

# International Journal of Health Science

## DEPRIVED OF DIGNITY: THE HEALTH NEEDS OF A POPULATION DEPRIVED OF FREEDOM

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**Abstract: Objective:** to understand the health needs of the population deprived of liberty as a basis for proposals for comprehensive care in the prison environment. **Methods:** Qualitative research, with 18 people deprived of liberty in a prison in the interior of Minas Gerais. Carried out in July 2023, with data submitted to Thematic Content Analysis. Ethical aspects were respected. **Results:** Those deprived of liberty report numerous needs in prison, mainly regarding improvements in the physical environment, due to extreme unsanitary conditions and overcrowding, which consequently cause mental disorders, insomnia and the use of anxiolytic medications. Furthermore, they emphasize that through idleness and lack of daily activities, feelings of loneliness, non-existence and invisibility arise. Such needs demonstrate that the State does not fulfill its role in including schools, courses and opportunities in prison, which should be fundamental objectives to increase resocialization and reduce recidivism. **Conclusion:** Knowing the health needs of people deprived of liberty allows workers involved in this care to create intervention proposals that actually enable social reintegration. Furthermore, it also helps contribute to promoting comprehensive care and rescuing the dignity of people in prison. **Keywords:** Prisoners; Prisoners' Rights; Integrality in Health.

## INTRODUCTION

Since 1948, the World Health Organization (WHO) has defined health as “a state of complete physical, mental and social well-being and not merely the absence of illnesses and diseases” (WHO, 1948). This social right inherent to the condition of citizenship, in the case of people in prison, under the custody of the State, must ensure all these conditions without distinction of race, religion, political ideology or socioeconomic condition,

regardless of the crime or penalty for which the person was convicted (BRAZIL, 1984).

For Cecilio (2001), health needs should be seen as “good living conditions”, including factors from the external environment and the health-disease process, “having access to and consuming technology to improve and prolong life”, “bonds (a) effective relationships between the subject and the healthcare team”, and “I respect the needs of each human being”. Thus, from a multidimensional perspective, these aspects are related to comprehensive health.

Such comprehensiveness maintains constitutional principles, in which access to health must be universal and equal, and in accordance with one of the principles of the Unified Health System (SUS), health care must be comprehensive. Both are articulated in a perspective that health needs must be fully respected and cared for (CECILIO, 2001).

Mattos (2004), when referring to comprehensiveness, reports that the subject cannot be reduced to illness, but patient-centered care must be conducted, with the construction of care plans consistent with their uniqueness and their real needs. Dialogue, understanding, affective and effective bonds, as reported by Cecilio (2001), are fundamental for the formation of care that meets the humanity of the subject.

When considering, in this scenario, the population deprived of liberty, the right to health, the comprehensiveness of care with a view to the subject's health needs, are often ignored by the State. For Caçador et al. 2024, the prison population sustains a logic of negligence that transcends the deprivation of liberty, encompassing aspects of guaranteeing health, education, leisure and work.

In this sense, understanding the needs of the population deprived of liberty is essential to produce intervention proposals consistent with the complexity embedded in the idea of

reintegration and social reinsertion.

To produce any practices aimed at the population deprived of liberty, it is necessary to know their real needs, desires and future perspectives, as well as the way they signify their reality. So, the question arises: what are the needs and desires of people deprived of their liberty?

The objective is to understand the needs of the population deprived of liberty as a basis for care proposals in the prison environment.

## METHODS

This is a descriptive research of a qualitative nature, as it substantiates the existence of the dynamic relationship between the real world and the subject, the interdependence between individuals and the object, and the inseparable link between the world and the subjectivity of the subject (MINAYO, 2017).

The study location was a prison in the interior of Minas Gerais, which housed 266 inmates, but had capacity for 114 people. These were distributed in 18 cells, being men, in provisional regime, closed, semi-open, in temporary prison and due to food debt.

Eighteen people deprived of liberty who met the inclusion criteria participated in the research, being over 18 years old and those in State custody on a provisional basis or sentenced to serve a custodial sentence, or security measure.

Those in semi-open regime, temporary prison, for food debt and minors were not included. In each cell, the person who had spent the most time in prison was invited to participate.

Data collection was carried out in July 2023, through interviews guided by a semi-structured script, conducted by a previously trained researcher. The researcher introduced himself, informed the objectives, ethical aspects and collected the interviewee's consent to participate in the study by signing the free

and informed consent form. The interviews were previously scheduled, carried out in a private location in the prison in question, recorded and transcribed in full.

