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Research Article

Health care and its relationship with sociodemographic aspects of freedom-deprived women in Brazil: an integrative review

O cuidado em saúde e sua relação com aspectos sociodemográficos das mulheres privadas de liberdade no Brasil: uma revisão integrativa

El cuidado de la salud y su relación con aspectos sociodemográficos de mujeres privadas de libertad en Brasil: una revisión integradora

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Abstract

Introduction: The female prison system has more than 700,000 women, representing the 3rd highest rate of inmates in the world. In this sense, in view of the prevalence and vulnerability that they represent, health care, guaranteed by the constitution to this population, must be highlighted through studies, in order to transform this reality. **Objective:** to seek an understanding of how the health care of the female prison population occurs, encompassing the physical, professional structure. **Methods:** an integrative literature review was carried out, including studies that portray health aspects of the Brazilian female prison system. **Results:** 7 studies were found from 2016 to 2020, which demonstrate various aspects of the precariousness of health care for the female prison population, involving issues such as the lack of human, material, and organizational resources, in addition to the focus on acute complaints, without addressing health promotion and prevention. **Conclusions:** the precariousness of health care for incarcerated women leads to a lack of comprehensive health care, so that more studies in the area are needed in order to deeply analyze the problems involved in transforming this context.

Keywords: Primary Health Care; Prisons; Women; Human rights.

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Resumo

Introdução: O sistema carcerário feminino conta com mais de 700 mil mulheres, representando a 3ª maior taxa de detentas do mundo. Nesse sentido, tendo em vista a prevalência e a vulnerabilidade que elas representam, os cuidados em saúde, garantidos pela constituição a essa população, devem ser relevados por meio de estudos, a fim de transformar essa realidade. **Objetivos:** buscar a compreensão de como ocorrem os cuidados em saúde da população carcerária feminina, englobando a estrutura física, social e profissional. **Métodos:** foi realizada uma revisão de literatura integrativa, incluindo estudos que retratam aspectos da saúde do sistema prisional feminino brasileiro. **Resultados:** foram encontrados 7 estudos, dos anos de 2016 a 2020, que demonstram diversos aspectos da precariedade do cuidado em saúde da população carcerária feminina, envolvendo questões como a falta de recursos humanos, materiais e organizacionais, além do foco em queixas agudas, sem abordar a promoção e prevenção em saúde. **Conclusões:** a precariedade do atendimento em saúde das mulheres encarceradas acarreta falta de cuidado integral da saúde, de modo que mais estudos na área são necessários, a fim de analisar profundamente os problemas envolvidos para transformar esse contexto.

Palavras-chave: Atenção primária à saúde; Prisões; Mulheres; Direitos humanos.

Resumen

Introducción: El sistema penitenciario femenino cuenta con más de 700.000 mujeres, lo que representa la 3ra tasa más alta de reclusas en el mundo. En ese sentido, ante la prevalencia y vulnerabilidad que representan, la atención a la salud, garantizada por la constitución a esta población, debe ser destacada a través de estudios, a fin de transformar esta realidad. **Objetivos:** buscar la comprensión de cómo ocurre la atención a la salud de la población penitenciaria femenina, abarcando la estructura física, profesional. **Métodos:** se realizó una revisión integrativa de la literatura, incluyendo estudios que retratan aspectos de salud del sistema penitenciario femenino brasileño. **Resultados:** se encontraron 7 estudios de 2016 a 2020, que demuestran varios aspectos de la precariedad de la atención a la salud de la población penitenciaria femenina, involucrando cuestiones como la falta de recursos humanos, materiales y organizativos, además del enfoque en las quejas agudas, sin abordar la promoción y prevención de la salud. **Conclusiones:** la precariedad de la atención a la salud de las mujeres privadas de libertad conduce a la falta de atención integral a la salud, por lo que se necesitan más estudios en el área para analizar en profundidad los problemas involucrados en la transformación de este contexto.

Palabras clave: Atención primaria de salud; Prisiones; Mujeres; Derechos humanos.

