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Prevention of oral diseases for adolescents in conflict with the law protected in the socio-educational system

EXPERIENCE REPORT

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ABSTRACT

Introduction: In Brazil, adolescents who commit an infraction undergo socio-educational measures in semi-freedom, provisional or hospitalization units, aiming to inhibit recidivism and with the purpose of resocialization. The “Oral Health is Legal” Project aimed at ensuring that adolescents felt welcomed, encouraged and empowered to take care of their oral health and intended to contribute to the professional and citizenship training of academics. **Objective:** Promote actions to prevent oral diseases for adolescents in conflict with the law protected by the Socio-educational System in Belo Horizonte. **Experience Report:** Groups of Nursing, Medicine and Dentistry students held 16 workshops in four Socio-Educational Units. They used Active Learning Methodology resources such as dental mannequins to simulate oral hygiene techniques, aiming to prevent halitosis and caries and periodontal diseases. Smoking and drug use were also topics discussed in the conversation circles. Oral hygiene kits were collected for donation to those in care in the provisional units. 250 young people aged 12 to 20 of both sexes were included. **Final Considerations:** The actions to prevent oral diseases promoted by academics for adolescents in conflict with the law, protected by the Socio-educational System in Belo Horizonte, enabled the construction of new learning spaces the development of bond interaction and sharing of knowledge.

Keywords: Health Education; Oral Health; Adolescent; Disease Prevention; Prisoners.

INTRODUCTION

The Statute of Children and Adolescents (ECA)¹ provides for socio-educational measures for adolescents who commit offenses, aiming to deter recurrence of the act and promote the redefinition of values and internal reflection². There are six socio-educational measures that can be applied, with the judge of Childhood and Youth analyzing the psychological profile, social context, and severity of the offense to pronounce the sentence¹⁻².

Regarding the measures, “warning” involves verbal reprimand, guidance, and raising awareness of the seriousness of the offense. It is considered the mildest measure and is usually applied to those with no prior judicial involvement. The “obligation to repair the damage” is also considered a mild measure, requiring the adolescent to reimburse the economic or patrimonial value of the damage caused. This measure is less frequently applied, as it presupposes the involvement of a financial guarantor. “Community service” is a measure to be fulfilled within a period of up to six months, involving free tasks of general interest, such as volunteering in hospitals, schools, and other community service establishments. “Assisted freedom” involves monitoring, assistance, and guidance by a social worker, without depriving the adolescent of freedom or their regular interaction with school, community, and family. Finally, “semi-liberty” is considered an intermediate measure that alters the adolescent’s relationship with the environment. It involves

placing them in a residential facility during weekdays for educational and formative activities, while allowing them to return home or to a shelter during weekends. “Internment” is considered the most severe measure, involving the deprivation of freedom for a period ranging from six months to three years, to be served in internment facilities and can be applied on a provisional basis, allowing the adolescent to stay up to 45 days awaiting a final judicial decision, or strictly, when it is determined that the youth will serve the internment¹⁻².

In this context, Socio-Educational Units are institutions where young people serve the measure of “internment.” In these units, they participate in various workshops, engage in sports, and study school subjects such as Portuguese and Mathematics. In addition to these activities, they receive services from professionals in occupational therapy, law, pedagogy, and social assistance². In terms of health care, those in custody must receive vaccines, medical, psychological, and pharmaceutical assistance whenever necessary. In terms of oral health, young people receive primary care in units with dental offices, and in cases of urgency, they are taken to Basic Health Units (UBS) of the Unified Health System (SUS)⁴⁻⁶.

Based on the latest data released by the National Council of Justice in December 2023, more than 23 thousand adolescents were involved in the Brazilian socio-educational system, with 11,664 in restriction and deprivation of liberty modalities, 9,656 serving semi-liberty and internment socio-educational measures, 222 in sanction internment, and 1,786 in provisional internment. There are a total of 461 socio-edu-

cational units operating in the country. Minas Gerais has 43 units, where approximately 830 adolescents were under guardianship in 2022⁶.

