

THE HEALTH OF MEN DEPRIVAD OF LIBERTY IN BRAZIL

A saúde dos homens privados de liberdade no Brasil

La salud de los hombres de libertad privada em Brasil

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ABSTRACT

Objective: to analyze the national scientific productions about men's health care in the prison context. **Method:** integrative literature review following six steps. The searches were performed in a database - Latin American and Caribbean Health Sciences Literature and in the online journal portal - Scientific Electronic Library Online. Studies from the last ten years, published in Portuguese and in full were included. The analysis and exposition of the results were through the descriptive approach. **Results:** The search resulted in 546 articles in both databases. After analyzing the inclusion and exclusion criteria, nine studies were included. After reading and analyzing these studies, four thematic categories were constructed. **Conclusion:** What is approached and defended in public health policies is not put into practice. Health professionals and security agents act in a simple assistance, without humanization, and without preventive health measures.

Descriptors: Men; Prisons; Nursing; Men's Health.

RESUMO

Objetivo: analisar as produções científicas nacionais a respeito do cuidado em saúde dos homens no contexto prisional. **Método:** revisão integrativa seguindo seis etapas. As buscas foram realizadas na base de dados - Literatura Latino-americana e do Caribe em Ciências da Saúde e no portal de periódicos online - *Scientific Electronic Library Online*. Foram incluídos estudos dos últimos dez anos, publicados em português e na íntegra. A análise e exposição dos resultados foram por meio da abordagem descritiva. **Resultados:** A busca resultou em 546 artigos em ambas as bases, após análise dos critérios de inclusão e exclusão foram incluídos nove estudos. Após leitura e análise desses estudos foram construídas quatro categorias temáticas. **Conclusão:** Não é colocado em prática o que é abordado e defendido

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nas políticas públicas de saúde. Os profissionais de saúde e agentes de segurança atuam em um simples assistencialismo, sem humanização, e sem medidas preventivas de saúde.

Descritores: Homens; Prisões; Enfermagem; Saúde do homem.

RESUMÉN

Objetivo: analizar las producciones científicas nacionales sobre la atención médica de los hombres en el contexto penitenciario. **Método:** revisión integral de la literatura siguiendo seis pasos. Las búsquedas se realizaron en una base de datos - Literatura Latinoamericana y del Caribe en Ciencias de la Salud y en el portal de revistas en línea - *Scientific Electronic Library Online*. Se incluyeron estudios de los últimos diez años, publicados en portugués y completos. El análisis y la exposición de los resultados fueron a través del enfoque descriptivo. **Resultados:** La búsqueda arrojó 546 artículos en ambas bases de datos, luego de analizar los criterios de inclusión y exclusión, se incluyeron nueve estudios. Después de leer y analizar estos estudios, se construyeron cuatro categorías temáticas. **Conclusión:** Lo que se aborda y defiende en las políticas de salud pública no se pone en práctica. Los profesionales de la salud y los agentes de seguridad actúan con una asistencia simple, sin humanización y sin medidas preventivas de salud.

Descritores: Hombres; Prisiones; Enfermería; La salud del hombre.

INTRODUCTION

Brazil ranked third in countries with the largest prison population, below the United States and China. The Brazilian prison population rate is 337 people per 100 thousand inhabitants, based on a population of 213.53 million people. In 2016, this population was divided into 1449 penitentiaries in the national territory¹.

The prison capacity of these institutions is a total of 417.000 vacancies. However, the occupancy rate is of 172.9%. From 2000 to 2016, the Brazilian prison population grew by 313%. The total Brazilian prison population, until 2016, was 6.9% for women and 93.1% for men, corroborating data from the scientific literature².

The study² also portrays that, within the context of visibility, to analyze epidemiological data related to the health care of people deprived of liberty is a challenge, since there are few studies, even Brazil has had some structured policies for some time, such as Integral Attention to Men's Health and the National Health Insurance in the Penitentiary System.

