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Conception of care for people deprived of their liberty

Concepción de cuidado para personas privó de su libertad

Concepção de cuidado de pessoas privadas de liberdade

ABSTRACT
Objective: understand the concept of care for people deprived of liberty of a prison in the Minas Gerais's inland city. Method: Qualitative research, conducted from August to September 2017, of a prison in the Minas Gerais's inland city. The study included 18 people deprived of liberty. Data were collected through an open interview guided by a semi-structured script and were analyzed by Bardin content analysis. The ethical aspects involving research with human beings have been respected. Results: Between biological and social: from body care to care for interpersonal relationships. Conclusion: It is essential for health professionals to understand the meanings of care produced in prison in order to build care plans consistent with the uniqueness of living deprived of freedom.
DESCRIPTORS: Patient-Centered Assistance; Prisoners; Health vulnerability.

RESUMEN
Objetivo: comprender la concepción de cuidado para personas privó de su libertad, en una prisión del interior de Minas Gerais. Método: Investigación cualitativa, celebrado de agosto a septiembre de 2017, en un presidio en el interior de Minas Gerais. Participó en el estudio 18 personas privadas de libertad. Los datos fueron coleccionados atraves de una entrevista abierta orientado por un itinerario semi-estructurado e para el análisis utilizó el análisis de contenido de Bardin. Los aspectos éticos involucran investigaciones con seres humanos fueran respetados. Resultado: Entre ló biológico y lo social: del cuidado del corpo al cuidado de las relaciones interpersonales. Conclusión: Es crucial para los profesionales de la salud comprender tales significados de cuidados producido en prisión, para así construir de forma coherente planes de cuidados acordes con la singularidad de vivir sin libertad.
DESCRIPTORES: Asistencia centrada em el paciente; Prisioneros; Vulnerabilidad en salud.

RESUMO
Objetivo: compreender a concepção de cuidado para as pessoas privadas de liberdade de um presídio no interior de Minas Gerais. Método: Pesquisa qualitativa, realizada no período de agosto a setembro de 2017, em um presídio no interior de Minas Gerais. Participaram do estudo 18 pessoas privadas de liberdade. Os dados foram coletados mediante entrevista aberta, orientada por roteiro semi-estruturado e analisados por análise de conteúdo de Bardin. Os aspectos éticos que envolvem pesquisas com seres humanos foram respeitados. Resultados: Entre o biológico e o social: do cuidado com corpo ao cuidado com as relações interpessoais. Conclusão: É fundamental para os profissionais de saúde compreenderem os significados de cuidados produzidos no cárcere para assim construir planos de cuidados coerentes com a singularidade de se viver privado de liberdade.
DESCRITORES: Assistência Centrada no Paciente; Prisioneiros; Vulnerabilidade em saúde.

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INTRODUCTION

In Brazil, the prison system is characterized by punitiveness and marginalization that perpetuate criminality, reinforce social exclusion and deteriorate the health conditions of inmates. [1] Living conditions in the prison context are precarious, resulting from overcrowding, weaknesses in health care, access to legal, professional and educational assistance, in addition to poor hygiene and violence. [2]

Living deprived of freedom means having as a daily routine a set of segregations that transcend the isolation of society. There is a frank and legitimate process of corroding the self of people deprived of liberty. [3] In addition to the difficulty in accessing health care, health needs are underestimated and neglected by prison officers, who consider themselves within the right to judge the legitimacy or not of the demands presented by inmates. [2]

Prison care is offered through the prison's operating rules so that it is not the health needs of those deprived of liberty that directs the possible health practices to be implemented. Institutional routines in the prison cannot be changed and care needs to adapt to them, despite the existing health demand. [4]

Health is a constitutional right established in the Unified Health System (SUS) whose principles of universality, integrality and equity seek to ensure access to health and promote social justice for all Brazilians. The values inscribed in it mobilize aspects that transcend the technical dimension of care by contemplating the recognition of the other as a subject of value, in addition to solidarity, listening, openness and appreciation. It means an ethical and humane turnaround in care practices. [5]

Our premise is that the population deprived of liberty experiences a daily life of vulnerabilities because they do not have material living conditions that ensure their dignity, and also because their singularities are hijacked by the processes of uniformity characteristic of prison. Their vulnerability is also evidenced by the denial of access to fundamental rights such as health, education and work. Thus, they experience social invisibility and stigmas that mark their existence as lives that are not worth it.