Despite the high number of adolescents in conflict with the law in Brazil, the literature is scarce in terms of research, especially in the health field, conducted with those in custody. According to integrative review data published in 2017, most emphasis has been given to studies on the mental health of this population, with a small number of studies on physical health. The authors also highlight that most studies were conducted in the Southeast and South regions of Brazil. Regarding oral health, the number of studies conducted is even smaller. However, in Socio-Educational System units in Belo Horizonte, two studies were conducted in 2010 and 2011. The results revealed that 45.1% of female and 36.4% of male youths had a need for dental treatment, with “toothache” being the main reason for urgent care³.

Based on the premise that adolescence is a phase of significant psychological, social, and biological changes, the literature emphasizes that promoting health and healthy habits is of utmost importance for raising awareness among adolescents and reducing harm during this phase⁷. Detained adolescents, like other Brazilians, have the right to receive health promotion actions, guaranteed by the National Policy of Comprehensive Health Care for People Deprived of Liberty in the Prison System (PNAISP) within the Unified Health System (SUS)⁸.

Based on the “Oral Health is Cool” Extension Project was developed with the aim of ensuring that young

people in conflict with the law, who are in custody within the Socio-Educational System, feel welcomed, motivated, and empowered to take care of their oral health both inside and outside the units. Additionally, this multidisciplinary project aimed to contribute to the professional and civic education of students in health-related courses.

Thus, the objective of this work is to report the experience of the students participating in the project during the implementation of actions to prevent oral health issues for adolescents in conflict with the law under custody in the Socio-Educational System in Belo Horizonte.

EXPERIENCE REPORT

In the first semester of 2023, during the months of April to July, 15 students from the undergraduate programs in Nursing, Medicine, and Dentistry participated in the Extension Project in Socio-Educational Units (temporary and detention centers) in Belo Horizonte. They were guided by dental surgeon instructors.

The target audience consisted of young people and adolescents aged between 12 and 18 years of female, male, and transgender genders, who were serving socio-educational measures in four provisional and detention centers located in the eastern and central-southern regions of the city of Belo Horizonte, Minas Gerais.

After the selection of scholarship and volunteer students through a specific call, an initial meeting was held with representatives from the State Secretariat of



FIGURE 1 – DETAINED YOUTHS IN THE SOCIO-EDUCATIONAL SYSTEM DEMONSTRATING ON A DENTAL MANNEQUIN HOW THEY PERFORM ORAL HYGIENE
SOURCE: PERSONAL ARCHIVE

Justice and Public Security of Minas Gerais (SEJUSP). During this meeting, instructors and students were briefed on the types of socio-educational measures and the security regulations of the institutions.

Throughout the implementation months of the project, there were both in-person and virtual meetings between students and instructors. These meetings were for planning, discussing workshop topics, preparing oral hygiene kits for donation, and training for

the planned activities. During the execution of the project, resources and pedagogical techniques based on Active Learning Methodologies were utilized to encourage evidence-based practice. Students were encouraged to read scientific articles on the workshop topics and participate in Discussion Groups (GD).

Groups of seven to eight students, always accompanied by project instructors, conducted monthly visits to the Units. Prior to the visits, lists containing the full

names and identification document images of the participants were sent to the security sector of the institutions for authorization.

The students conducted group discussions with those in custody, using dental mannequins to simulate oral hygiene techniques. To assess prior knowledge, the Active Learning Methodology of “know-how” was employed, where young people were challenged to demonstrate on the mannequins how they performed their own oral hygiene before receiving instructions from the students (Figure 1). These workshops aimed at raising awareness about the importance of dental biofilm removal for preventing dental caries and periodontal disease¹⁰.

During the workshops at the Provisional Detention Units, it was reported by those in custody that the handles of toothbrushes are cut. This information was already known to the instructors and students. The security professionals justified that this strategy was used to prevent the end of the toothbrush handle from being sharpened by scraping it on the floor, which could potentially turn it into a weapon capable of piercing vital organs. (Figure 2). Additionally, dental floss is not provided in any Unit, with the argument that it could be used for self-harm or as a weapon as well.