INTRODUCTION

Although the majority of the prison system is consisted of men, more than 700,000 women are in prisons around the world.[1] In this sense, according to the National Penitentiary Information Survey (*Levantamento Nacional de Informações Penitenciárias* – Infopen), female incarceration is increasing in Brazil. In 2018, 36,400 women were arrested, and, in December 2019, this number reached 37,200.[2] Still, according to the National Council of Justice, in 2022, the number of inmates reached 49,000 women.[3] Thus, the alarming number of women in prisons represents a public health issue in terms of economics, education, and disease prevention and control.

Also, in accordance with Interministerial Ordinance No. 210, which institutes the National Policy for Attention to Women in Situations of Deprivation of Liberty and Released from the Prison System (*Política Nacional de Atenção às Mulheres em Situação de Privação de Liberdade e Egressas do Sistema Prisional* – PNAMPE) and other measures, in its article 4, item II, item b, are goals of PNAMPE: access to health [...] observing the principles and guidelines of the Brazilian Unified Health System (*Sistema Único de Saúde* – SUS), as well as the promotion of the development of actions articulated with the state and municipal health departments, aiming at early diagnosis and adequate treatment, with the implementation of reference centers for screening, initial assessment, and therapeutic referrals, aimed at women with mental disorders.

In this regard, even according to legislation, the Brazilian female prison system remains precarious with regard to women's rights, such as work, sufficient food and clothing, visits and equality, being built and organized from a male perspective and neglecting, most often, physical and psychological needs that contribute to women's vulnerability in prison. An example of this is the lack of mental health care, minimal conditions of personal hygiene, efficient gynecological care, prevention, and early diagnosis of cervical and breast cancer. This reflects issues such as gender equality, sexual and reproductive health, social conditions, and family, since some women are responsible for providing for the family, maternal and marital support, among others.[3-5]

Another problem found is the public budget for this population, which varies according to the state, size of penitentiaries, and other factors. It is observed that there is no standardized methodology for calculating the cost of each prisoner for the Union[5,6], but it reinforces the need for hygiene, food, social reintegration, maintenance, and health costs. In addition, around 85% of the total monthly costs with prisoners (on average R$25,972) refer to payroll obligations. Furthermore, monthly expenses with the basic needs of those in custody remain close to the average of establishments in the state, which is R$ 791.00.[6,7]

Regarding the profile of the female prison population, they are mostly young (47.33%), black and brown (55.4%), and single, convicted of drug trafficking, robbery and theft. Freedom-deprived women (FDW) have low education, with only 1.46% having complete higher education, 158 having some special need, and 28% reporting having children.[7] These characteristics regarding the profile of inmates concern the population marginalized in Brazil, showing deficits in sectors such as health, economy and education, and bringing irreversible consequences such as social exclusion, dropping out of schools, and malnutrition, thus affecting not only women, but their entire families and society in general.

The most common diseases in the prison population are high blood pressure, HIV, and diabetes, according to Hachbardt *et al*.[8] According to Depen, in 2017, it was identified that more than 4,000 prisoners had chronic or respiratory diseases and that many of them were pregnant or had children under 12 years of age. Such facts reinforce the need for comprehensive and multidisciplinary assistance for an intensive collaboration of services in penitentiaries.

Therefore, in view of the large number of inmates, the heterogeneity of this population and their illnesses, the present study aimed, through an integrative review, to elucidate the way in which care and access to health happen in female penitentiaries, relating it with sociodemographic aspects. Thus, the guiding question of this integrative review consisted of how the health care of the female prison population occurs, encompassing physical structure and future repercussions. With this, it will be possible to understand the context and needs of incarcerated women to improve access to health for this population and overcome the consequences of the freedom-deprivation period.

METHODS

Search type

This is an integrative review, with a qualitative approach, regarding the health care of the female prison population in Brazil.

Eligibility criteria

Articles published between 2016 and 2021 were included, due to changes in legislation, the need for updated data, and the scarcity of literature in English, Spanish, and Portuguese, all of which are related to health care for the female prison population in Brazil, relating to the most prevalent diseases, social conditions, and needs of inmates.

Articles that addressed only Brazilian prisons were included, in addition to dealing with health care for the female prison population. Studies that were unrelated to the subject or that covered only gestational, mental, and reproductive health care were excluded, since the objective of this review consisted of a health overview of the Brazilian prison population, so that articles addressing only one aspect, such as mental and reproductive health, were excluded.

