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## HEALTH CARE FOR PEOPLE DEPRIVED OF FREEDOM LIVING WITH HIV/AIDS

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**Abstract:** The infection caused by contamination with the Human Immunodeficiency Virus (HIV) represents a global phenomenon, with a high incidence in reclusive and disadvantaged populations. In the prison environment, regardless of the sentence, the right to health is guaranteed to people in a situation of deprivation of liberty. The construction of this study aimed to know the scientific production on health care for people deprived of their liberty living with HIV/AIDS. This is an integrative review designed to answer: What health care is provided to people deprived of their liberty living with HIV/AIDS? An advanced search was carried out, with a Boolean indicator 'and', in September 2018, with the terms: prisoners, HIV infections, delivery of health care, nursing. The analytical corpus consisted of 18 articles that met the inclusion criteria: full text available and in article format. And exclusion: without free access and those who did not have access to health care for the person deprived of their liberty. The results indicated that testing and treatment for HIV/AIDS serology in people deprived of their liberty appear in 88.8% of the articles. However, only 33.3% offered strategies to maintain treatment after extrication. The use of information and communication technologies to send text messages by telephone or use the computer to carry out professional counseling, home visits with unannounced pill counts are also used as strategies. Referral to primary health care services after extrication was indicated in 27.7%. It was concluded that antiretroviral treatment does not occur for people deprived of liberty who started it before incarceration and the maintenance of therapy was not successful after serving the sentence due to lack of control and a situation of social vulnerability.

**Keywords:** Prisoners; HIV infection; Health Assistance; Nursing.

## INTRODUCTION

The infection caused by contamination with the Human Immunodeficiency Virus (HIV) was discovered in the mid-1980s. Its main form of transmission is sexual intercourse without the use of preventive methods (SANTOS; BISPO; MENESES, 2017). This infection represents a global phenomenon, with a high incidence in reclusive and financially disadvantaged populations, but the contamination of the general population, which does not adhere to the necessary care for prevention, must not be ruled out (CARBONE; et. al., 2017).

The existing cultural, political and economic barriers reinforce the paradigm of social prejudice associated with HIV/AIDS and make it unfavorable to control the spread of the disease. It is worth mentioning that the positive result for the disease is still associated with the fear of judgment from other people in society. It can cause separation from family members, partners, friends and, sometimes, the loss of a position or even a job. Such fears contribute to reduce the demand for knowledge of the condition, despite the secrecy about the diagnosis, and make good adherence to the therapeutic approach impossible (TARRAGÓ; et.al., 2021).

Regarding treatment, people living with HIV/AIDS are guaranteed to enjoy it free of charge in the Unified Health System (SUS), as guaranteed by Law No. 9,313/96. Over the years, there have been many advances in antiretroviral treatment, one of which was the agglutination of medications, with the two-in-one cocktail. This strategy facilitates adherence to treatment and, consequently, improves the quality of life of people living with HIV/AIDS. All people living with HIV/AIDS must be registered with the Specialized Assistance Service and Testing and Counseling Center (SAE/CTA), which

are distributed in all regions of Brazil. This initiative allows for periodic clinical examinations to control the viral load and count CD4 and CD8 T lymphocytes to choose the appropriate medication for the treatment (BRASIL, 2020).

With regard to health in the prison environment, it is noteworthy that, regardless of the sentence, the right to health of people in a situation of deprivation of liberty is guaranteed. Despite this, several studies show that precarious intramural factors, such as sexual intercourse without the use of condoms, drug abuse and overcrowding of cells, contribute to the spread of infectious diseases, such as HIV/AIDS (TARRAGÓ; et. al., 2021; SALDANHA; CARDOSO; PEDROSO; TARRAGÓ; SEHNEM; AMBROS, 2020; CARDOSO; SALDANHA; TARRAGÓ; PEDROSO, 2019). In view of the data presented, the present study was designed to know the scientific production on health care for people deprived of their liberty living with HIV/AIDS.