The most significant challenge reported by those in custody was maintaining a firm grip on the handleless toothbrush for brushing the posterior teeth, especially the upper ones. During the group discussions, the young people shared alternatives they use to improve their grip, such as using a piece of plastic to secure the brush to their finger. Additionally, they



FIGURE 2 – TOOTHBRUSH WITH CUT HANDLE, USED BY DETAINED ADOLESCENTS IN THE PROVISIONAL DETENTION UNITS
SOURCE: PERSONAL ARCHIVE

mentioned using towel threads or pieces of plastic as makeshift dental floss.

In the discussion groups conducted between students and instructors, alternatives were explored

to improve oral hygiene for those in custody. In this regard, students researched the availability of flexible-handled brushes or “finger toothbrushes” with bristles for adults that fit on the index finger and could be used safely.

Other topics were addressed during the activities in the Units, such as smoking, alcohol consumption, drug use, and the risks of these practices to oral and

overall health. The adolescents were also given the opportunity to suggest other topics for discussion and chose “oral lesions from sexually transmitted infections” and “diseases transmitted by kissing.”

To facilitate these discussions, didactic resources such as slide presentations and the playback of videos were utilized (Figure 3).



FIGURE 3 – EDUCATIONAL ACTIVITIES CONDUCTED IN SOCIO-EDUCATIONAL UNITS USING THE TECHNIQUE OF DIALOGICAL EXPOSITION WITH SLIDE PRESENTATIONS AND VIDEO PLAYBACK
SOURCE: PERSONAL ARCHIVE

A total of sixteen workshops were conducted, reaching approximately 250 young individuals aged 12 to 20, encompassing female, male, and transgender genders. The students involved in the Project organized a campaign at the university and on social media, collecting 100 oral hygiene kits containing a soft toothbrush, fluoride toothpaste, and dental floss. These kits were then donated to provisional units for distribution to those in custody at the end of the 45-day measure duration.

An important limitation that needs to be reported relates to the challenge encountered in monitoring and evaluating the actions by the target audience. In the Provisional Detention Units, the short duration of detainment (maximum of 45 days) did not allow for the assessment of the assimilation of the topics and techniques covered during the workshops, making it difficult to describe them as indicators of the impact of the actions. However, in the Detention Units, the students observed an increasing interest and participation, especially from female adolescents, as the visits progressed. It was possible to establish a connection with some of those in custody in these Units, as some female adolescents had longer stays and were able to participate in multiple workshops.

DISCUSSION

Based on the Federal Constitution of 1988¹¹, characterized essentially by the ideals of democracy, freedom, citizenship, human dignity, and social justice, “[...] all are equal before the law, without distinction of any nature [...]” (Art. 5). However, it can be observed that, at times, some Brazilians face greater difficulties

in having their rights assisted, such as the prison population¹².

The punishment of deprivation of liberty is historically linked to the process of resocialization, aiming to reeducate and adapt the individual to social life. Thus, reintegration is directly associated with living conditions inside and outside the prison system, and these can be effectively achieved through public policy².

Although, it is observed that the low education level of the majority of those in custody becomes an obstacle to maintaining health conditions since information and knowledge related to disease transmission and basic preventive measures are often unknown to this population¹².

Regarding Oral Health, despite being addressed by PNAISP, literature search indicates that studies and research in this area are scarce since incarcerated populations are not explicitly included for investigation³. Thus, health care in prisons has become a challenge for compassionate care in the SUS¹³. Considering that current policies do not prove effective in ensuring universal access to health services, including Oral Health¹⁴. In this context, there is a need for more effective strategies for the comprehensive approach to health in these spaces¹⁵.

