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REAS

ORIGINAL ARTICLE

Clinical-epidemiological profile of people deprived of freedom in the Brazilian backlands

Perfil clínico-epidemiológico de pessoas privadas de liberdade no sertão brasileiro

Perfil clínico-epidemiológico de personas privadas de libertad en el sertón Brasileño

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Abstract

Objective: to analyze the clinical-epidemiological profile of people in prison living in a female prison unit in the Brazilian backlands. **Method:** This is a retrospective, descriptive, quantitative documentary study, developed at the Female Public Prison of Petrolina-PE. The study population consisted of 36 people. Data were collected using the Google Forms® tool, with subsequent descriptive analysis, with the distribution of absolute (n) and relative (%) frequencies. **Results:** the population was mostly made up of cisgender, single women, with incomplete primary education, monthly income of up to the minimum wage and aged between 30 and 39 years. The study highlighted the main health problems identified in the prison institution, as well as the risk factors reported by the study population. **Conclusions:** it is necessary to implement programs aimed at health education, self-care and disease prevention in order to positively impact the quality of life of this population segment.

Descriptors: Women's Health; Health Profile; Epidemiology; Public Health; Nursing; Prisons

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Resumo

Objetivo: analisar o perfil clínico-epidemiológico de pessoas em situação de cárcere residentes em uma unidade prisional feminina no sertão brasileiro. **Método:** Trata-se de um estudo documental retrospectivo, descritivo, de caráter quantitativo, desenvolvido na Cadeia Pública Feminina de Petrolina-PE. A população do estudo foi composta por 36 pessoas. Os dados foram coletados através da ferramenta Google Forms®, com posterior análise descritiva, com a distribuição de frequências absolutas (n) e relativas (%). **Resultados:** a população foi majoritariamente composta por mulheres cisgênero, solteiras, com ensino fundamental incompleto, renda mensal de até um salário mínimo e idade entre 30 e 39 anos. O estudo evidenciou os principais agravos de saúde identificados na instituição prisional, assim como os fatores de risco relatados pela população do estudo. **Conclusões:** faz-se necessária a implementação de programas que visem a educação em saúde, o autocuidado e a prevenção de doenças visando impactar positivamente a qualidade de vida deste segmento populacional.
Descritores: Saúde da Mulher; Perfil de Saúde; Epidemiologia; Enfermagem; Prisões.

Resumen

Objetivo: analizar el perfil clínico-epidemiológico de las personas privadas de libertad de una unidad penitenciaria femenina en el interior de Brasil. **Método:** es un estudio documental cuantitativo, descriptivo, retrospectivo, desarrollado en el Penal Público Femenino de Petrolina-PE. La población de estudio estuvo compuesta por 36 personas. Los datos fueron recolectados mediante el Google Forms®, con posterior análisis descriptivo para distribución de frecuencias absolutas (n) y relativas (%). **Resultados:** la población estuvo compuesta mayoritariamente por mujeres cisgénero, solteras, con educación primaria incompleta, ingresos mensuales de hasta el salario mínimo y edades entre 30 y 39 años. El estudio destacó los principales problemas de salud identificados en la institución carcelaria, así como los factores de riesgo reportados por la población de estudio. **Conclusiones:** es necesario implementar programas dirigidos a la educación para la salud, el autocuidado y la prevención de enfermedades para impactar positivamente la calidad de vida de este segmento poblacional.
Descriptores: Salud de la Mujer; Perfil de Salud; Epidemiología**;** Enfermería; Prisiones.