## METHODOLOGY

Integrative review (SOARES; HOGA; PEDUZZI; SANGALETI; YONEKURA; SILVA, 2014), characterized by the synthesis of knowledge and the identification of scientific production regarding health care for people deprived of their liberty living with HIV/AIDS. Organized from the guiding question: What health care is provided to people deprived of their liberty living with HIV/AIDS?

Developed in the virtual environment for the dissemination of scientific production, called the Virtual Health Library (VHL), in September 2018, according to the PRISMA protocol (GALVÃO; PASANI; HARRAD, 2015). The inclusion criteria previously selected were: full text available, article format, main subject of health service or

antiretroviral treatment. Exclusion criteria were all articles that are not freely available, articles that do not discuss the issue of antiretroviral treatment.

For data collection, the keywords were used: Prisoners, HIV infections, Delivery of Health Care, Nursing. All indexed in the Health Sciences Descriptors (DeCS) and in the Medial Subject Headings (MeSH) English-language medical metadata system. For the advanced search, the Boolean term “and” was applied. A total of 1,894 manuscripts were obtained, of which 764 were available in full text, 758 were articles and 48 had access to health or antiretroviral services as their main subject.

Of the set of 48 articles, 44 belonged to the Medical Literature Analysis and Retrieval System Online (MEDLINE) database; 01 to the Latin American and Caribbean Literature on Health Sciences (LILACS) and 03 to the Bibliographic Database Specialized in the Nursing Area Index Bibliografico Español em Ciencias de La Salud (IBCS). 10 articles not available for free, 16 articles that do not present the type of antiretroviral or drug treatment were excluded. Databases were superimposed to remove duplications in the articles, excluding another 04 articles, totaling a universe of 18 articles analyzed (Figure 1).

For the analysis and interpretation of the universe, the reading and re-reading of the 18 articles were carried out in order to achieve the objective of this study. In due course, the impact and scope of these publications were explored in terms of the quality of the journals, as shown in Table 1.

Ethical aspects and authorship precepts were respected so that all consulted authors were cited and referenced throughout the study. At the same time, the year of publication of the documents was set out as provided for in Law No. 9,610 of February 19, 1998.