Having ethical and political implications with the consolidation of the SUS and implementation of transformative care practices, the question arises: what are the conceptions of care for people deprived of liberty? It is hoped that this study can give voice to a group of society that has historically been silenced and hidden behind bars. Furthermore, it is intended to contribute to the construction of care practices that are unique and consistent with the material and subjective reality of people deprived of liberty.

In this sense, the objective of this study was to know the conceptions of care of people deprived of liberty in a prison in the interior of Minas Gerais.

METHODS

Qualitative study, carried out in a prison in the interior of Minas Gerais, with a capacity of 114 people, but which during the study had 207 inmates, between women and men, in temporary, closed, semi-open, in temporary prison, due to food debt and minors. Those deprived of liberty were distributed in 18 cells.

Qualitative research has the essence of understanding the meaning(s) of the phenomenon under investigation, whether in the individual or collective dimension. The researcher is the research instrument itself, directly using their sense organs to apprehend the objects under study, thus constituting a practice that is defined based on the context in which it operates, the place where it happens, as well as the encounter between the observer, the object of analysis and its surroundings. [6]

One detainee from each cell took part in the interviews, totaling 18 participants, thirteen men and five women, over the age of 18, in State custody on a provisional basis or sentenced to serve a prison sentence or a security measure. Inmates with the longest experience in the prison were invited to participate. Data were collected through open interviews guided by a semi-structured script, in a private place, with the detainee and the interviewers, from August to December 2017.

The analysis took place according to Lawrence Bardin's Content Analysis technique, due to the need to overcome the uncertainties resulting from hypotheses and assumptions, through the understanding of the meanings and relationships that are established beyond the speeches themselves. Three steps were performed: Pre-analysis, in which the material to be analyzed is organized in order to make it operational, systematizing the initial ideas; the exploration of the material, with the definition of categories; and Treatment of results, with the condensation and highlighting of information for reflective and critical analysis. [7]

The study is an excerpt from a macro-project approved by the Ethics Committee for Research with Human Beings at the Federal University of Viçosa (CEPH-UFV Opinion 1.668.556 and CAAE:) and by the Public Security Department of the State of Minas Gerais. Ethical aspects of research with human beings were respected 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. Participants who agreed to contribute to the study signed the Informed Consent Form (FICF). To preserve anonymity, the interviews were identified by numbers from 1 to 18.

RESULTS

Between the biological and the social: from caring for the body to caring for interpersonal relationships

The data show a conception of care that moves between an understanding that is still focused on biological dimensions, disregarding the perspective of social determinants, but also incorporates the dimension of social relationships. The speeches of respondents 04 and 10 show an understanding of care related to hegemonic health promotion practices such as the development of healthy lifestyle habits, with an emphasis on biological aspects and individual behaviors. Thus, they consider physical activity, healthy eating, sleeping well and not using tobacco and other drugs as care.

> *In terms of health, I practice physical activity every day, I stopped smoking cigarettes, I try to have a correct diet. (Interviewee 04)*
> *Today I take more care of my health, I don't use drugs, I'm not taking good care of myself as I'm still smoking cigarettes. (Interviewee 10)*

Interviewee 01 expresses, as understanding of care, the measures of not sharing personal objects, such as nail pliers and lipstick, suggesting knowledge about contagious transmission diseases.

> *[...] the same every second Friday of the month, nail pliers are released, for example I don't use it, my nail clipper is only mine... I don't lend it, stay with me... do my nails, dye my hair , lipstick, I don't like to share that [...] (Interviewee 01)*

It is possible to see that the conception of care for the deprived of liberty, in this study, permeates the dimension of health promotion, focused on individuals through the adoption of behaviors that avoid the risk of developing injuries and contagion by infectious-contagious diseases. This conception is directly related to self-care practices inscribed in the health promotion paradigm, whose approach is restricted to the individual and his/her risk behavior.

People deprived of liberty recognize their role in the actions to be performed by themselves to maintain life and health. However, they disregard aspects that transcend their governance, such as the environment and the way in which they live, as determinants in the production of care. Such conceptions of care do not consider overcrowding, lack of hygiene, ventilation and comfort in cells, not even food, cold showers in winter, lack of recreation and resocialization activities, as factors that permeate the production of care in the prisional context.