In 2014, the National Policy for Comprehensive Health Care for Persons Deprived of their Liberty in the Prison System (PNAISP) was instituted. Its main objective is to guarantee the right to health of all persons deprived of their liberty³, requiring nursing to develop work strategies centered on the specific needs of this population, taking into account their needs, differences and the ethical and legal aspects of the profession, considering the distinct characteristics of the Penal System². Developing teamwork in situations that are proper to the functioning of prisons is challenging. It should be understood that most prisons are located far from urban centers and difficult to access health services.

Health actions are aggregated with the functioning rules of prison systems: the user does not access health services whenever he wants, as well as health professionals cannot work with actions that change the security routine of prisons⁴. The nursing team, despite the 24-hour monitoring of the

prison staff, still expresses a sense of insecurity, cornered by the lack of a safe emergency exit system for them⁵.

Based on all the above, besides the research directed to the health of people deprived of liberty, supporting the promotion of knowledge about the real needs of these individuals and the development of nursing care in the complex dimension of deprivation of liberty, the research question was structured: What does scientific evidence report about the health of men who are deprived of liberty in Brazil's prison system? Therefore, this study aimed to analyze the national scientific productions about men's health care in the prison context. The public policies that conduct the theme will base the discussions and the analysis processes acting as theoretical reference.

METHODS

This is an integrative literature review that allows access to studies already published, since it formulates inferences about a specific topic, contributing to decision-making and deepening the theme. The choice for this research modality is due to the fact that it is a tool that compiles the knowledge already produced and subsidizes the improvement of health care⁶, in addition to being a method that allows synthesis of knowledge through a systematic process and strict. The conduct of IR should be based on the same recommended principles of methodological rigor in the development of research⁶.

The data collected followed six methodological steps: 1) Identification of the subject and selection of the questions; 2) Establishment of criteria for inclusion and exclusion of studies (sample selection); 3) Definition of information to be extracted from the selected articles; 4) Evaluation of studies included in the integrative review; 5) Interpretation of results and 6) Presentation of the review⁷.

The completion of the integrative review was also supported by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) model⁸. The elaboration of the guiding question was based on the PICO strategy, which consists in identifying P= Participant, I= Intervention, C= Control and O= Outcome, which included the population (inmates), the interest of the study (to know the evidence in the health area of this group), the context (care for men deprived of liberty) and the outcome (quality of care provided to this group).

The databases used for the research were: LILACS (Latin American and Caribbean Health Sciences Literature) and SCIELO (Scientific Electronic Library Online). The search was performed in March 2018, simultaneously in LILACS and SCIELO, using controlled descriptors ("Homem", men, and "Presídios", prisons). In the search carried out by controlled descriptors, few relevant studies were found, reflecting a national reality, so it was decided to perform the search with keywords, expanding the study options.

The following strategies were used in both databases: 1) Homem AND (Presidiário OR Presídio); 2) Saúde do homem AND (Presidiário OR Presídio); 3) Homem AND (Presidiário OR Presídio) AND Cuidado em saúde; 4) Saúde do homem AND Prisão; 5) It was performed by controlled

descriptors - “Homens” AND “Prisões”, from the Boolean operators “and” and “or”, aiming to improve the search system and correlate with keywords and descriptors.*

Inclusion criteria were: studies addressing the health issues of men imprisoned in any Brazilian prison regardless of prison time; studies published in Portuguese; studies published between 2008 and 2018; studies involving the nurse’s role in the care of the man deprived of liberty; studies involving the role of the correctional officer in maintaining the health of the inmates. Exclusion criteria were: studies published in other languages, except Portuguese; studies that addressed adolescent or child participants; studies that were associated with a specific pathology.