## Integrative review

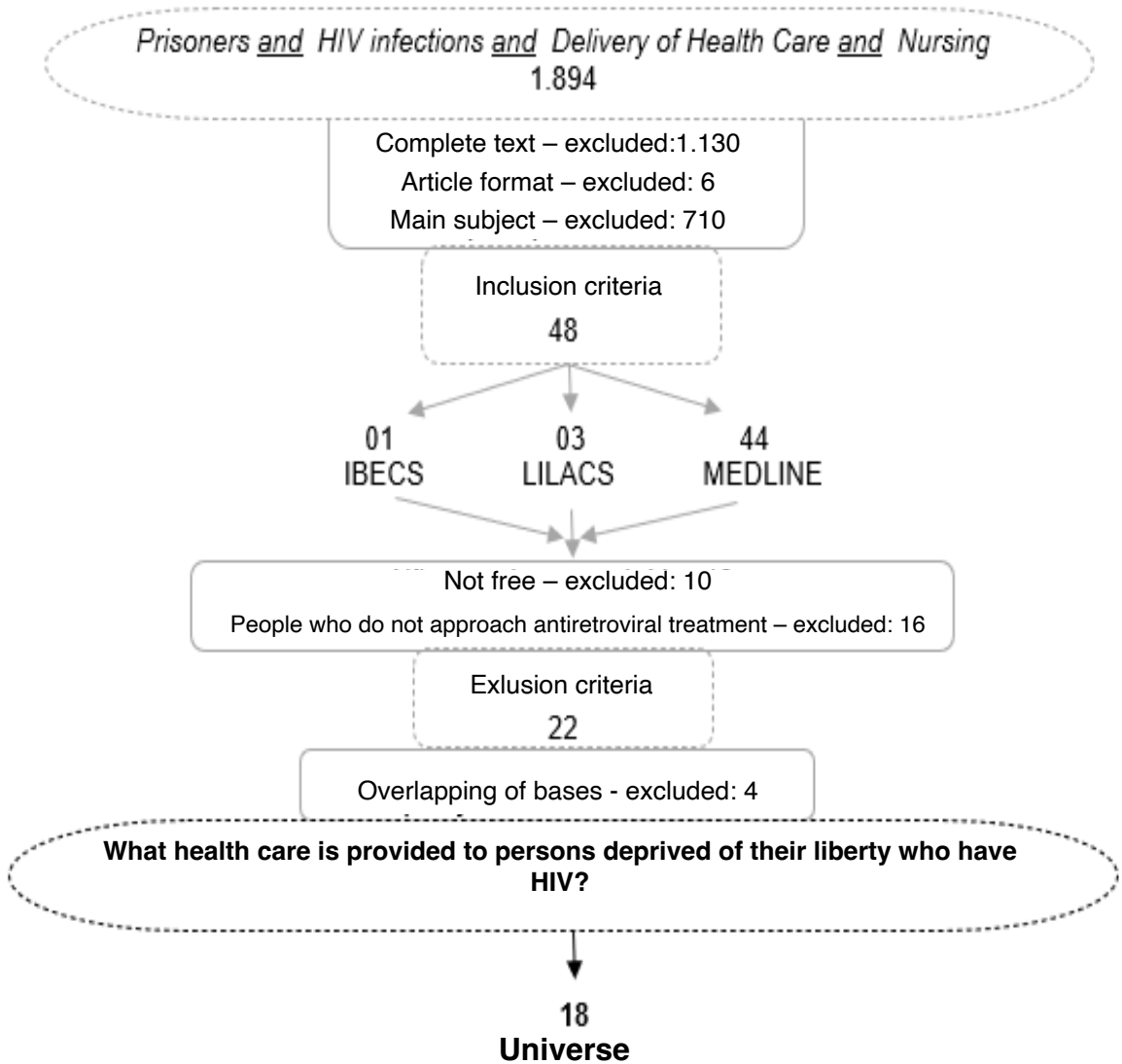


Figure 1 – Universe composition matrix.

Source: the authors.