Search strategy

The articles were selected following an order: reading the title, reading the abstract, and reading the full article in case the abstract met the inclusion criteria. Searches were carried out by the authors in PubMed, Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (*Literatura Latino-Americana e do Caribe em Ciências da Saúde* – LILACS), and Virtual Health Library (*Biblioteca Virtual em Saúde* – BVS) databases, in November 2021, using the descriptors selected through the "Descriptors in Health Sciences" (*Descritores em Ciências da Saúde* – DeCS): "Prisions", "Women's health", "Brazil"; using the Boolean operator [AND] to optimize the search.

Study selection and data extraction

The selection of articles was carried out by two independent authors. The authors carried out the selection through a thorough reading of titles and abstracts, so that those who met the aforementioned eligibility criteria were selected for the final selection. Eligible articles were selected for full-text reading and further evaluation regarding the selection criteria.

Data extraction was carried out by the authors together, compiling the information, mechanisms, and results of all included articles. Afterward, another author reviewed the material thoroughly to discard any divergences.

In total, seven articles were included in the integrative review, following the indicated flowchart (Figure 1).

RESULTS

The selected works have a different numbers of women studied, in addition to analyzing penitentiaries in different parts of the country. Most of them do not bring all the information necessary to delimit a concise epidemiological profile, although the specificities of race and education are repeated with relative frequency, since most of the participants have low education and are self-declared brown. The other sociodemographic information of the articles are found in Table 1, and the topic "does not apply" is specific to studies carried out with professionals from the Prison Primary Care Team.

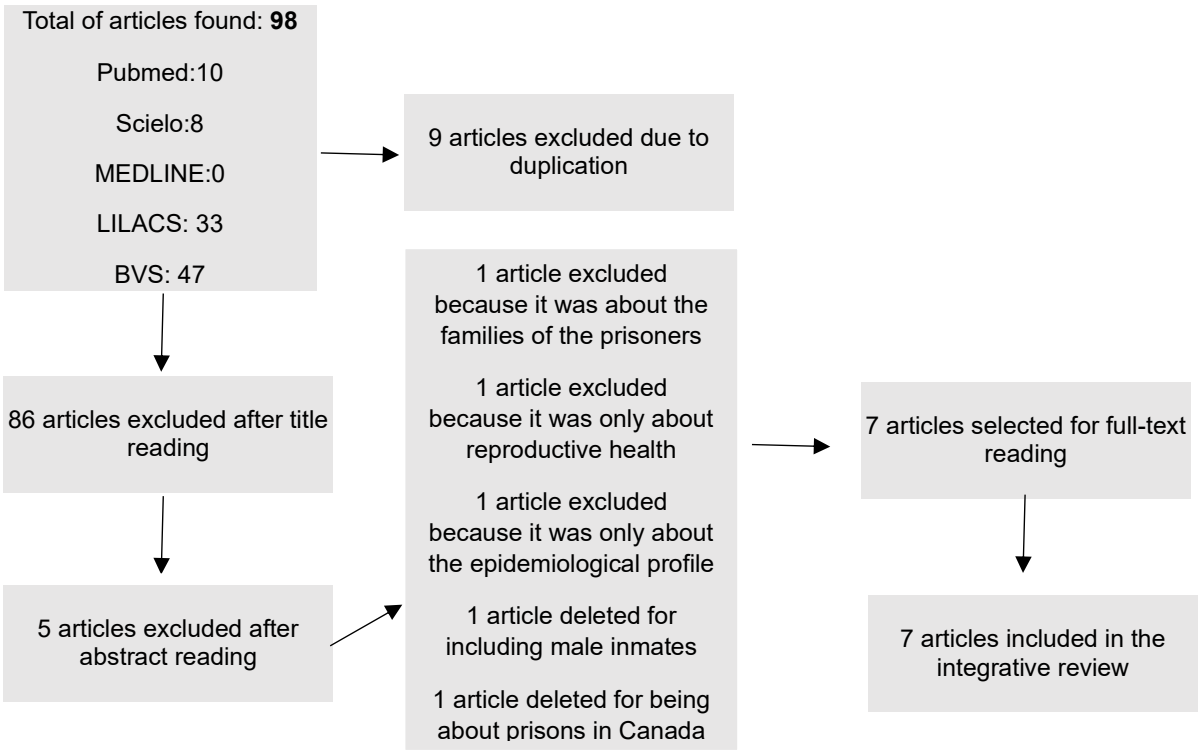

Figure 1. Search strategy flowchart. Passo Fundo, RS, 2021.