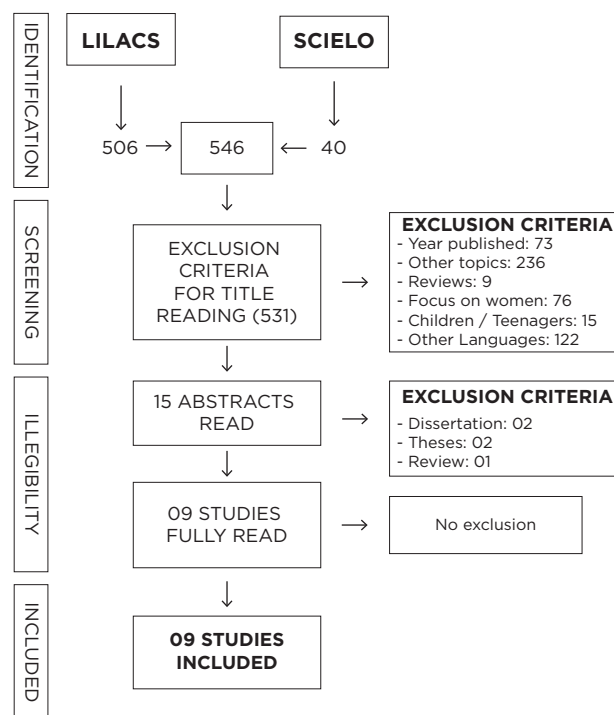
The process of selection of primary studies was carried out by researchers, first and last author of this research, with knowledge in the area. In some disagreements, a third author was consulted. Subsequently, the researcher, after selecting the studies, created a file with the relevant data from each one of them to start and facilitate the process of analysis and construction of the results.

Regarding the level of evidence, all studies were included in level of evidence VI which is characterized by evidence derived from a single descriptive or qualitative study⁹. However, the studies were also analyzed under a descriptive approach, in which they were interpreted and structured in thematic categories. The authors then summarized the main results of each included study. There was no need for approval by the Research Ethics Committee as it is an integrative review seeking evidence published in the databases.

RESULTS

The search resulted in 546 articles through the databases selected in the journal portal. Through the title reading, 531 articles were excluded, of which 73 were out of the year of publication, 236 were on other themes, 9 were an integrative review, 76 were focused on women, 15 focused on children and/or teenagers and 122 were in other languages. After this step, the abstracts of the remaining 15 articles were read, in which two dissertations, two theses, one review, one critical review were excluded, as they fit secondary studies, thus totaling six excluded and nine included articles published in the nationwide, composing the sample of the present integrative review, as presented in the flowchart described in Figure 1.

Figure 1 - Flow Diagram adaptation of the article selection process of the integrative review, according to Mother’s PRISMA; Liberati; Tetzlaff et al. (2009) (10).



All studies were conducted in Brazil. Regarding the authors’ home institutions, some were linked to universities, health departments, graduate and undergraduate students, nurses and teachers. Regarding the year of publication, the most recent is 2018, followed by an article from 2016, one from 2015, four from 2014 and two from 2008.

The types of journals where the studies were published are diverse, two from the Nursing School Anna Nery; one from the Bioethics Journal; a study from the Interinstitutional Journal of Psychology and another from Psychology in Review; another study of the Health Society of São Paulo; a study from the Interdisciplinary Journal; and two more studies published by Public Health Magazine and Public Health Journal (TABLE 1).

* Homem: Man; Presidiário: Prisoner; Presídio: Prison; Cuidado em saúde: Health care; Saúde do homem: Man’s health; Prisão: Prison; Homens: Men; Prisões: Prisons.

Table 1 - Description of the studies included in the integrative review, according to author (s), database, journals and year of publication.