<b>Authors - Magazine</b>	<b>Title URL</b>	<b>Year - Qualis/FI*</b>
WOHL; et. al. <b>J Acquir Immune Defic Syndr</b>	Randomized Controlled Trial of an Intervention to Maintain Suppression of HIV Viremia After Prison Release: The impACT Trial. <a href="https://www.ncbi.nlm.nih.gov/pubmed/28277487">https://www.ncbi.nlm.nih.gov/pubmed/28277487</a>	2017 A2
KINNER; WINTER; SAXTON. <b>Australasian Psychiatry</b>	A longitudinal study of health outcomes for people released from prison in Fiji: the HIP-Fiji project. <a href="https://www.ncbi.nlm.nih.gov/pubmed/26634662">https://www.ncbi.nlm.nih.gov/pubmed/26634662</a>	2015 0.944
WACHIRA; et. al. <b>BMC Health Services Research</b>	Health facility barriers to HIV linkage and retention in Western Kenya. <a href="https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-014-0646-6">https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-014-0646-6</a>	2014 1.843
HALEY; et. al. <b>BMC Public Health</b>	Multilevel challenges to engagement in HIV care after prison release: a theory-informed qualitative study comparing prisoners' perspectives before and after community reentry. <a href="https://www.ncbi.nlm.nih.gov/pubmed/25491946">https://www.ncbi.nlm.nih.gov/pubmed/25491946</a>	2014 2.420
REMY; WENGER; BOUCHKIRA. <b>La Presse Médicale</b>	Traiter l'hépatite C chez des patients usagers de drogue et/ou précaires: éthique, efficace et utile. / [Treatment of chronic hepatitis C in drug users: ethic, successful and useful]. <a href="https://www.researchgate.net/publication/266950027_Treatment_of_chronic_hepatitis_C_in_drug_users_Ethic_successful_and_useful">https://www.researchgate.net/publication/266950027_Treatment_of_chronic_hepatitis_C_in_drug_users_Ethic_successful_and_useful</a>	2014 0.908
MEYER; CEPEDA; WU; TRESTMAN; ALTICE; SPRINGER. <b>JAMA Internal Medicine</b>	Optimization of human immunodeficiency virus treatment during incarceration: viral suppression at the prison gate. <a href="https://www.ncbi.nlm.nih.gov/pubmed/24687044">https://www.ncbi.nlm.nih.gov/pubmed/24687044</a>	2014 B1
BECKWITH; et. al. <b>AIDS Patient Care and STDs</b>	The feasibility of implementing the HIV seek, test, and treat strategy in jails. <a href="https://www.ncbi.nlm.nih.gov/pubmed/24617960">https://www.ncbi.nlm.nih.gov/pubmed/24617960</a>	2014 4.041
CULBERT. <b>International Journal of Prisoner Health</b>	Violence and the perceived risks of taking antiretroviral therapy in US jails and prisons. <a href="https://www.ncbi.nlm.nih.gov/pubmed/25764073">https://www.ncbi.nlm.nih.gov/pubmed/25764073</a>	2014 3.973
CHITSAZ; et. al. <b>AIDS and Behavior</b>	Contribution of substance use disorders on HIV treatment outcomes and antiretroviral medication adherence among HIV-infected persons entering jail. <a href="https://www.ncbi.nlm.nih.gov/pubmed/23673792">https://www.ncbi.nlm.nih.gov/pubmed/23673792</a>	2013 3.017
MARCO; et. al. <b>Enferm Infec Microbiol Clinica</b>	Análisis del cumplimiento de las "Recomendaciones para el tratamiento de adultos infectados por el virus de la inmunodeficiencia humana" en un centro penitenciario de Barcelona. <a href="http://www.elsevier.es/es-revista-enfermedades-infecciosas-microbiologia-clinica-28-estadisticas-S0213005X12004466">http://www.elsevier.es/es-revista-enfermedades-infecciosas-microbiologia-clinica-28-estadisticas-S0213005X12004466</a>	2013 1.707
STEIN; et. al. <b>AIDS and Behavior</b>	HIV-positive and in jail: race, risk factors, and prior access to care. <a href="https://www.ncbi.nlm.nih.gov/pubmed/23086426">https://www.ncbi.nlm.nih.gov/pubmed/23086426</a>	2013 3.017
ALPERT; WICKERSHAM; VÁSQUEZ; ALTICE. <b>International Journal of Prisoner Health</b>	Alcohol use disorders and antiretroviral therapy among prisoners in Argentina. <a href="https://www.ncbi.nlm.nih.gov/pubmed/24772187">https://www.ncbi.nlm.nih.gov/pubmed/24772187</a>	2013 3.973
ROBILLARD; BRAITHWAITE; GALLITO-ZAPARANIUK; KENNEDY. <b>Journal of Correctional Health Care</b>	Challenges and strategies of frontline staff providing HIV services for inmates and releasees. <a href="https://www.ncbi.nlm.nih.gov/pubmed/24772187">https://www.ncbi.nlm.nih.gov/pubmed/24772187</a>	2011 0.692