Seven articles were found from the years 2016 to 2021, written in Portuguese, probably due to the focus on Brazil, and all with a qualitative and descriptive approach. The included studies report how the female prison population has access to health and how inmates perceive this access, what are the greatest limitations and challenges in health care, and what are the greatest needs and health problems of this population. In five of the articles found, these outcomes are analyzed from the point of view of the inmates themselves, while two of the studies demonstrate the report of the Prison Primary Care Team (Table 2).

DISCUSSION

According to the DEPEN[6] report, 25.22% of Brazilian female prisoners are between 18 and 25 years old, the age group analyzed by almost all studies approached in this work. In addition, 48.04% of these women are of brown ethnicity, also consistent with the data found in the included studies, even though these normally address the self-definition of ethnicity of the detainees. Another data in agreement is the level of education, which, in the report, appears as 44.42% of women with incomplete primary education. Thus, it is clear that the selected articles are in agreement with the epidemiological data presented by DEPEN and address how the health care of the female prison population occurs, despite analyzing this outcome from different perspectives: some resort to the inmates themselves to support this analysis, such as Schultz *et al*.[9] and Schultz, Dias, Dotta,[10] while others observe the perspective of the Prison Primary Care Team (Araújo *et al*.;[4] Graça *et al*.;[11] Medeiros *et al*.;[12] Santos *et al*.;[13] Oliveira, *et al*.[14]).

In short, epidemiological data show that most women deprived of liberty in Brazil belong to the young adult age group, brown ethnicity, and low education, coming from poor populations and

Table 1. Systematization of epidemiological data from each study.

Title of the article	Study participants	Age range	Race	Education	Marital status	Penitentiary analyzed
Health care for incarcerated women: analysis based on the Theory of Basic Human Needs	8 inmates.	Age range between 18 and 50 years.	Not specified.	4 with incomplete elementary education; 3 had complete elementary school, and 1 had complete high school.	Not specified.	Unspecified public institution, located in the city of Iguatu, Ceará.
Difficulties of freedom-deprived women in accessing health services	15 inmates.	Age range between 18 and 31 years.	Most of them are self-declared brown.	Most of them have schooling that does not exceed elementary education.	Not specified.	Unspecified institution, located in a municipality in Mato Grosso.
Limits and challenges for freedom-deprived women released from the prison system to access Health Care Networks	10 workers from the Prison Primary Care Team.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Institution not specified. South region of Brazil.
Women deprived of liberty in the prison system: interface between mental health, social services, and vulnerability	10 workers from the Prison Primary Care Team.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Institution not specified. South region of Brazil.
Overview of health conditions in a female prison in Northeast Brazil	151 inmates.	Age range from 18 to over 60 years.	105 self-declared mixed race.	70 with incomplete elementary school.	103 single women.	Santa Luzia Women's Prison, in Maceió, Alagoas, Brazil.
Title of the article	**Study participants**	**Age range**	**Race**	**Education**	**Marital status**	**Penitentiary analyzed**
Incarcerated women's perception of access to health as a resocialization tool	10 inmates.	Age range between 22 and 54 years.	Mostly brown.	Most with incomplete elementary school.	All participants are single.	Unspecified female prison institution in the city of Maceió, Alagoas.
Health of climacteric women in the prison system	7 inmates.	Age range between 50 and 66 years.	4 self-declared white and 3 brown.	3 illiterate and 1 with complete higher education.	5 divorced/ separated or widowed.	Female prison located in the state of Rio de Janeiro.

Source: Prepared by the author, 2021.

marginalized communities.[15] This pattern can be justified by the fact that a large proportion of young people became involved in crime while still in their teens. Thus, these sociodemographic specificities must be analyzed in an articulated way, since violence and criminality are inseparable from race and class inequalities.