Number	Author(s)	Database	Journals	Publication Year
E1 ⁵	Souza, MOS; Passos, JP.	Lilacs	Nursing School Anna Nery	2008
E2 ¹⁰	Barbosa, ML; Celino, SDM; Oliveira LV; Pedraza, DF; Costa, GMC	Lilacs	Nursing School Anna Nery	2014
E3 ¹¹	Reis, AR; Kind, L	Lilacs	Psychology in Review	2014
E4 ¹²	Diwana, V; Lhuillier, D; Sánchez, AR; Armando, G; Araújo, L; Duarte, AM; Garcia, M; Milanez, E; Poubel, L; Romano, E.	Lilacs	Public Health Journal	2008
E5 ⁴	Jesus, LO; Scarpato, HBK	Lilacs	Interinstitutional Journal of Psychology	2015
E6 ¹³	Martins, ELC; Martins, LG; Silveira, AM; Melo, EM.	Lilacs	Saúde Sociedade São Paulo	2014
E7 ¹⁴	Fernandes, HL; Alvarenga, CW; Santos, LL; Filho, AP.	Lilacs	Revista Saúde Pública	2014
E8 ¹⁵	Carvalho, LES; Souza, PCP; Veloso, MV; Luz, LEV; Feitosa, VC.	Lilacs	Interinstitutional Journal	2016
E9 ¹⁶	Valim, EMA; Daibem, AME; Hossne, WS.	Lilacs	Bioethics Journal	2018

Source: Created by authors.

Regarding the design of the research we have: four qualitative and four quantitative studies, all with evidence in level six. Moreover, in table 2 you can find the description of the objectives, which allows the reader a brief understanding of what was covered in each selected study.

Table 2 - Description of the studies included in the integrative review according to objective, research design and level of evidence.

Number	Aim	Line of Research	Evidence Level
E1 ⁵	To identify the principles that guide nursing practice and discuss the limits and possibilities of the team's performance.	Qualitative Study	VI
E2 ¹⁰	To describe cultural aspects and characteristics of work in primary health care in male prisons in the state of Paraíba.	Qualitative Study	VI
E3 ¹¹	To analyze the discursive productions about health/illness expressed by prisoners who are in closed regime of execution of the deprivation of liberty penalty.	Quantitative Study	VI
E4 ¹²	Tuberculosis and HIV infection prevention and care in prisons.	Qualitative Study	VI
E5 ⁴	To understand how work processes and conceptions of subjects are conceived in prisons, according to professionals working in prison health units.	Qualitative Study	VI
E6 ¹³	To analyze the realization of the right to health of persons deprived of their liberty, under the perception of prisoners, prison officers and health professionals.	Qualitative Study	VI
E7 ¹⁴	To analyze the physical structure, working conditions of health professionals and the conception of processes established in prisons.	Qualitative Study	VI
E8 ¹⁵	Identify health care activities in a state prison.	Qualitative Study	VI
E9 ¹⁶	To verify if prisoners are assisted by prison health teams and receive guidance on the functioning of the on-site health facility when admitted to the system.	Qualitative Study	VI

Source: Created by authors.

The studies were analyzed and separated into four categories, according to the similarity of the themes addressed by the authors. They are: 1. "The care developed by health professionals in the penal system"; 2. "Security staff's perception of prison health"; 3. "Structure, organization and functioning of the health system in the prison system" and 4. "Perception of men deprived of liberty about health care in prison".

The care developed by health professionals in the penal system

The study E1⁵ was conducted in the state of Rio de Janeiro and reports that prisoners have every right to make use of nursing care, where human rights are preserved, concluding that nursing can contribute so that these prisoners have living conditions more dignified and thus redeem feelings of human existence and well-being.

E5⁴, developed in Rio Grande do Sul, states that professionals working in the prison system naturalize antagonistic conceptions about people deprived of liberty, sometimes as subjects of rights/citizens, sometimes as dangerous and marginalized people, influencing the practice of care offered, which was configured as a care that is distinct, at times, from that offered in other health spaces, since it is carried by a sense of social justice that defines who deserves or not being cared for. Health workers in the context of their experience bring us repercussions of understanding and possibilities to understand who these prisoners are and how professionals can help with their health practices, which depends on a broader understanding of their modes of existence in these places unfortunately undervalued by contemporary society.

In E6¹³, developed in Minas Gerais, authors present the precarious conditions of the Brazilian prison system, such as: lack of medical, educational, legal and professional assistance, overcrowding, poor sanitation systems and insufficient food, not to mention violence among inmates, adding all this to alcohol and drug abuse, making the prison a huge health risk to these prisoners, resulting in the denial of their right to health.

