent the spread of these diseases in the penitentiary system.

Keywords: Penitentiary system; Women; Tracking; Health.

RESUMO

Introdução: A situação prisional no Brasil é preocupante pois exibem problemas pertinentes à superlotação, carência de estrutura física e na assistência à saúde, más condições de higiene, insalubridade, aspectos pertinentes à violência e intolerância à homossexualidade. Essas causas acabam contribuindo para favorecer a disseminação de doenças infectocontagiosas, bem como intensificam patologias crônicas, refletindo em um problema de saúde pública. **Objetivo:** Rastrear os principais problemas de saúde que as mulheres privadas de liberdade possuem no sistema carcerário no norte do Brasil. **Método:** Um total de 38 mulheres foram inseridas neste estudo transversal. Elas eram privadas de liberdade do Centro de Reeducação Feminina de Marabá, estado do Pará, Brasil. O estudo ocorreu entre outubro de 2020 a julho de 2021. As participantes possuíam idade igual ou superior a 18 anos de idade, do sexo feminino, que procuraram por demanda espontânea o serviço de rastreamento. Utilizou-se um questionário composto por dois domínios: o primeiro com questões relacionadas a idade, etnia, estado civil, escolaridade; o segundo refere-se à identificação aos problemas de saúde identificados nos indivíduos. **Resultados:** As patologias foram identificadas e separadas de acordo com o sistema correspondente do corpo humano. Foi encontrado uma quantidade de 25 problemas de saúde. Não houve relatos de casos graves. **Conclusão:** Constatou-se que esses indivíduos possuem mais chance de contrair doenças e por essas razões, é importante que haja medidas para garantir que essas localidades possuam condições de higiene adequadas a fim de, melhorar e prevenir a propagação dessas doenças no sistema penitenciário.

Palavras-chave: Sistema penitenciário; Mulheres; Rastreamento; Saúde.

INTRODUCTION

The prison situation in Brazil is worrying, because according to data from the National Penitentiary Department, there are currently 668,135 People Deprived of Liberty (PDL) in physical cells, in addition to 139,010 under house arrest (BRASIL, 2022). The amount related to incarceration does not follow the increase in the number of offenders in Brazil, with a deficit of approximately 213,022 vacancies. Of the total vacancies, 92.7% are for men and only 7.3% are distributed to mixed or exclusively female systems (BUENO, 2021).

Brazilian female prisons exhibit problems related to overcrowding, lack of physical structure and health care, poor hygiene conditions, unhealthy conditions, aspects related to violence and intolerance of homosexuality (MESSIAS *et al.*, 2019; CUNHA, 2021). These causes end up contributing to favoring the spread of infectious and contagious diseases, as well as intensifying chronic pathologies, reflecting a public health problem (MOLINA-COLOMA *et al.*, 2021).

In addition, the confinement itself, combined with the uselessness of the health service, both preventive and care, made available to women in prison, facilitate vulnerability related to physical injuries and the incidence of mental disorders and sexually transmitted diseases (STD) in PDL (OLIVEIRA, 2021).

It is known that it is the right of women, as of any other citizen, to have quality, comprehensive and humanized health care, despite their socioeconomic and cultural condition, whether they are deprived of liberty (ARAÚJO *et al.*, 2020). Because, according to the Penal Execution Law, the health support of the prisoner and the internee, of a preventive and curative nature, will consist of medical, pharmaceutical, and dental care, and when the penal organization is not equipped to provide the necessary medical care, this will be provided elsewhere, with authorization from the management of the establishment (CAMPOS *et al.*, 2020; CARVALHO *et al.*, 2020).

The penitentiary system in Para, in the north of Brazil, has structural, hygiene and health problems, which compromise the health and well-being of the PDL. Thus, this study aims to carry out the health screening of the main health problems that women deprived of liberty have in the prison system in northern Brazil.