TODRYS; AMON; MALEMBEKA; CLAYTON. <b>Journal of the International AIDS Society - Wiley Online Library</b>	Imprisoned and imperiled: access to HIV and TB prevention and treatment, and denial of human rights, in Zambian prisons. <a href="https://www.ncbi.nlm.nih.gov/pubmed/21314929">https://www.ncbi.nlm.nih.gov/pubmed/21314929</a>	2011 5.131
SPRINGER; CHEN; ALTICE. <b>Journal of Urban Health</b>	Improved HIV and substance abuse treatment outcomes for released HIV-infected prisoners: the impact of buprenorphine treatment. <a href="https://www.ncbi.nlm.nih.gov/pubmed/20177974">https://www.ncbi.nlm.nih.gov/pubmed/20177974</a>	2010 1.738
DIUANA; et. al. <b>Cadernos de Saúde Pública</b>	Saúde em prisões: representações e práticas dos agentes de segurança penitenciária no Rio de Janeiro, Brasil. / [Health in the prison system: representations and practices by prison guards in Rio de Janeiro, Brazil]. <a href="http://www.scielo.br/scielo.php?pid=S0102-311X2008000800017&amp;script=sci_abstract&amp;tling=pt">http://www.scielo.br/scielo.php?pid=S0102-311X2008000800017&amp;script=sci_abstract&amp;tling=pt</a>	2008 B1
WANG; et. al. <b>American Journal of Public Health</b>	Discharge planning and continuity of health care: findings from the San Francisco County Jail. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2636533/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2636533/</a>	2008 A1
KLEIN; et.al. <b>Public Health Reports</b>	Promoting HCV treatment completion for prison inmates: New York State's hepatitis C continuity program. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1831802">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1831802</a>	2007 B2

Caption: Qualis/FI\* 2013/2016 - Nursing Area - Sucupira Platform or Impact Factor.

Table 1 – Quality of journals that publicize the research universe.

Source: BVS, 2018.

## RESULTS

The absolute and relative frequency distribution is only intended to substantiate the qualitative data. They have a non-excluding character, that is to say that the same article can present more than one piece of data on the topic.

Of the set of 18 (100%) articles that met the proposed criteria, only 02 (11.10%) indicate only testing for HIV/AIDS diagnosis in persons deprived of their liberty as a form of health care (WOHL; et al. al., 2017; HALEY, et. al., 2014).

Among the 16 (88.8%) articles that indicate testing and treatment for HIV/AIDS serology in people deprived of their liberty, only 06 (33.3%) offered strategies for maintaining treatment after extrication. However, all 16 (88.8%) indicated that the treatment was carried out as a measure to control the infection at the community level. Emphasizing that its beginning must occur,

for people deprived of liberty, at least 60 to 90 days before serving the sentence, so that the viral load can be reduced from the provision of antiretroviral medication controlled by prison officers.

Among the strategies for maintaining treatment after extrication, the use of information and communication technologies for sending text messages by telephone (WOHL; et. al., 2017; WACHIRA; et. al., 2014) or using the computer to carry out professional counseling (WACHIRA; et. al., 2014; CULBERT, 2014), home visits with unannounced pill counts are also used as strategies (WOHL; et. al., 2017). Referral to primary health care services after extrication was indicated in 05 (27.7%) articles (WOHL; et. al., 2017; HALEY, et. al., 2014; CULBERT, 2014; CHITSAZ; et.al., 2013; KLEIN; et.al., 2007).

The failure to adhere to antiretroviral treatment by people deprived of their liberty

was related to the prejudice expressed in the form of communication of health professionals in the treatment of people living with HIV/AIDS associated with the previous situation of deprivation of liberty (KINNER; WINTER; SAXTON, 2015; HALEY; et. al., 2014; CHITSAZ; et. al., 2013), the use of other chemical substances by persons deprived of their liberty (REMY; WENGER; BOUCHKIRA, 2014; MARCO; et. al., 2013; ROBILLARD ; BRAITHWAITE; GALLITO-ZAPARANIUK; KENNEDY, 2011; SPRINGER; CHEN; ALTICE, 2010), the difficulty of communicating the partner about the diagnosis (WOHL; et. al., 2017; MEYER; CEPEDA; WU; TRESTMAN; ALTICE; SPRINGER, 2014), the economic impossibility to travel in search of assistance (WOHL; et. al., 2017; KINNER; WINTER; SAXTON, 2015; TODRYS; AMON; MALEMBEKA; CLAYTON, 2011).