Table 2. Distribution of scientific publications by crossing descriptors in the periods from 2017 to 2020.

Title of the Article	Authors	Method	Objectives/Outcome
Incarcerated women's perception of access to health as a resocialization tool	Oliveira KR *et al.*[14]	Qualitative phenomenological-sociological study.	To unveil the perception of incarcerated women about access to health services as a tool in the resocialization process. Perception of invisibility of women deprived of liberty and disengagement from access to health services as a tool in the resocialization process.
Freedom-deprived women in the prison system: interface between mental health, social services, and vulnerability	Schultz ALV *et al.*[10]	Descriptive, exploratory study of quantitative analysis.	To analyze how the prison environment affects the health of the freedom-deprived female population and what are the main health needs, from the point of view of a Prison Primary Care Team. It was evident that the prison environment can both produce and trigger or aggravate the health problems of this population. The most urgent demands are acute health conditions and psychological conditions.
Difficulties of freedom-deprived women in accessing health services	Graça BC *et al.*[19]	Descriptive, exploratory study of quantitative analysis.	To know how access to health services is provided to inmates in a public prison. The precariousness of access to health services and the lack of human and material resources in the penitentiary.
Health care for incarcerated women: analysis based on the Theory of Basic Human Needs	Araújo MM *et al*.[4]	Descriptive, exploratory study of quantitative analysis.	To analyze how incarcerated women perceive their health care, using Wanda de Aguiar Horta's Theory of Basic Human Needs. Health care is precarious, and not only is there a lack of care for the specific needs of females; there is also a deficiency related to basic assistance, such as adequate food, clothing, hygiene products, and medication.
Health of climacteric women in the prison system	Santos RCD *et al.*[13]	Descriptive, exploratory study of quantitative analysis.	To identify signs, symptoms, and problems that affect health in the reports of women who go through the climacteric period, when they are deprived of liberty. Most interviewees reported going through the climacteric period in an uncomfortable and/or natural way, with their health being affected in some way during prison.
Overview of health conditions in a women's prison in Northeast Brazil	Medeiros MM *et al.*[12]	Descriptive, exploratory study of quantitative analysis	To evaluate the health conditions of a prison in the Northeast. Health services are precarious, with abusive use of tobacco, high rates of STIs and hypertension, in addition to low coverage of health actions.
Limits and challenges for freedom-deprived women released from the prison system to access Health Care Networks	Schultz ÁL *et al.*[9]	Descriptive, exploratory study of quantitative analysis	To analyze the limitations and challenges for the access of the female prison population and those released from the prison system to the services of the Health Care Network (*Rede de Atenção à Saúde* – RAS), through the perspective of the Prison Primary Care Team. There are still several barriers to the inclusion of inmates in the RAS as well as former ones.

Source: Prepared by the author, 2021.

Still, the social conditions found by the inmates are in accordance with the statistics related to Social Inequalities by Color or Race from the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística* – IBGE).[16] The following markers are taken as an example: percentage distribution of the population, by classes of people in ascending order of real monthly household income *per capita* and the proportion of people living in households without access to basic sanitation, according to color or race. Regarding the first, it is observed that among the 10% of the population with the lowest income in the country, 23.7% are white, while 72.5% are black or brown. As for the second, related to

access to basic sanitation, it appears that among the 89,663 family arrangements of white families, 26.5% live in the absence of sewage system by collection or rainwater, compared to 42.8% among 115,965 arrangements of black or brown families.[16] These data reveal, in addition to confirming that social inequality is linked to racial inequality, a historical process of marginalization and vulnerability of black and brown people in Brazil, which finds its roots in the process of enslavement and in the institutional racism that operates until today.