METHODOLOGY

Study Population

A total of 38 women were enrolled in this cross-sectional study. They were deprived of liberty at the Centro de Reeducação Feminina (CRFM) in Maraba, state of Pará, Brazil. The study took place between October 2020 and July 2021. The participants were 18 years of age or older, female, who spontaneously sought the CRFM disease screening service. The sample size was calculated using an online calculator (Sample Size Calculator Creative Research Systems) with 80% power and 95% confidence level. The estimated number of participants was 38 (JONES *et al.*, 2019).

The city of Maraba is a Brazilian municipality set in the southeast of the state of Para, in the North Region of the country. It is located 543 km from Belem – PA, at a latitude of -5.36997 and longitude of -49.1169, with an estimated population of 283,542 inhabitants (IBGE, 2022).

The CRFM is the first female prison unit outside the state capital and the only one in that municipality, with a capacity to serve 86 women. Currently, Maraba has an average of 700 PDL, 80 of which are female.

Pilot Study

The validity of the study questionnaire was judged through peer review by relevant experts. Comments were used to improve the final version of the questionnaire and remove any ambiguity or redundancy. In addition, the questionnaire was tested by 30 participants to estimate reliability using Cronbach's alpha index, which showed values above 0.7 for all tested variables.

Analysis Instrument (Questionnaire)

The survey questionnaire was based on previous studies (MOLINA-COLOMA *et al.*, 2021; OLIVEIRA, 2021; PRADO *et al.*, 2021), with some changes to meet the objectives of the study. The questionnaire consisted of two domains: the first with questions related to age, ethnicity, marital status, education; the second refers to the identification of health problems identified in individuals.

Data Collect

After verifying the validity of the study, the questionnaire was distributed to 38 women. Data were collected from October 2020 to July 2021.

Ethical Considerations

The study was conducted in accordance with the Declaration of Helsinki, 2008, and was approved by the Research Ethics Committee of the Sergio Arouca National School of Public Health of the Oswaldo Cruz Foundation, under number 4,341,295.

Data Analysis

The data were organized in a database in Microsoft Excel® Software for descriptive statistics and the results were categorized and presented in a percentage table.

RESULTS

A total of 38 people were recruited for the study tracking the main health problems in women deprived of liberty in northern Brazil. Socioeconomic characteristics are presented in Table 1.

Table 1. Socioeconomic characteristics of women deprived of liberty.

Characteristics	N = 38 (%)
Age	32,2 (18-57)
Ethnicity	
Brown	27 (71,1%)
White	8 (21,1%)
Black	3 (7,9%)
Marital status	
Single	23 (60,5%)
Married	11 (28,9%)
Education	
Illiterate	2 (5,2%)
Incomplete primary education	15 (39,5)
Complete primary education	1 (2,7%)
Incomplete high school	8 (21%)
Complete high school	10 (26,4%)
Incomplete higher	2 (5,2%)

The pathologies were identified and separated according to the corresponding system of the human body. A quantity of 25 health problems was found. There were no reports of serious cases and the CRFM informed that in

cases of complications, the PDL would be directed to the medical professional for a more precise evaluation (Table 2).

Table 2. Pathologies in women deprived of liberty.

Characteristics	N = 38 (%)
Cardiovascular and Circulatory System	
Arterial hypertension	4 (10,5%)
Angina pectoris	10 (26,3%)
Endocrine System and Blood Cells	
Diabetes	3 (7,9%)
Anemia	10 (26,3%)
Digestive system	
Calculus (stone) in the gallbladder	1 (2,6%)
Chronic gastritis	9 (23,7%)
Frequent indigestion	11 (28,9%)
Frequent constipation	11 (28,9%)
Muscular and Skeletal System	
Rheumatism	8 (21,1%)
Sciatica Pain	7 (18,4%)
Herniated disc	2 (5,3%)
Bursitis	10 (26,3%)
Joint pain	23 (60,5%)
Torsion or dislocation	6 (15,8%)
Bone fracture	1 (2,6%)
Nervous system	
Migraines	22 (57,9%)
Seizures	4 (10,5%)
Urinary System	
Cystitis/Urethritis	9 (23,7%)
Ovarian cyst	3 (7,9%)
Sensory System	
Hearing deficiency	5 (13,2%)
Visual impairment	17 (44,7%)
Integumentary System	
Topical dermatitis	9 (23,7%)
Infectious and/or Communicable Diseases	
STD	2 (5,3%)
HIV/AIDS	1 (2,6%)
Others	6 (15,8%)

DISCUSSION

The prison population is more likely to have diseases, as they face poor hygienic circumstances, which can increase the spread of infectious diseases (PRADO et al., 2021). Furthermore, overcrowding in prisons and lack

of access to adequate clinical care may contribute to an increased risk of disease (CARVALHO et al., 2020).