Different justifications for not treating HIV/AIDS in the prison system appeared in articles that referred to the imprisonment of people who had not yet been tried (BECKWITH; et. al.; WACHIRA; et. al., 2014), the non-compulsory the prison institution performing the testing (ALPERT; WICKERSHAM; VÁSQUEZ; ALTICE, 2013); the impossibility of using medication as a form of punishment by prison officers (STEIN; et. al., 2013; WANG; et. al., 2008; DIUANA; et. al., 2008).

## **DISCUSSION**

Health promotion and control of infectious diseases such as HIV/Aids are strategic actions linked to the epidemiological indicators of the National Health Surveillance Policy. More than obtaining information about the spread of the virus, health professionals and society itself are co-responsible for using protective measures (SALDANHA; CARDOSO; PEDROSO; TARRAGÓ; SEHNEM; AMBROS, 2020).

The high incidence of the spread of HIV/AIDS is directly related to the level of concentration of the virus, that is, the viral load present in people living with HIV/AIDS (SZWARCOWALD; SOUZA, 2016). Studies carried out with these people have shown that antiretroviral treatment reduces contamination rates in the population by about 92% when compared to people who do not undergo treatment. They also reinforce the need for therapeutic maintenance and control of health services, which must keep viral loads reduced to practically undetectable levels to prevent transmission (SOUSA; PINTO, 2016; QUEIROZ; SOUSA; ARAÚJO; OLIVEIRA; MOURA); REIS, 2017).

A study carried out in the cities of Curitiba and Recife detected high rates of HIV/AIDS infection with a focus on the young population, with a prevalence of contamination in males, especially among homosexuals, who represent approximately 40% of HIV/AIDS infections (SZWARCOWALD; SOUZA, 2016). This condition also represents the current situation in the prison environment where a population of young adults predominates, with several cases of contamination due to the lack of prevention during sexual intercourse between homosexuals (QUEIROZ; SOUSA; ARAÚJO; OLIVEIRA; MOURA; REIS, 2017). There is also a lack of information on the causes and effects of contamination, which contributes to the high rates of infection and (re)infection by this virus (DOURADO; MACCARTHY; REDDY; CALAZANS; GRUSKIN, 2015; SZWARCOWALD; SOUZA, 2016).

In Rio Grande do Sul, these rates remain high, with direct repercussions on morbidity and mortality from HIV/AIDS. These data are accentuated with tuberculosis co-infection, which makes the condition of people living with HIV/AIDS worsened and challenging for health care services. The socioeconomic inequalities evidenced in the State increase

the vulnerability of the general population, which ends up seeking health services late, consequently hindering early diagnosis and adequate adherence to antiretroviral treatment (PEREIRA; SHIMIZU; BERMUDEZ; HAMANN, 2018).

The behavioral preventive strategies and methods used by health services do not depend solely and exclusively on their professionals, who promote educational campaigns with the distribution of informative material, distribution of condoms and guidelines on use. On the other hand, the biomedical ones do, which are configured in the referral to the network of local services in order to confirm the diagnosis and start the treatment (PIETRANELO, 2013).

Among the methods of drug prophylaxis are Post-Exposure (PeP) and Pre-Exposure (PrEP). The first is used after a possible contamination by HIV has occurred, known as risk exposure, in situations such as: sexual intercourse without using a condom, work accidents involving sharps, among others. For its effectiveness, treatment must be started within 72 hours and maintained for 28 days. PrEP is the preventive use of medication before exposure to the virus, reducing the chances of contamination. The priority audiences of this strategy are homosexuals, sex workers and serodiscordant partners, that is, when one of the couple is infected and the other is not (BRASIL, 2020).