INTRODUCTION

According to the National Penitentiary Department Information System (SISDEPEN), the prison population grew by approximately 2.4% between 2022 and 2023, representing an increase of about 650 people deprived of their liberty over the course of a year. However, it is noteworthy that Brazilian prisons face overcrowding, considering that the total capacity of prison institutions in 2023 was 481,835, yet only 162,470 cells were available, evidencing a deficit of 33.71%.[1,2]

In this context, as the prison population grows, so do health problems, since an environment with a high population concentration is conducive to the spread of health problems, such as airborne diseases (e.g., leprosy and influenza) and sexually transmitted infections (STIs). This fact highlights the

need for healthcare in the prison environment.[3]

However, the prison environment is understood to be an unhealthy setting, with precarious and inadequate infrastructure for the care of the population. This situation becomes even more unique when considering the health of women deprived of their liberty, since most of them have a pre-existing situation of vulnerability, in addition to various peculiarities that must be identified and assisted in accordance with the principles and guidelines of the Unified Health System (SUS).[4,5]

This situation reinforces the need to understand the operating conditions of prison units that house women as a strategy for aligning proposals that seek to meet women's needs, minimize vulnerability, and offer a substantial improvement in their quality of life.[6,7]

According to the National Policy for Comprehensive Healthcare for People Deprived of Liberty in the Prison System (PNAISP), for prisons or penal complexes with more than 300 inmates, healthcare services for the incarcerated population should be provided by the Healthcare Teams in the Penitentiary System (eAPP), while for smaller prisons, healthcare services should be guaranteed through the Basic Health Unit (UBS) within the territory of the respective prison institution.[8]

However, despite the right to health of incarcerated persons (PPL), prison health is characterized by vulnerability, as there are obstacles to this population's access to health services. Among these obstacles are: triage, which instead of being performed by a qualified health professional, is carried out by a correctional officer, and the insufficient number of officers to transport PPL to specialized services, such as consultations with a dental surgeon. These obstacles contribute to the perpetuation of health problems among PPL and, consequently, to the high rates of underreporting of health problems in the prison system.[9,10]

Considering the vulnerability exposed, it is evident that the health of this population deserves comprehensive attention, guaranteed as a constitutional right to life, anchored in research actions that highlight the gaps in this reality. This research is relevant considering the worrying aspect of the precarious conditions found in Brazilian prisons, including unsanitary living conditions, the epidemiology of infectious diseases, and the transmission chain favored by intimate and prolonged contact. Therefore, this study aims to analyze the clinical-epidemiological profile of incarcerated

individuals residing in a women's prison unit in the Brazilian hinterland.

METHODOLOGY

This is a retrospective, descriptive, quantitative documentary study. The study was conducted in the city of Petrolina-PE, located in the lower-middle São Francisco Valley, and the data collection setting was the Petrolina-PE Women's Public Prison (CPFP). This prison unit accommodates up to 100 incarcerated individuals distributed across eight cells. It is noteworthy that there is a high turnover of inmates in this unit, as it also includes people who are in pretrial detention, i.e., those who have not yet been brought to trial.

It is important to highlight that the present study only began after the signing of the letter of agreement by the institution's coordination and the approval of the project by the Research Ethics Committee (CEP), as per the registration number CAAE 53114221.7.0000.8052. Before the start of data collection, an interview was conducted with the participants to present the objectives of the study and clarify any doubts. This step was fundamental to ensure that all participants could sign the Informed Consent Form (TCLE), enabling the collection of information contained in the medical records.

The sampling for this study was conducted non-randomly, by convenience. Thirty-six records were collected, representing approximately 92.3% of the total prison population. Inclusion criteria were: (i) records of services provided in the first half of 2024; (ii) records with fully completed forms. Exclusion criteria were: (i) incomplete or incorrectly completed records; (ii) records of individuals who did not sign the informed consent form.

For the study, the following variables were collected: name, age range, monthly income, gender, place of birth, marital status, education level, active diseases/conditions/problems, medications used continuously, controlled medications, drug allergies, cases of mental disorders, sexually transmitted infections, leprosy, chronic non-communicable diseases, drug use, alcoholism, smoking, and alterations in the cytopathological examination (candidiasis, bacterial vaginosis, and trichomoniasis).

For data collection, a form was created using Google Forms®, which enabled the automatic tabulation and organization of responses. The collected data were exported to Microsoft Office Excel®, where they were structured to facilitate analysis. Subsequently, a descriptive analysis was performed, which included the presentation of absolute (n)

and relative (%) frequency distributions and the arrangement of the data in tables.