The script included sociodemographic issues and specific questions, such as: "what are the needs, difficulties and opportunities offered in the prison?". The data was analyzed using Thematic Content Analysis (Bardin, 2016). Data organization occurred around the pre-analysis stages; exploration of the material and; of the treatment of results, inferences and interpretations and were analyzed in light of the literature (BARDIN, 2011).

The study respected the standards of the National Health Council for research involving human beings in accordance with Resolution 466/2012 of the National Health Council and Resolution 510/2016 which provides for the standards applicable to research in Human and Social Sciences, were observed and applied at all stages. It was approved by the Human Research Ethics Committee of ``Universidade Federal de Viçosa`` (CEPH-UFV Opinion 2.164.274 and CAAE: 70052217.5.0000.5153) and the Public Security Secretariat of the State of Minas Gerais. Participants who agreed to contribute to the study signed the Free and Informed Consent Form (ICF).

Participants were identified by the names of precious stones because all those deprived of liberty are considered important and valuable, regardless of the crime they committed.

## RESULTS

Of the 18 people deprived of liberty interviewed, 17 (95%) reported being between 18 and 40 years old, 13 (72%) did not have a formal contract before being imprisoned, 10 (55%) reported incomplete primary education and four (22%) had completed high school, 15 (83%) were repeat offenders, seven (39%) reported using sleeping pills daily.

According to the testimonies, there is a

great need for access to education, through the greater offer of places in the prison school and the availability of technical and professional courses, in order to develop a trade during the period in prison, expand the knowledge and, with that, open up possibilities for a happier future life.

Some interviewees mentioned the words "reintegration" and "resocialization", exemplifying the real need for education and training offers, whether through high school completion courses, undergraduate or professional courses, as per the following statements.

"Offering things that can bring something good in the future is good, just like I think about computing, computer classes and such. Something that expands our knowledge would be good" (jasper).

"Like, I can't study because there's no course offered here, a college, anything like that" (agate).

"So, I think there is a lack of courses here to help people reintegrate into society, you know? That's what's missing. Because there are a lot of prisoners in here who don't know how to do anything. Help the prisoner more to integrate into society, to get a profession" (tiger's eye).

"In my point of view, I think there should be some program to resocialize these people" (blue quartz).

"There is also a lack of courses for prisoners, an electrician's course, which is not available within the unit, which would also be important, right, in helping the poor recover" (green quartz).

The need for work within the prison is also evident, in order to help people, feel useful and occupy their minds and time in a productive way. This way, they can try to forget the problems experienced, sadness and longing, even for a short period of time.

It is worth noting that the prison in

question has some job opportunities, such as cleaning, cooking, gardening and a brick factory. However, there are few vacancies, noting the need for a greater supply, which covers a greater number of people deprived of liberty, in order to contribute both financially and in reducing the sentence, as well as in the use of time and learning new skills.

“Ah, I think things could change, opportunities for prisoners to work in a closed regime, no one has the opportunity, you know” (diamond).

“I wanted to see if there was a service way to work here, to really improve us. There had to be more service here, because there is more and just for some people, I wanted to be part of them” (sapphire).

“I work here, cleaning, but I work practically all day cleaning the jail here. It’s cool because then you relax, you have a lot of fun, you don’t get too sad” (emerald).

Furthermore, there is a need for leisure and entertainment activities, such as visits, conversations, physical, artistic and educational activities. Respondents report that they spend a large part of the day idle and that conversations, research and even lectures create a feeling of appreciation and acceptance, as they help pass time more quickly and provide knowledge.

“If we want to do a craft, something like that, a physical activity, it’s not available” (jasper).

“There are not enough people to come and talk to us, to show us that we are a concern somewhere. So, it gives us an incentive” (chalcedony).

“You guys came to give a lecture to these bunch of prisoners there. There’s a big room up there, to talk about these diseases that a lot of people in prison here don’t even know about, like tuberculosis” (blue quartz).

Also, it is observed that there is a need for psychological support, due to loneliness, lack

of daily activities, precarious and unhealthy environment, isolation, lack of family contact, which causes mental disorders and can lead to depression, anxiety and other emotional problems.

In this way, some care, such as conversations, prayers and psychological support, demonstrate concern and care, reducing sadness and loneliness. Furthermore, some testimonies report that it is necessary to “invest in the emotions” of those deprived of liberty, so that they stay away from crime and drugs and reduce the chance of recidivism in the criminal system, as evidenced below.

“We don’t talk to others, it makes us lonelier, right” (amber).

“It’s interesting to provide support for the prisoner, he’s always doing whatever activity it may be for the prisoner, he’s already occupying his mind with something, so that would be very important” (hawk’s eye).

