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TUBERCULOSIS AND HIV: REALITY IN A PENITENTIARY SYSTEM IN THE METROPOLITAN REGION OF BELÉM DO PARÁ

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ABSTRACT

Objective: to analyze the occurrence of tuberculosis and HIV in a prison system. **Method:** a descriptive study with a qualitative approach, carried out in a penitentiary in the of city Santa Izabel, located in the metropolitan region of Belém/Pará. Six nurses working in the prison system were interviewed. **Results:** as in other studies, tuberculosis and HIV are prevalent within the penitentiary, thus demonstrating the need for more effective public health policies to face this problem.

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INTRODUCTION

In the light of the Constitutional text in its Art. 6, in which the legislator clearly states that the right to access to health is a social duty of the State with all its citizens, having the obligation to provide it, with full assistance from according to the need of each individual aiming to maintain their well-being and without inequality in all areas of health. However, it is known that the unhealthiness experienced by the population deprived of liberty (PPC) in the Brazilian penitentiary system has succumbed to this right (BRASIL, 1988, 1990; GOMES; KOLING; BALBINOT, 2015). Based on the fact that health is a guaranteed right for any Brazilian citizen, the National Policy for Comprehensive Health Care for Persons Deprived of Liberty in the Prison System (PNAISP) was instituted, in view of the need for social reintegration of persons deprived of their liberty, through education, work and health, in accordance with Law 7,210 of 1984, and taking into account Law 8,080, which determines conditions for health promotion, protection and health recovery. Per Therefore, the PNAISP aims to guarantee the access of these people in the prison

system to comprehensive care in the Unified Health System (SUS) (BRAZIL, 2019). Although this public's access to health actions and services is legally established by the Federal Constitution, there is a major deficit in the fulfillment of the right to health for detainees. As a consequence of this deficit, there are many criticisms made of the Brazilian prison system by national and international organizations. These are related to overcrowding, low number of actions that seek re-socialization and inadequate physical structures and that favor the appearance of health problems. State representatives recognize the flaw in the prison system, as they are responsible for carrying out actions and activities in the health sphere (REIS, 2013 apud BARBOSA et al., 2014). According to Neto and Alves (2018), the very high rates of prisoners with various infectious diseases such as tuberculosis, syphilis, HIV, hepatitis, among others, added to the bad hygienic sanitary conditions, significantly increase the possibility and probability of having an uncontrollable epidemic within the Brazilian prison system. And the health situation within the walls of the prison system can directly reflect on the reality outside the wall. Tuberculosis (TB) remains a public health problem in the world, despite efforts to reduce the incidence, its decline is still far from

desirable levels. Among the countries with the highest incidence of TB, Brazil ranks 15th, with an estimated 116,000 new cases annually. The spread of the disease becomes more evident in the context of human poverty and misery, and in the prison environment, this relationship becomes more evident (KOZAKEVICH GV, SILVA RM, 2015). However, in Brazil, which has the fourth largest population of prisoners in the world, the incidence of TB in prisons is approximately 20 times higher than in the general population (LEMOS, MATOS and BITTENCOURT, 2009; OLIVEIRA, CRODA 2013). TB cases in prisons have been known for a long time, but the application of specific measures has been incomplete and heterogeneous due to several obstacles that have been raised. The greatest risk of infection of prisoners has been due to the lack of structural conditions, the prison's lifestyle, the impact of unofficial hierarchical stratification of prisoners, the discontinuation and therapeutic disarticulation among medical care institutions, has contributed to the worsening of contagion (FERREIRA PG, FERREIRA AJ, CRAVO-ROXO P.2015). Another disease that also represents a public health problem is infection with the Acquired Immunodeficiency Virus (HIV), although many advances have occurred in terms of prevention, diagnosis and treatment of the disease. And within the penitentiaries the reality does not differ, since data from the 2019 penitentiary census show that health conditions are worrying, revealing 9,113 cases of tuberculosis, 8,523 cases of HIV and other conditions, there is still a need to reflect on the underreporting that may be occurring, further aggravating reality. Another relevant aspect is the number is that when analyzing the total number of injuries, it is noted that a detainee may have more than one comorbidity (BRASIL, 2019). Given these facts, this study sought to identify the reality of tuberculosis and HIV and a penitentiary system, the context faced by detainees in order to provide data to discuss the dynamics of health care for this vulnerable population.