RESULTS

The sample for this study consisted of 34 cisgender women and 2 transgender men housed in the Petrolina-PE Women's Public Prison in 2024. As shown in Table 1, it is noteworthy that, among the studied population, 50% (n=18) were single at the time of data collection, 33.3% (n=12) were in a stable relationship, 13.3% (n=5) were married, and 2.2% (n=1) were widowed.

The age range varied between 18 and 69 years, with the prevalence, however, of people between 30 and 39 years old (50%; n=18), with a mean age of 37.5 years and a standard deviation of 8.74. It is noteworthy that the majority of the study participants had incomplete primary education (55.55%; n=20) and a monthly income of less than one minimum wage (91.66%; n=33). Among the sample, 61.1% (n=22) were from the state of Pernambuco, where the prison institution is located.

Table 1: Sociodemographic characterization of incarcerated individuals at the Petrolina-PE Women's Public Prison, Brazil, 2024.

Sociodemographic Characteristics	N	%
Gender		
Cisgender Women	34	94.4%
Transgender Men	2	5.5%
Age Range		
60-69 years old	1	2.7%
50-59 years old	1	2.7%
40-49 years old	10	27.7%

30-39 years old	18	50.0%
18-29 years old	6	16.6%
Marital status		
Single	18	50.0%
Married	5	13.8%
common-law marriage	12	33.3%
Widow	1	2.7%
Education		
Incomplete Elementary Education	20	55.5%
Completed Elementary Education	3	8.3%
Incomplete High School Education	6	16.6%
Completed High School	6	16.6%
Incomplete Higher Education	1	2.7%
Monthly Income		
Less than one minimum wage.	33	91.6%
Between 1 and 2 minimum wages	2	5.5%
Between 2 and 3 minimum wages	1	2.7%
Place of birth		
Not informed	1	2.7%
Pernambuco	22	61.1%
Other states	13	36.1%

Table 2 highlights the main health problems identified in the prison institution, as well as the risk factors reported by the study population. Among the most significant findings, mental disorders were present in 75.0% (n=27) of the sample, the most common being: anxiety (n=24; 88.9%), depression (n=14; 51.9%), and bipolar disorder (n=4; 14.8%). Consequently, the use of psychotropic drugs was identified by a significant portion of the population, the most commonly used being clonazepam (n=15; 68.2%), amitriptyline (n=10; 45.5%), and fluoxetine (n=7; 31.8%). Furthermore, drug allergies were reported by 22.2% (n=8) of the incarcerated individuals, with dipyrone allergy being the most prominent, accounting for 62.5% (n=5) of cases.

Regarding Non-Communicable

Chronic Diseases (NCDs), the study population showed a prevalence of Systemic Arterial Hypertension (SAH) in 22.2% (n=8) of individuals and Diabetes Mellitus (DM) in 8.3% (n=3). Adherence to medication treatment with continuous-use drugs was observed, with 61.5% (n=8) of the population reporting the use of antihypertensive drugs, 23.1% (n=3) using hypoglycemic agents, and 13.8% (n=5) using multidrug therapy (MDT) for the treatment of leprosy. Among epidemiologically neglected diseases, it is noteworthy that 44.4% of the population in the CPFP received a leprosy diagnosis after incarceration.

In the context of gynecological health, the alterations identified in the cytopathological examination revealed bacterial vaginosis as the most prevalent condition, affecting 22.2% of the population (n=8). Furthermore, sexually transmitted infections (STIs) were diagnosed in 19.4% (n=7) of the sample, with syphilis being the most common, representing 13.8% (n=5) of cases.

Table 2: Characterization of diseases and risk factors presented by inmates at the Petrolina-PE Women's Public Prison in 2024 (n=36).