In the study, it was observed that the women deprived of liberty were on average 32 years old, brown, single and with incomplete primary education. These data corroborate the literature. (ARAÚRO et al., 2020; AUDI

et al., 2020; BARBOSA et al., 2020). This population, for the most part, is constituted by black and low-income women, which indicates issues associated with the criminalization of poverty and negro politics in Brazil and in the world (RODA, 2020).

Cardiovascular, circulatory, endocrine and blood diseases significantly affect the prison population (SALES et al., 2020). These injuries are responsible for a considerable portion of mortality in the general population, and are even more worrying among prisoners, due to life and health conditions, which are often precarious (PEREIRA et al., 2021). In the study, it was possible to notice that 26.3%, 10.5%, 7.9% and 26.3% of the women portrayed angina pectoris, hypertension, diabetes, and anemia, respectively. The pretexts of risk for these pathologies include obesity, smoking, sedentary lifestyle, high blood pressure, diabetes, and high cholesterol, among others (SÁNCHEZ et al., 2020). These conditions are common among the penitentiary population and can be amplified by the conditions of life in prisons, which include improper diet and lack of physical activity (JONES et al., 2019). Therefore, it is interesting that these groups have access to timely supportive medical care to prevent, diagnose and treat these problems.

Health problems related to the digestive system also have an indication with the PDL, being influenced by the poor diet in these locations (SCHERER et al., 2020). The foods are not very nutritious and unbalanced, mainly composed of carbohydrates, absence of fruits and vegetables, in addition to a small amount of protein of animal origin (SILVA et al., 2022). In this sense, due to the lack of variety in food, individuals exhibit many digestive problems, such as constipation, gastritis, and indigestion. Studies claim that dietary changes cause an increase in obesity-related diseases and diseases such as stomach and intestinal cancer (SCHERER et al., 2020; SIMAS et al., 2021).

Several dysfunctions of muscular and skeletal health were cited. This is explained by the lack of

infrastructure that prison detention centers have (SIMAS et al., 2021). Prisoners constantly have to spend long hours in small cells with no conditions conducive to movement, which can lead to muscle atrophy, back pain, joint pain and other musculoskeletal problems (BUENO, 2021; PRADO et al., 2021).

Other complaints referred to migraines, seizures, urinary system problems, hearing and vision difficulties and topical dermatitis. The fragility of health makes PDL especially vulnerable to diseases and other health problems (SANTOS et al., 2019). This corroborates with other studies that justify these injuries because this population does not have adequate treatments and may be more prone to complications due to poor living in prisons (SANTOS et al., 2020; TORQUATO et al., 2020)

The most cited infectious diseases were STD. The study by Simas et al. (2021) attributes to overpopulation, poorly ventilated cells without sunlight, and the prevalence of HIV in prisons, as a reason for the spread of these diseases. In addition, the lack of access to hygiene measures, such as drinking water, adequate sanitation, and cleaning materials, can increase the risk of infections and diseases in this population group (FONTENELE et al., 2020). Accordingly, PDL may also be more prone to risky behaviors that increase the possibility of contracting diseases, such as sharing needles or unprotected sexual activity (ARAÚJO et al., 2019).

CONCLUSION

The present work allowed to outline an overview of the main health problems in the prison population in northern Brazil. It was found that these individuals are more likely to contract diseases and for these reasons, it is important to have measures in place to ensure that these locations have adequate hygiene conditions to improve and prevent the spread of these diseases in the penitentiary system.

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