Regarding schooling, these markers are also noted. According to the 2021 Brazilian Yearbook of Basic Education EVERYONE FOR EDUCATION (*Anuário Brasileiro da Educação Básica de 2021 TODOS PELA EDUCAÇÃO*)[17] and, in an analysis of the population in elementary school (which was the most prevalent in the results of the present study), 96.7% of 16-year-olds among the richest households completed elementary school, while only 78.2% of those belonging to the poorest households had the same result in this period. With regard to race, 77.5% of 16-year-old black youth completed this educational stage, while the proportion reaches 87.3% among white youth. According to the same document, the large inequalities found contribute decisively to the formation of this situation, making the school trajectory more challenging, tending to worsen in the coming years due to the pandemic.[18]

In this sense, a study entitled "An analysis of the effect of public spending on education on crime in Brazil"[19] reveals, based on the systematization of research data on the relationship between crime and education in Brazil from 2004 to 2015, that greater investment in education is directly and in the long term related to the reduction of homicides and that, therefore, educating the population can contribute to reducing the prevalence of crimes. An example that expresses this equation is the fact that low professional qualification can increase criminality, since it consists of an easy and quick means of subsistence.[20] We reiterate here, thus, the inseparable character between inequalities of race, class, schooling, and social vulnerability. In addition, the low level of education found among women is capable of enhancing the health problems already imposed by the economic and social situation from which most of these inmates come, since the rates of smoking, sedentary lifestyle, and unhealthy diet are higher among the less educated population.[21]

Still in relation to sociodemographic data, some considerations can be made about the most prevalent age group among the analyzed studies. The Child and Adolescent Statute, instituted in 2000 by Law No. 8,069, breaks paradigms of invisibility and exclusion when it affirms the peculiar condition of children and adolescents as "people in development" and, for this reason, their situation of vulnerability.[22] The age group mentioned as the most prevalent is precisely the one that corresponds to the "passage" from adolescence to adulthood and, therefore, it is worth mentioning the specificity of this population, which is discussed in the Principles and Legal Framework of the System of Socio-Educational Assistance (*Sistema Nacional de Atendimento Socioeducativo* – SINASE).[23] It is possible to analyze, from an institutional and legal point of view, that the lack of fundamental rights in adolescence leads to obstacles in the full development of the subjects. It is no coincidence, then, that the most prevalent population observed in the present study is made up of young people who have just left this particular period of life: inequality once again is confirmed as a trigger for crime.

The concepts related to health care and what it involves are important in the understanding that the theme is broader than the control of a pathology, which alter the physiology of the body. It involves the search for the well-being of the subject or of a population, analyzing not only their biological context, but also the cultural, spiritual, family, social, and many other matters.[24] In this bias, included in a social context, the prevalence of female inmates has been increasing in recent years, so that Brazil has the third largest prison population in the world, with an increase of 656% in relation to the population of 2004.

Graça *et al*.[11] describes that it is the prison agents who determine the flow of care for the inmates in the penitentiary analyzed, so that they select the priorities to be attended to and forwarded to the health services. In addition, as the escort service is the same for all demands, preference is given to matters related to the judiciary, such as hearings, and transportation to health care becomes secondary. Likewise, Schultz *et al*.[9] also explain the difficulty of coordinating care flows in a qualified and integrated way, added to the difficulty of insertion and referral to health services.[9] Medeiros *et al*.[12] corroborates this report by demonstrating a limitation of care justified by the need for security in keeping the inmates incarcerated. Furthermore, the same study reveals the low coverage of complementary and diagnostic tests, added to the lack of professionals in the multidisciplinary team, with nurses being the most cited professional in the consultations, as well as in Araújo *et al*.[5] and Graça *et al*.,[11] who report that in addition to the lack of specific health care, there are problems related to adequate food, clothing, and hygiene products.

Another issue addressed in the studies is the fact that health care takes place primarily in emergency complaints and for drug prescription, mainly for pain.[10] Acute pain is also cited by Graça *et al*.[24] as the main complaint that leads to medical care and access to health, as well as diarrhea and vomiting in Schultz, Dias, Dotta.[10] Thus, the deficiency in attention to chronic problems is noteworthy, such as psychological and psychiatric problems, which are much more prevalent in the prison population when compared to the community in general.[13] In addition, priority attention to acute problems sets aside prevention and health promotion, which were rarely mentioned in the analyzed studies: Medeiros *et al*.[12] commented on the lack of prevention and promotion actions of health in the penitentiary analyzed and that the few educational activities carried out are exclusively related to women's health. In this sense, the deficiency of continued care in non-communicable chronic diseases, tracking measures and health promotion actions is seen, which also require a look that goes beyond acute complaints.