	N	%
Diabetes Mellitus (DM)	3	8.3%
Systemic Arterial Hypertension (SAH)	8	22.2%
Leprosy	16	44.4%
Sexually Transmitted Infections (STIs)	7	19.4%
Changes in Cytopathology	12	33.3%
Mental Disorder	27	75.0%
Drug use	26	72.2%
Smoking	14	82.4%
Alcoholism	15	41.7%

Regarding the identified risk factors, drug use stands out, reported by 72.2% (n=26) of the total population housed in the prison. Of this amount (n=26), 84.6% (n=22) reported using illicit substances such as marijuana, cocaine, and crack. Furthermore, 82.4% (n=14) of individuals mentioned being smokers, and 41.7% (n=15) declared themselves to be alcohol users.

It is also worth noting that other comorbidities were identified in smaller proportions, namely: asthma (n=3; 8.3%); labyrinthitis (n=1; 2.8%); anemia (n=1; 2.8%); fibroids (n=1; 2.8%); vision problems (n=3; 8.3%); breast nodules (n=1; 2.8%) and gallstones (n=1; 2.8%).

DISCUSSION

The age range evidenced in the results of this study (30-39 years) relates to the age range disclosed in the second semester 2023 report of SISDEPEN, which suggests that the majority of women deprived of liberty housed in physical cells are between 30 and 39 years old. Regarding marital status, the predominance of single individuals demonstrates the profile of these individuals, without marital ties before or during incarceration. Furthermore, it was found that the majority of incarcerated women resided in the same state where the CPFP (Prisoner Assistance Center) is located. This suggests a geographical proximity between pre-incarceration life and the place of serving the sentence, which

is justified by the existence of state policies for the allocation of prisoners and the attempt to maintain some degree of connection with the community and family.[11]

Analysis of data regarding the education and income of the studied population reveals a high prevalence of individuals with incomplete primary education and low monthly income. These factors reflect the reality of several prison institutions in Brazil, where limited access to education and unfavorable economic conditions contribute to the perpetuation of a scenario of social vulnerability that precedes incarceration.[12]

The vulnerability of the prison context can be exacerbated when intrinsic aspects such as gender particularities are not taken into account. It is noteworthy that, despite the predominance of cisgender women in the CPFP (Prison Complex of Porto Alegre), recognition of the transgender male population is necessary within the prison context, since it has a foundation based on a rigid heteronormative binary, failing to adapt to and meet the demands associated with gender identity.[13]

Regarding NCDs, this study identified a significant prevalence of hypertension cases, as well as the presence of risk factors for the development of cardiovascular complications, such as smoking and alcoholism. In parallel, a study conducted in Spain indicates that 50% of incarcerated individuals presented some type of comorbidity, the most common being hypertension and diabetes mellitus, highlighting NCDs as an extremely relevant public health problem in the prison context.[6]

From another perspective, when analyzing the mental health of incarcerated individuals, a high prevalence of diagnoses of mental disorders, such as anxiety, bipolar disorder, and depression, is observed. This is related to several factors, from structural issues, such as overcrowding and poor infrastructure, to emotional aspects, such as loss of privacy, disruption of affective bonds, social isolation, and idleness. These factors expose individuals to different forms of violence—structural, physical, and psychological—making the prison environment a trigger for the onset of psychological suffering in people who did not previously present such conditions, in addition to contributing to the aggravation of pre-existing conditions, which justifies the high consumption of psychotropic medications in prisons.[14,15]

A Brazilian study conducted in Minas Gerais in women's prisons demonstrated that the majority of the inmates analyzed reported taking psychotropic medication to

treat some emotional problem, and more than half used more than one type of controlled medication, mainly antidepressants.[15] However, there area care gapwhich leads to underdiagnosis and inadequate management of mental disorders, factors that undermine the constitutional right to health of incarcerated women.[16]

One of the most striking findings of the research was the presence of leprosy cases in the prison population. It is known that the disease is transmitted through the air, via close and prolonged contact with infected individuals, factors that make prison a conducive environment for its transmission, as it constitutes a hostile setting marked by overcrowding, poor infrastructure, and slow access to healthcare services.[17]

Regarding STIs, the prevalence of syphilis and HIV was observed among the studied population. It is known that factors such as intimate and prolonged contact between female inmates, sharing of sharp objects, difficult access to condoms, and unprotected sexual relations with multiple partners, increase the likelihood of STIs, especially syphilis, which is quite prevalent in this population.[18]

Therefore, among the risk factors observed in the aforementioned population, a significant number stands out in the consumption of legal and illegal drugs, including marijuana, cocaine, and crack. In this context, the use of illegal drugs is a habit that often persists from the pre-incarceration period, with motivations encompassing the sociocultural and socioeconomic characteristics to which individuals are exposed. However, a study[19] justifies the incidence of illegal drug use in the post-incarceration period through the dopaminergic need arising from the adversities experienced within prison walls, such as the idleness provided by the routine of social isolation.