However, people deprived of their liberty, restricted to the prison environment, are subject to judicial barriers and paradigms, imposed by society, which hinder their access to health care services, as well as the entry of health professionals into the prison environment (TARRAGÓ; et al., 2021). This difficulty in accessing health care results in the spread of infectious diseases such as, for example, HIV, which presents itself as a disease that is difficult to control. This fact

contrasts with the responsibility imbued, in public policies, with health services, since they must prioritize populations at greater risk of exposure to contamination. Making this public a priority for the provision of continuous care and for the maintenance of therapy (BEYRER; KAMARULZAMAN; MCKEE, 2016).

The prison environment is the target of negligent conduct related to health in which prejudice prevails compared to the obligation to provide a quality service (QUEIROZ; SOUSA; ARAÚJO; OLIVEIRA; MOURA; REIS, 2017). In Brazil, prison environments are recognized for the lack of adequate health care. A country with a diversity of health policies, but without reasons for their application. In the prison environment, basic health maintenance equipment such as hygiene materials and a balanced diet are not provided (ZAMPIER, 2016). Considering an aggravating situation when referring to a person with HIV/AIDS who has a compromised immune system, who, when not being properly assisted by the health services, becomes more susceptible to comorbidities (SOUSA; ARAÚJO; TELES; RANGEL; NERY, 2017).

The present study identified data that show an incipient health care for people deprived of their liberty in developed countries. Incipience delimited by the performance of a quick test for knowledge of serology and mostly associated with the reduction of viral load in people who are at most 90 days before serving their sentence. In addition, the non-maintenance of antiretroviral therapy after extrication due to socioeconomic problems, with emphasis on the prejudice of health professionals and the lack of resources for travel in order to seek medicines.

These results corroborate the perspective of vulnerability of the prison population compared to the general population



(SOARES; BUENO, 2016). Several factors contribute to this situation, including: inadequate infrastructure, continuous exposure to pathogenic microorganisms, sexual intercourse without the use of preventive methods, overcrowding of cells, precarious health care and lack of prioritization of public policies aimed at to this population (STRATHDEE; WEST; REED; MOAZEN; AZIM; DOLAN, 2015).

Visits represent a guarantee of the rights of the person deprived of liberty, however they are also considered a moment that contributes to the spread of HIV, as there are no previous guidelines regarding general prevention care (CHEN, et. al., 2013). Noting that investment in preventive measures is less costly to the State than in curative measures, which demand more time and dedication from health services (PEREIRA; MONTEIRO, 2015). Therefore, it can be said that the prison regime represents an opportune moment for the applicability of interventions for health promotion and disease prevention, especially sexually transmitted infections (STIs).

## **CONCLUSION**

Health care for the treatment of HIV/AIDS in people deprived of their liberty occurs significantly in the prison environment in the international scenario. This includes testing, serological diagnosis and planning to reduce the viral load, primarily 60 to 90 days in advance of serving the sentence, that is, to leave the prison environment. These health actions are organized and carried out in North American countries through health center and research programs. In Brazil and in other developing countries, it was observed that public security professionals deny the right to health as a form of punishment for people deprived of their liberty or restrict their access as a form of control.

The use of information and communication technologies is the most successful strategy for adherence to antiretroviral treatment after incarceration. It is worth mentioning the use of telephone given to people who have served their sentence, by follow-up programs, so that health professionals can send messages about drug treatment and about measures to prevent reinfection by HIV/AIDS and other infectious diseases.

Despite the identified strategies, adherence to antiretroviral treatment did not occur for people deprived of liberty who started it before incarceration. And the maintenance of therapy was not successful after serving the sentence, because despite the progress obtained by the use of information and communication technologies, its duration was six months. There are still different data that show the reincarceration of these people after an average period of dose months.

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