“I think I would have to invest in the emotional part of the person, in the family part, right?! To try to rescue this person. Trying to get rid of drugs, get rid of crime, right?!” (blue quartz).

Furthermore, there is great demand for sleeping pills, tranquilizers and anxiolytics. The excessive use of these medications is linked to physical discomfort, due to living in overcrowded cells, without a minimum of comfort and privacy, due to the lack of structure and sanitation, permeated by anger, nervousness and sadness.

“Every now and then we need some to sleep too, because we’re bad at sleeping, just like I can’t sleep” (rubi).

“I think I would need a medicine to sleep, I can’t sleep at all, I think because the cell is crowded, it’s too tight” (Sapphire).

“I needed to take a sleeping pill, because I was very nervous, you know, very upset, I start to shake, I get very nervous, I needed

a medicine to calm me down or to help me sleep” (amethyst).

“It’s very bad to sleep, you know, it’s very crowded, 17 in each cell and if they do they put more than 20, I’ve never seen it as crowded as it is now, and there are people on mattresses on the floor sleeping, I sleep with a friend of mine who calls to sleep together, because it’s very crowded” (diamond).

Thus, it is clear that there are countless needs in prison, many of which are due to physical aspects, the unhealthy environment and overcrowding, which consequently cause sadness, mental disorders, insomnia and the use of anxiolytic medications, but also due to everyday aspects, focused on idleness and lack of daily activities, which cause loneliness and a feeling of non-existence and invisibility.

Furthermore, some needs refer to the negligence of the State, observed through the lack of schools, courses and work in prison, which should be fundamental objectives to increase resocialization and reduce recidivism.

## DISCUSSION

The United Nations Economic and Social Council, in its resolution 1990/20 of 24/05/90, recommended, among other issues, that all incarcerated people should enjoy access to education with the inclusion of literacy programs, basic education, professional training, recreational, cultural, physical education and religious activities, as well as social education, higher education and library services (ONOFRE; JULIÃO, 2013).

On the other hand, according to the National Penitentiary Information Survey (INFOPEN), in 2018, 53% of those deprived of liberty had incomplete primary education. Furthermore, only 15% of the Brazilian prison population was involved in work activities, demonstrating the scarcity of jobs in the prison system (BRAZIL, 2018).

According to Ranuzi et al. (2018), the right to education is not being guaranteed to those deprived of their freedom, as the system itself does not offer conditions to continue their studies. Education is undoubtedly a potential transformative means, which contributes to personal and social development, takes up time, makes it possible to obtain benefits related to serving a sentence and is related to obtaining employment and reducing the stigma of prison.

Education in prison should act to resocialize and restore the self-esteem of those deprived of liberty, as according to Onofre and Julião (2013), it is understood as a device that provides, in addition to school instruction, the development of processes of subjectivation and self-construction that expand your ability to perceive yourself and others, developing critical sense, belonging and sociability.

However, education is used as an “exchange currency” between agents and managers, understood as a privilege within the penitentiary system, involved in a game of interests and powers. Furthermore, there is a lack of interest and lack of support from prison security agents for educational activities in prison schools and the non-recognition of education as a right of subjects in situations of deprivation of liberty (CUSTODIO; NUNES, 2019).

In addition to access to education, according to the National Health Promotion Policy (2010), leisure is considered a necessity for all citizens, whether they are deprived of liberty or not (BRAZIL, 2010). Leisure, for Bacheladensk and Matiello Júnior (2010), reveals itself as an important care practice related to improving quality of life, physical and mental aspects. Emotionally, physical activity such as leisure regulates metabolism in order to confer sensations of pleasure, joy, smile, reduces stress and, consequently, increases satisfaction with life. Furthermore, physical

activities improve physical conditioning, reduce the loss of bone and muscle mass, increase strength, coordination and balance, reduce functional disability, negative thoughts and promote improved well-being and mood.

However, it is observed through this study that there is no promotion of physical and leisure activities in prison, nor are there spaces that enhance these practices. These should be treated in their own nature, as a right of this population, as they contribute to the consolidation of a less tense environment, disseminate quality of life and act to improve the mental health of those deprived of liberty.

In this sense, the right to work is also not offered, even though it contributes to the remission of the sentence, acting as learning, professional experience, occupation of idle time, greater psychological conditioning and a means of having some money to assist with family or personal needs (RANUZI et al., 2018).

The work is offered to some people deprived of liberty who are considered “privileged in prison”, often due to relationships established with prison officers (VIEIRA; STADTLOBER, 2020). However, according to the Criminal Execution Law (BRAZIL, 1984), the social assistance service must collaborate with the ex-mate to obtain work and the latter must act with educational and productive purposes, in order to grant a condition of human dignity.