Young people in conflict with the law have always been present in our country. However, due to the committed infractions, they are judged not only by the Brazilian justice system but also by society, which often considers them irredeemable². The socio-educational measure aims to inhibit recurrence of the act and promote

the redefinition of values and internal reflection¹. In this sense, providing healthcare for those in custody within Socio-Educational Units symbolizes society's concern for their well-being, quality of life, and belief in the capacity of these adolescents to be reintegrated into society. The Extension Project included marginalized groups in our population, fostering discussion among participating students about ensuring the principles of universality, equity, comprehensiveness, and the right of all Brazilians to health care¹¹.

University extension activities constitute decisive contributions to student education through direct contact with contemporary issues, enriching the student's experience in theoretical and methodological terms. Extension projects should provide health-related students with the experience of planning and implementing extension actions based on community demands or observed from experiences lived by the students themselves¹⁶. In this context, participants found that the "Oral Health is Legal" Project helped them recognize the importance of the role of educational institutions in the human formation process and social transformations, especially through contact with young people who have a reality so different from theirs. The students positively evaluated the actions and considered it important to conduct educational activities with those in custody, considering the principle of universal access to actions for health promotion, protection, and recovery. Moreover, the Project allowed students to experience experiences that will persist permanently. They could reflect on their own stereotyped views about health care for this population and become aware of the stigmas that

people in custody or released from prison may face when seeking health care.

This result was like that reported by Coelho et al. (2020)¹⁷. Although, this study differs by using Active Learning Methodologies⁹, surpassing the traditional and passive way of teaching in health (such as lectures), encouraging adolescents to be protagonists of self-care. Thus, the listening to those in custody was indispensable, as they experience daily challenges for the prevention of oral issues inside and outside institutions. This was confirmed by the reports of young people about the difficulty of handling the toothbrush with a cut handle, the risks of swallowing due to the small size of the brush, and the strategies used. Additionally, the exchange of knowledge between participants and those in custody revealed details of daily life that were crucial for planning actions and proposals for changes in institutions. This can be exemplified by the important information about the common practice of drinking milk with chocolate while watching a movie at night, after dinner and oral hygiene. The adolescents themselves considered this habit harmful to oral health.

With visits to institutions, it was observed that in Units with an Oral Health Team (esb), those in custody received dental prophylaxis and oral hygiene instructions as soon as they began the measure. In addition, the esb conducted a survey of dental treatment needs, obtaining results similar to national literature, which indicates a high prevalence of oral issues in this population¹⁸. However, students realized that in addition to educational actions, it is necessary to implement safe alternatives to ensure access to basic items for

effective oral hygiene, such as proper toothbrushes and dental floss.

Despite epidemiological data indicating the need for a more careful approach to Oral Health care in this population, the literature is scarce on this topic. This can be confirmed by published results that found a greater emphasis on studies on the mental health of the studied population, with almost no studies on physical health. It can also be observed in specialized literature that the inadequate assistance and promotion of the health of incarcerated adolescents constitute complex and multifactorial challenges, either due to the difficulty of coordinating the health network in attending to institutionalized adolescents or the persistence of punitive logic in socio-educational establishments².

Moreover, according to data obtained from the National Household Sample Survey of the Brazilian Institute of Geography and Statistics PNAD/IBGE (2015), despite the recognized importance of Oral Health, not only the prison population but also a significant portion of the Brazilian population does not use dental services with the recommended frequency, indicating that approximately 15% of the Brazilian population has never been to the dentist, and only 33.2% of Brazilians consulted in the year prior to the survey¹⁹. This fact reinforces the importance of multiprofessional projects and actions addressing Oral Health as an essential component for achieving integrality in health care.

It is known that the importance of Oral Health should not be limited to rehabilitative curative treatment but

especially for empowering individuals in terms of self-care, stimulated by health education, raising awareness about the early diagnosis of systemic diseases with oral manifestations, and the imperative need for interdisciplinary action by the health team²⁰.

CONCLUSIONS

The oral health prevention actions carried out by students for adolescents in conflict with the law, who are in custody within the Socio-Educational System in Belo Horizonte, have created new learning spaces, fostered the development of bonds, facilitated interaction, and promoted the sharing of knowledge.

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