E9¹⁶ is a qualitative study, conducted in a prison in Minas Gerais that shows irregularities in the implementation of the minimum protocol for health diagnosis provided for in the National Health Plan in the Penitentiary System (PNSSP). The research revealed that there are still reports of difficulty in care, dissatisfaction with therapeutic conduct and concern with intra-institutional transmission of diseases.

Security officials' perceptions of prison health

In E4¹², also held in the state of Rio de Janeiro, with the security agents, it was observed that they have an important role in the regulation of health, since they are often the same ones that they consider to be - or not - necessary, health care in case the detainee needs it, making it difficult or facilitating this process.

E6¹³ concludes that under the officer's perception, the right to health is not inherent to the deprived of liberty as it will be to the free citizen. Prison officers and health professionals report that within the prison system lack of attention to detainees and poor quality of service is a major problem.

Structure, organization and functioning of the health and prison systems

E2¹⁰, held in the state of Paraíba, showed that for nursing actions to be performed, it is essential to have an appropriate structure to the reality of the penitentiary. However, the precarious situations of scrapping in the Brazilian prison systems hinder the assistance, causing damages to the health of the inmates.

E7¹⁴ discuss about many health professionals reject working in prisons because of the high hazard and inappropriate working conditions for the professional development that the profession requires. This study states that one of the possibilities would be the incentive for the formation of professionals with an adequate profile to the reality of the prison system.

Perception of men deprived of liberty about health care in prison

At the E3¹¹ held in Minas Gerais, the interviews unveiled that inmates consider health as freedom and respect for them and that the right to health implies being met immediately and receiving the necessary medicines. The discussions revealed that hegemonic masculinity brings consequences to health, with direct results in the development of self-care.

The E6¹³ also conducted in the state of Minas Gerais brings us that the convicts portray that having the right to health is being able to be attended immediately, having doctors and nursing staff at the time when care is needed.

The E8¹⁵ held in the state of Piauí states that inmates express feelings of abandonment by nursing professionals. Many nurses are not available full time for care due to the high demand of illnesses of the prison population, causing the ineffectiveness of care to those in need, violating the principle of equality.

DISCUSSION

Life in society was built on moral principles: that of the right ones - those who live in harmony with the legal order - and the world of the wrong ones - those who do not follow such orders. Each of these dimensions of the social scope has solid paradigmatic peculiarities that influence social functioning, beyond personal beliefs and choices, including and excluding, caring and punishing, in a dialectical movement. For this reason, prisons and society are parallel, dissociated and distantly built to make it impossible to make bonds⁴.

It is noteworthy that the conditions of the penitentiary system in Brazil are precarious and face difficulties, among them: poor state of sanitary conditions, insufficient food, overcrowding, lack of legal, medical and educational assistance, in addition to violence among the inmates, and related to

State representatives (security agents and police), as well as sedentary lifestyle and drug use, which potentiate health risks in this context¹².

Professional healthcare life is discouraging. It is permeated by precarious bonds, low-paid jobs, repetitive routine and high psychological pressure, lack of attention to physical and mental health, and institutional violence. These factors indicate that there is a strong relationship between these conditions and the psychological impairment of workers, who end up taking drugs deliberately, or end up developing aggressive behaviors^{13,17}.

Health professionals working in prisons perceive activities as tense, frustrating and demotivating, and have a small number of workers, which can lead to health problems, then the need for managers to look at the health of their servers¹⁸.

Regarding the action models of health professionals within the prison system, these are according to the territory in question, which has peculiarities and priorities that do not always come close to forms of care commonly found in other health spaces. Thus, working in prisons refers to the experience different from that experienced in health facilities located outside, and new models of attention are being launched, consistent with the issues that cross their practices⁴.

The study¹⁹ shows the strong presence of the biomedical model in the care provided to the inmates. Nursing reports that there is no health promotion, that care is punctually centered on the reported pain or symptom, in addition to being a care dependent on the interpretation of the prison officer, who is the first to hear the convict's complaint and decide whether or not they need assistance¹⁹.