Regarding healthcare for incarcerated individuals, as stipulated in Ministry of Health Ordinance No. 2,298/2021, which operationalizes the National Policy for Comprehensive Healthcare for Incarcerated Individuals (PNAISP), units with a prison population of up to 300 people may receive support from an eAPP (Electronic Primary Care Team), which must be accredited through the sharing of working hours with the Family Health Strategy (eESF) team and the Oral Health team of reference in the territory, providing at least 6 hours per week of actions directed at these individuals. It is important to note that the CPFP (Prisoner Assistance Center) does not have a sufficient number of incarcerated individuals to qualify for an exclusive eAPP, and its healthcare needs must be met

by the Family Health Strategy (eESF) team of reference in the area where the CPFP is located.[8]

Despite Decree 2,298/2021, this study observes a communication failure between institutions – prison and health services – culminating in delays in this population's access to the Health Care Network (RAS). Such situations directly contribute to the emergence of new illnesses and the perpetuation of active conditions and problems, susceptible to underreporting by the health service. Another factor that further exacerbates the problem is the need for available vehicles and escorts of correctional officers to accompany individuals to health services, making access to health services even more difficult for people in the CPFP (Prison Settlement Program).[10]

CONCLUSIONS

Through this study, it was possible to describe the clinical-epidemiological profile of the incarcerated population at the Petrolina Women's Public Prison. In this study, the population was predominantly composed of cisgender women, single, with incomplete primary education, a monthly income of up to one minimum wage, and predominantly aged between 30 and 39 years.

In the health field, a significant presence of chronic diseases, such as hypertension and diabetes, was identified, highlighting the need for continuous and comprehensive care offered to this population in order to reduce possible cardiovascular complications. In addition, gynecological conditions, such as cervicitis and sexually transmitted infections, demonstrate the vulnerability of the sample to diseases that, although preventable and treatable, continue to represent a significant public health problem.

One of the most relevant findings of this study was the significant prevalence of mental disorders, such as anxiety and depression, accompanied by a high use of psychotropic drugs among incarcerated women. This data shows that the prison environment not only acts as a catalyst for the intensification of pre-existing psychological conditions, but also favors the emergence of new mental disorders, exacerbated by conditions of confinement, lack of social support, and deprivation of liberty.

This scenario exposes a critical gap in mental health care within the prison system, emphasizing the urgency of implementing continuous, systematic, and humane psychosocial interventions. Such interventions should encompass both individualized therapeutic support and the

integrated and appropriate management of mental illnesses and disorders, ensuring that the constitutional right to health of incarcerated individuals is fully guaranteed.

In addition, the presence of risk factors, such as the use of legal and illegal drugs, highlights a worrying pattern that has negative impacts on the physical and mental health of individuals. Therefore, the need for referral to outpatient services, such as the Psychosocial Care Center for Alcohol and Drugs (CAPS AD), specializing in mental health and the treatment of chemical dependency resulting from the abuse of alcohol and other substances, is evident. This service is fundamental to promoting the rehabilitation and social reintegration of the people served, offering continuous and integrated support, focusing on recovery and improving the quality of life of users.

Finally, the research highlights that promoting health in prisons should be a priority. It is necessary to implement programs aimed at health education, self-care, and disease prevention in prisons in order to positively impact the social reintegration process, as well as the quality of life of this marginalized population segment. Among the study's limitations, the inadequate and incompleteness of the prison's records stand out, which compromised the data collection process.

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