METHODS

This is a descriptive study with a qualitative approach. It was held in the prison unit of the municipality of Santa Izabel, located in the Metropolitan region of the State of Pará, located 38 km from the capital Belém. psychiatric follow-up needs; Special Recovery Center Coronel Anastácio Neves - CRECAN, which includes civil servants and military officers who broke the laws; two Centers for Male Screening (CTM I and CTM IV), which serve prisoners from the interior of the region until the time of vacancy in one of the centers of the pole; Heleno Frago colony that works with semi-open prisoners; and Penitentiary Recovery Center (CRPP) I, II, III, these units house offenders who have already been sentenced and those who are still awaiting trial (DEPEN, 2020). The research sample was made up of six (6) nurses who provide assistance in different prison units. As an inclusion criterion, it was decided to be an assistant nurse in one of the units. Data were collected using a script-based instrument from a semi-structured interview, divided into two axes: the profile of the interviewees and the second with questions about health problems in the prison system. In order for anonymity to be guaranteed, pseudonyms were used, starting with the letter "A" (Amanda, Alice, Ângela, Ariel, Augusto, Alexandre). After transcribing the statements and organizing the data, it was possible to analyze the identified data. For data analysis, content analysis was used, which enabled the construction of categories for the formation of the analysis corpus, with the subjects' oral manifestations provided by the interview (BARDIN, 2016). This research was conducted according to resolution 466 of December 12, 2012 of the National Health Council (CNS), even though it uses documentary data and analysis of the territory. Submitted to the Ethics Committee and approved by the CAAE: 53797716.2.0000.5173.

RESULTS

Interviewee profile: Six nurses were interviewed aged between 26 and 46 years old and an average of 35 years old; 66% (4/6) female and 34% (2/6) male; the marital status observed that 66% (4/6) were

single and 34% (2/6) were married. Regarding education, 83% (5/6) are specialists and 17% (1/6) are master's students. Regarding length of service, 83% (5/6) have less than one year and 17% (1/6) have more than one year of service on site. For the analysis of the results, the interviewees were asked about the most frequent injuries among the prisoners.

Tuberculosis in the context of the system: All respondents reported that tuberculosis is the most prevalent disease within the prison system. Sexually transmitted infections were also reported, among which HIV was more representative in the interviews. As can be seen:

"Diseases of compulsory notification: TB, MH, HIV, STDs-syphilis, gonorrhoea, condyloma, etc." (Alexandre - CTM I).

"There's a bit of everything here, if you ask me in numbers ... we have a lot of skin disease, due to the lack of hygiene that is general in the entire prison system, right? This issue is very common ... TB, HIV, hypertensive, diabetic patients, from the ministry programs that we follow up on. There are two cases of HIV, now TB has a high turnover, it is very large because it is semi-open. We currently have 10 patients in treatment, and I just received the result of two more still that I will still make the call. But on average we have at least seven in treatment, we always try to work with the contacts with the contacts closest to him, taking sputum and always asking for his presence in the ward ... "(Alice - CPASJ).

"Without a doubt, it is Tuberculosis. Tuberculosis is what we have weekly notification ... We have approximately 8 cases of Tuberculosis being treated. We are in demand for results, awaiting results from BAAR, and I am almost sure that one will be positive. During the treatment period, unfortunately there is no isolation for them ... "(Angela - CRPP II).

"Here we have is ... pulmonary tuberculosis, STDs, hypertension, diabetes. Oh, and we have trauma, right? Usually by bullet, firearm, or melee weapon. Ah there is HIV too! We have psychiatric patients, right? But due to the use of drugs, right? Sometimes they freak out from withdrawal. (...) we have MH leprosy too, we have 3 cases of leprosy at home "(Ariel - CRPP I). "Generally, they are infectious contagious diseases, mainly tuberculosis" (Augusto - CRPP III).

DISCUSSION

People deprived of their liberty (PPL), along with other population groups, are considered key and priority populations for health care due to the increased risk of HIV / AIDS infection (GENEVA: WHO; 2017). The World Health Organization (WHO) pointed out that the incidence of HIV among key populations continues to increase and that between 40% and 50% of new infections by the virus occur in these populations and their partners (WHO, 2013). The agglomerations and poor hygiene conditions were also factors evidenced in other prison units in Brazil, which came to contribute to the illness of the PPL, being characterized as an obstacle in the fight against TB. Research has shown that the disease that stood out the most was tuberculosis. These data corroborate the findings of Silva *et al.*, (2014), Machado *et al.*, (2016) and Lima *et al.*, (2018) which reaffirm that Tuberculosis has a significant prevalence in the face of deprivation, space reduced, crowded people and lack of good hygiene conditions are favorable to the appearance and proliferation of this disease. In parallel, acquired immunodeficiency (HIV) is also mentioned by the interviewees. HIV presents itself significantly within this prison system, and this reality is compatible with studies carried out in other states in Brazil (MAHATO *et al.*, 2019; CARBONE, *et al.*, 2017; WHO, 2013). It is necessary to discuss HIV in the context of co-infection with TB, in this context the Ministry of Health has been exploring this theme and has even been presenting courses via the Open University to SUS (UNASUS) in order to promote access to information to professionals working in contexts of this co-infection. It is pertinent, therefore, to investigate contexts of

vulnerability in order to identify risk situations and confront them in order to control these diseases. Furthermore, evidence points to tuberculosis as the most prevalent disease in the prison system, relating this prevalence to the low nutritional index of meals available in prisons, combined with the precarious and inhumane hygiene conditions and the stress that the feeling of being confined causes, which increases the risk of illness of prisoners and increasing the risk of a prison epidemic (MACHADO *et al.*, 2016; LIMA *et al.*, 2018; CARBONE *et al.*, 2018). According to Carbone *et al.* (2017), several studies have highlighted the higher prevalence of Tuberculosis and HIV among prisoners than in the general population in Brazil. And that there are a significant number of people deprived of their liberty living with HIV. This situation points to the need for greater attention to health care for this vulnerable population, and their vulnerability is still exacerbated by the limited availability of outside health services.