Among the professionals of the multidisciplinary team, nursing is the closest to the inmate, besides being a link to other service providers, because it establishes a relationship permeated with moral, ethical and social values when providing care. Nursing, as in penal units, can facilitate the opening of a communication network by encouraging the person to speak, to talk about issues related to their needs, and allowing the person to make their own choices, setting up a therapeutic interaction⁵.

The nurse should work in prisons implementing actions aimed at health promotion, prevention and treatment of diseases experienced by inmates who are targets of continuous treatment such as sexually transmitted infections (for example, syphilis and HIV) that require guidance on the forms of transmission and the importance of condom use; infectious diseases such as tuberculosis, requiring specific care; mental disorders that have a significant impact on an individual's life culminating in the use of controlled drugs that generate chemical dependence and; in addition, chronic degenerative diseases, such as hypertension, that require individual control and change of habits¹⁵.

The need for professional training with profile to face the reality of the prison system is evidenced. Some countries invest in specializations focused on caring for the inmates. For example, family doctors who have worked in prisons and have specialized in this area and have specific training in the most prevalent diseases in prison systems have a different workday¹⁴.

Regarding the structure for carrying out health actions, it is clear that the rules that are provided for in the National Health Plan in the Penitentiary System and the prison reality present discrepancy. It is noteworthy that limitations on the physical structure provide barriers to health care, as well as to affect negatively the biosecurity of professionals and users of the health unit¹⁰.

The organization of the work of the health team is affected by hierarchical subordination and control by the security sectors, even in private aspects of the profession, by the low decision-making power and valorization of workers in the work management process, by the bureaucracy, the lack of training and leisure activities, the accumulation of functions, the lack of professionals, the impromptu work routine and unsteady and dependent work rhythm, as well as the extensive workload and climate of constant alertness, tension and fear¹⁸.

People deprived of liberty understand health as freedom and that the realization of their right in people's lives is closely linked to the economic aspect, because they reported that there is no way to have health in an overcrowded confinement, with poor hygiene conditions, lack of adequate and sufficient structure for medical care, poor quality food and below the necessary, absence of a substantial policy of insertion in work activities, violence and emotional instability, related to the development of clinical diseases¹³.

Inmates attribute as causes for depression, illness and stress, passivity and loneliness passivity and loneliness. Other points also reported were feelings of hopelessness, long confinement time, the situation experienced, the inability to generate solutions to their problems, drug use, loss of social, economic resources and family ties, guilt or shame of the crime, which favor the development of mental disorders, according to their perception¹¹. In Teresina, state of Piauí, men deprived of their liberty realize that health actions in that context are basically restricted to the request for some tests such as: HIV, tuberculosis, routine exams and sexually transmitted diseases (STD); the administration of vaccines and medication in case of illness or when they are ill¹⁵.

Although there are laws and treaties such as the National Health Plan in the Penitentiary System and others at international levels, which aim to contribute to better care for the incarcerated population, their lack of operationalization is visible, thus generating a concern in on the real situation in which these people are, affecting practices of violence and abandonment to the physical and mental integrity of the prisoners²⁰.

CONCLUSION

The development of the present study made it possible to reach the proposed AIM and thus understanding about the marginalized reality of this group. However, it is suggested a reformulation or discussion of public policies related to the prison system, since there were so many setbacks as mentioned in this paper, not only regarding the structure of prisons, but also in the commitment of managers regarding the qualification of health professionals, educational actions

for disease promotion and prevention. The highlight goes to the nursing team, which has a fundamental role in care quality, can improve results and promote new care practices for this group.

Given the relevance of the subject, further discussion on the subject is necessary, as well as consequent elaboration of strategies that speed up the longest parts of the health and disease process, providing the quality of health care in this group and transform prisons a safe place with an suitable environment for the work of health professionals, saving not only time, but also resources.

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