It is possible to notice that, although the perception of care of people deprived of liberty is marked by the dominant logic of individual behavior change, there is also recognition of the complexity of caring for the other. In this way, it confers a conception that encompasses relational dimensions that expand the scope of its meaning.

In interviews 13 and 14, care is evidenced as a way of caring for the other, wanting the good and offering affection to those who think about them and take care of them. The essence of this concept of care is in the coexistence relationships, as shown below:

> *To care? A gesture of affection, a coexistence, something like that. There are several in the cell, you have to be careful in these parts, you have to have a relationship... affection for the person. (Interviewee 13)*
> *Receiving care is when the person thinks about us, takes care of us, care is that. Caring is caring about the person, wanting their well-being. (Interviewee 14)*

Care takes on a dimension of collaboration and solidarity in interpersonal interaction, according to respondents 17 and 18, who understand care permeating the sharing of daily life, life and needs, creating a network of mutual help and collaboration, configuring itself as a familiar relationship:

> *The care of caring is for you to dedicate your time there, you do good things at the right times for that person, help if she is in need [...] (Interviewee 16)*
> *Take care of each other. Here in a cell full, with sixteen, not everyone receives a bag, not everyone receives a visit. This one helps each other in the cell. This part of humility with each other we have, usually there is one who always takes care of the other. (Interviewee 17)*
> *Take care of each other. Here in a cell full, with sixteen, not everyone receives a bag, not everyone receives a visit. This one helps each other in the cell. This part of humility with each other we have, usually there is one who always takes care of the other. (Interviewed 17)*

It is seen that the relationships established in prison are woven through the care that those deprived of liberty take among themselves. Composing, in this way, social and community networks that are substrate for the conceptions of care produced in the prison context.

DISCUSSION

Care is an essential aspect of human life, involving both individual and collective dimensions. It is necessary to recognize

that the spectrum of care reach transcends the health area as it permeates subjective dimensions of the health-disease process. Thus, it is a challenge for health professionals in contemporary times to free themselves from care perspectives that imprison them in biological, normative and standardizing dimensions of human life. [8]

Care includes deeper aspects of the human being, such as relationships, and is not limited to techniques in the health field, such as caring for injuries. [9] It reveals itself through the involvement with the other in a posture of affective involvement and accountability with the other. [10]

The debate on health promotion assumes, in contemporary times, the recognition that care centered on the biological dimensions of the human being is insufficient to respond to the complexities inherent in the health-disease-care process. To be potentially able to transform realities, care needs to affect the social determinants and conditions that go through the process of living and falling ill. [11]

Ways of living in prison are marked by unhealthy conditions evidenced by poor ventilation and lighting, overcrowding, violence, barriers to accessing health services and increased exposure to infectious diseases. [12] The living conditions of the population deprived of liberty directly affect access to health care as a constitutional right which, currently, constitutes a utopia through institutionalized state negligence. [13]

In order to transform hegemonic care practices - centered on the individual and their behavior - into practices based on comprehensive care, it is important to recognize people in their complexity, considering the context in which they live, the conditioning and determinants of health and the symbolic and cultural dimensions that that pervade their lives. [14]

Based on the different conceptions of care of people deprived of liberty in the present study and the theoretical outline of care, it is possible to infer that the construction of conceptions of care is related to people's care experiences, which are made possible by professional practices which, at times, reproduce the still hegemonic logic of health promotion centered on changing behaviors, at other times incorporate broader dimensions of relationships, affection and bonds. Furthermore, living in prison produces its own care needs, such as surveillance of oneself and of the relationships woven in the daily life of deprivation of freedom and also of other fundamental rights.

CONCLUSION

The concept of care for people deprived of liberty highlights the hegemonic social construction of health promotion practices centered on individualized and behavioral aspects that focus on the biological dimension. Thus, self-care practices such as quitting smoking, engaging in physical activity, not using alcohol and other drugs are considered ways to promote care. However, even though they experience such an adverse context, the population deprived of liberty participating in this study does not perceive the relationship between this daily life, full of vulnerabilities and weaknesses, with the care they can build and access in the prison context. In addition, there is recognition of care as a form of care for the other. Thus, it is essential for health professionals to understand the conceptions of care of people living in prison so that it is possible to build care plans that are coherent with the uniqueness of living deprived of freedom. ■

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