CONCLUSION

Tuberculosis and HIV undoubtedly represent a serious threat to the health of the population confined in penitentiaries in our country, it is a scenario that presents inadequacies in the means of personal hygiene, lack of access to health services, thus increasing the population's vulnerability deprived of liberty to a series of health problems, such as HIV tuberculosis. In the case of this study, it is noticeable that there are situations that converge to guidelines already indicated in other studies, and for this reason, it is pertinent to highlight this similarity. In any case, it is necessary to understand that the PPL have the same rights as the other layers of the Brazilian population, and, therefore, they must have health rights understood in these terms. Considering these facts and to guarantee the access of the PPL to health services and to reflect this in health care, it is necessary to achieve universal access to the system in order to insert the control of these diseases through public policies. Therefore, it is necessary that society and managers, both at the federal, state and municipal levels, provide, by law, 8,080 favorable conditions for the promotion of health, protection and recovery of health.

REFERÊNCIAS

- Barbosa. M. L. *et al.* 2014. Atenção básica à saúde de apenados no sistema penitenciário: subsídios para a atuação da enfermagem. Esc Anna Nery, v.18, n. 04, p. 586-592.
- Bardin L. 2016. Análise do Conteúdo. São Paulo: Edições 70. 240p.
- Brasil, Departamento Penitenciário Nacional - Ministério da Justiça. Levantamento Nacional de informações penitenciárias INFOPEN - JUNHO DE 2014.
- Brasil. 2019. Lei 8.80, de 19 de setembro de 1990. Brasília, 1990. Disponível em: < http://www.planalto.gov.br/ccivil_03/leis/18080.htm>. Acesso em 4 jun.
- Brasil. Constituição da República Federativa do Brasil de 1988. Brasília, 1988. Disponível em: Acesso em: 04 jun. 2019.
- Brasil. Ministério da Saúde. Departamento de DST, Aids e Hepatites Virais. D
- Carbone ASS, *et al.* Estudo multicêntrico da prevalência de tuberculose e HIV na população carcerária do Estado do Mato Grosso do Sul. Comunicação em Ciências da Saúde, 2018; 28(1): 53-57.
- FERREIRA PG, Ferreira AJ, Cravo-Roxo P. Constrangimentos ao controle da tuberculose no sistema prisional. Rev Port Saude Publica [periódico na Internet]. 2015 [acesso em 2019 dez 03].
- Gomes, N. S.; Kolling, G.; Balbinot, R. A. A. Violações de direitos humanos no presídio do Roger, no estado da Paraíba. R. Dir. Anit., Paraíba, v. 16, n. 1, p. 39-58., 2015.
- Kozakevich GV, Silva RM. Tuberculose: revisão de literatura. Arq Catarinenses Med. 2015; 44(4):34-47.
- Lemos AC, Matos ED, Bittencourt CN. Prevalence of active and latent TB among inmates in a prison hospital in Bahia, Brazil. J Bras Pneumol. 2009;35(1):63-8. 4. Estevan AO,
- Oliveira LGD, Natal S, Camacho LAB. Analysis of the implementation of the tuberculosis control program in Brazilian prisons. Cad Saúde Pública [Internet]. 2015[cited 2018 Feb 22];31(3):543-54. Available from: <http://www.scielo.br/pdf/csp/v31n3/0102-311X-csp-31-03-00543.pdf>
- Oliveira SM, Croda J. Active and latent tuberculosis in prisoners in the Central-West Region of Brazil. Revista da Sociedade Brasileira de Medicina Tropical. 2013;46(4):515-8
- Orlando Osmar Vilela Neto; Luciano Silva Alves. A LEI DE EXECUÇÃO PENAL 7.210/84 E O DIREITO A SAÚDE NO SISTEMA PRISIONAL BRASILEIRO. TCC-Direito, 2018 – repositorioidigital.univag.cim.br. PORTO, Roberto. Crime Organizado e Sistema Prisional. 1. ed. São Paulo: Atlas, 2008, p. 33.
- World Health Organization (WHO). Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2016 Update [Internet]. Geneva: WHO; 2017 [cited 2019 Aug. 15]. Available from: <https://apps.who.int/iris/bitstream/handle/10665/246200/9789241511124-eng.pdf;jsessionid=0022A75F7F36B86FEABE34C3C339028B?sequence=1>
- World Health Organization, United Nations Office on Drugs and Crime and Joint United Nations Programme on HIV/AIDS. HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions. Geneva: WHO, 2013.