The precariousness of exposed health care is one of those responsible for making the prison environment capable of producing, triggering, and aggravating the health problems of the freedom-deprived population.[10] This issue is evidenced in the study by Santos *et al*.,[13] which deals with the health of women incarcerated during the climacteric and points out that they usually go through the period in an uncomfortable way and with their health affected in some way. However, this reported precariousness causes damage that goes beyond the physical and mental health of the prisoners and also affects the resocialization process, as demonstrated by Oliveira *et al*.[14] The study exposes the disconnection between access to health services as a tool of the resocialization process, once that when deprived of their freedom, these women enter the sphere of invisibility of government actions, which is aggravated by the fact that the female prison population is much smaller than the male prison population. Thus, in addition to physical and psychological violence being more common in this environment — situations that in themselves already contribute to the referred population being more prone to health problems —, health care is not enough and does not cover all the needs of these subjects.

In this sense, the difficulty of access to health by the female prison population is a challenge not only in Brazil, but also in other parts of the world. A study conducted in Canadian prisons demonstrates that, while deprived of their liberty, women face precarious conditions that worsen their physical and mental health condition, as they face difficulties in obtaining prescribed medication and treatments, inadequate housing conditions, and other issues involving social relations between female prisoners and prison agents.[14] Likewise, the situation is quite similar in male prisons in Brazil, with reports of a shortage of professionals, delay in care, and lack of transportation to access health units.[25]

From this point of view, it is understood that health work involves the many dimensions of prevention, treatment, recovery and promotion,[26] whose application must occur universally, regardless of race, color, gender, and socioeconomic status, since health consists of a universal and constitutional right.[27,28] Therefore, it is understood that health care is a right of the freedom-deprived population, which should receive comprehensive care focused on the most common problems in prison, capable of significantly alter the well-being of this population. This right, in addition to being guaranteed by the Federal Constitution, is also advocated by the Penal Execution Law, which guarantees free medical examinations, care, and treatment to people who are in any form of freedom deprivation[11]. However, studies show that part of this comprehensive care is very precarious and far from ideal.

Despite being an extremely relevant topic full of challenges, studies in this area are scarce, mainly because they involve a marginalized and female population, which, being smaller than the male prison population, is not included in most studies, bringing some limitations. Among them, most of the included studies analyze a small number of women and a small number of penitentiaries, so that some realities may not have been covered. This studied population also does not present homogeneity, so that a more objective analysis of problems and difficulties becomes difficult. In addition, no instrument was used to analyze the quality of the articles included. However, this work innovates in that it brings a panoramic comparison between several Brazilian female penitentiaries, enabling an investigation into the specific needs of women deprived of liberty, which can serve as a basis for the construction of equally innovative solutions, capable of improving health care and allowing for the reintegration of these women into society.

CONCLUSIONS

Based on the present study, it is possible to identify the great precariousness in which freedom-deprived women live in Brazil and confirm the relationship of social aspects in the large number of prisoners. There is inconsistency in health care and, when this occurs, their attention is primarily focused on acute complaints. In addition, problems in the structure, lack of human resources, failures in the administration and management of capital are evident. Furthermore, the number of health professionals is small and there is a lack of dentists, physiotherapists, nutritionists, pharmacists, and psychologists; an extremely harmful situation, since comprehensive care requires a trained multidisciplinary team and, in their absence, there is a fragility in the care provided. Thus, to remedy the deficits found and improve the health care of this population, there is a need not only for more professionals to work in the health network, but also for a qualified team to provide comprehensive care, including health promotion and prevention, as well as the adequate treatment of chronic diseases.

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CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTION

MEKR: Conceptualization, Data Curation, Formal Analysis, Writing – Original Draft, Writing – Review & Editing. AKD: Conceptualization, Data Curation, Formal Analysis, Writing – Original Draft, Writing – Review & Editing. MB: Data Curation, Formal Analysis, Writing – Original Draft, Writing – Review & Editing. LLS: Data Curation, Formal Analysis, Writing – Original Draft, Writing – Review & Editing. MEA: Data Curation, Formal Analysis, Writing – Original Draft, Writing – Review & Editing. GO: Data Curation, Formal Analysis, Writing – Original Draft, Writing – Review & Editing.

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