Infopen reports that the incarcerated population in Brazil is “mainly made up of young black people, with low education and low income”, the main factors of socioeconomic vulnerability (BRAZIL, 2018). Furthermore, based on information made available in 2017, 54% of those deprived of liberty were young people up to 29 years old, 63.3% were black and mixed race, and only 13.1% had a formal contract before being imprisoned (BRAZIL, 2018; OLIVEIRA et al., 2018).

Thus, it is observed that a large part of

those deprived of liberty come from layers of society marked by vulnerability, without access to work, study, leisure and income, and when they enter prison they increase this vulnerability, they continue without opportunities for employment and study., and after leaving the prison environment, they begin to carry the stigma of irrecoverable and unreliable ex-convicts, being considered as low-skilled labor who will relapse into crime sooner or later (VIEIRA; STADTLOBER, 2020).

These and many other difficulties make it extremely difficult for the ex-mate to return to social life, causing them to commit new crimes again and return to the criminal system, making it a vicious cycle and the only way out for survival (LEAL; BARBOSA, 2020; CAÇADOR et al., 2021). Second, Caçador et al., (2022), in their study in a penitentiary, presented data in which participants reported that access to study and work were associated with being good people, like someone who has succeeded in life. In this way, going out and working was considered an important act of happiness project.

Furthermore, the environment is an important social determinant in the context of mental health, especially in prison, as it disrupts the emotional state of inmates, due to the changes that occur when they enter this environment and which, together with other stressful factors, enhance feelings of anxiety, fear, helplessness, isolation, rejection, impotence and decreased self-esteem, disrupting relationships, frightening and causing isolation (SANTOS et al., 2017).

Detachment from family relationships, characteristics related to the environment in which they live, such as overcrowding and lack of privacy, lack of support from colleagues, fear of victimization, negative interactions between staff and prisoners, limited daily activities, violence, isolation social situation,

the effects of the prison sentence, the lack of visits, the distance between the prison and the city of their families, directly influence the mental health conditions of those deprived of liberty, causing depression, sadness and anxiety (MINAYO; RIBEIRO, 2016; HUNTER et al., 2021).

Thus, in the prison environment there may be a need to escape everyday reality or to minimize depressive symptoms, and as a result, many incarcerated people rely on the use of psychiatric medication. Those deprived of liberty request medication to sleep, tranquilizers to calm down and medication to “cure” feelings of anguish and depression (SANTOS et al., 2017).

The indication, monitoring and use of controlled medications in prison should be monitored by the mental health team, more than that, the factors that affect health and the needs related to preventing the uncontrolled consumption of these medications should be identified in order to promote health. However, mental health programs are insufficient to meet the specific or comprehensive health needs of those deprived of liberty (SANTOS et al., 2017).

In line with the study, Feitosa (2019) reports that around 38.6% of those deprived of their liberty use controlled medications for a period equal to or less than 12 months. Also, it reports that there is a growing increase in this number, as some professionals who work in prison are based on the belief “medicated subjects, silent jail” (FEITOSA et al., 2019).

Furthermore, the overcrowding of cells, their precariousness and unsanitary conditions make prisons an environment conducive to the manifestation of sleep disorders, depression and anxiety. All the structural factors combined with a sedentary lifestyle, poor diet, abusive use of medication, lack of hygiene and educational and leisure activities mean that a subject who enters this

environment in a healthy condition does not leave without being affected by a disease or with weakened physical resistance and health (SIQUEIRA; CARNEIRO, 2020; CAÇADOR et al., 2021).

Through the diverse needs understood by those deprived of liberty in the context of prison, the custodial sentence continues to fail to achieve the objectives of guaranteeing the subject’s resocialization and reintegration into everyday life. The sad reality that hangs over the penal system only causes those deprived of liberty to distance themselves from the desired social reintegration, making them return to the practices that led them to prison (CAÇADOR et al., 2024).

## **FINAL CONSIDERATIONS**

Understanding the needs and desires of people deprived of liberty enables workers involved in this care to reflect on intersectoral and interdisciplinary intervention proposals that actually enable social reintegration. Health, understood in an expanded dimension, depends on the possibility of reintegration, which demands deeper studies of its needs, as well as specific care policies to subvert the merely punitive logic of the prison system.

Furthermore, the study makes it clear that the deprivation of freedom cannot mean the deprivation of human dignity. Rescuing the humanity of people deprived of liberty is a condition for the production of comprehensive care in the context of prison.

It is important for nurses and health professionals who care for people in need to know the health needs of this population to promote unique care that is coherent with the complexity of daily life in prisons.

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