


## Building bridges to equity: The right to health for adolescent offenders

 <https://doi.org/10.56238/sevened2024.007-037>

Karla Cassol Lourenci<sup>1</sup>, Amanda Camargo da Silva, Amanda Fontoura de David<sup>2</sup>, Amanda Sierpinski Cazarré<sup>3</sup>, Beatriz Escobar Bataioli, Ester Schaf Calegari<sup>4</sup>, Gabriela Rodrigues da Silveira, João Dérick da Paixão Fiegenbaum, Aline Kruger Batista<sup>5</sup> and Lenise Menezes Seerig<sup>6</sup>

### ABSTRACT

The Foundation for Socio-Educational Care (FASE) is the body in charge of managing the implementation of socio-educational measures of internment and semi-freedom for adolescents who have committed infractions. In view of this, the present work aims to report the experience of students of the third semester of the Dentistry course, at the Franciscan University, during an extension action, whose purpose was to promote formative dialogues of general and oral self-care practices with socio-educational adolescents, residents of Fase, in the municipality of Santa Maria/RS. The information presented in this work was acquired through an extension activity that was carried out on May 16, 2023, with the intention of offering health promotion and prevention, through a lecture and practical demonstration on oral health. This experience showed us that health professionals, regardless of the area they work in, must transcend their prejudices, assumptions, and judgments, entering into the commitment we have to bring health education to all.

**Keywords:** Education, Hospitalization, Semi-freedom.

---

<sup>1</sup> Academic of the Dentistry Course, Franciscan University – UFN, Brazil. Email: k.lourenci@ufn.edu.br

<sup>2</sup> Academic of the Dentistry Course, Franciscan University – UFN, Brazil. Email: amanda.david@ufn.edu.br

<sup>3</sup> Academic of the Dentistry Course, Franciscan University – UFN, Brazil. Email: a.cazarre@ufn.edu.br

<sup>4</sup> Scholar of the Dentistry Course, Franciscan University – UFN, Brazil. Email: ester.calegari@ufn.edu.br

<sup>5</sup> Advisor. Master's degree in Dental Sciences with emphasis on Public Health, professor, Dentistry Course, Franciscan University. Email: aline.kruger@ufn.edu.br

<sup>6</sup> Advisor. Dr. in Epidemiology, Professor, Dentistry Course, Franciscan University – UFN, Brazil. Email: lenise.seerig@ufn.edu.br



## INTRODUCTION

The Foundation for Socio-Educational Care - FASE, is the body in charge of managing the implementation of socio-educational measures of internment and semi-freedom, which are ordered by the regional courts, for adolescents, between 12 and 18 years old, who have committed infractions. This institution is governed by the National System of Socio-Educational Care - SINASE, which aims, primarily, to enumerate rights, establish principles and guidelines of the service policy, define general competencies and attributions and provide for judicial procedures involving children and adolescents, the Federal Constitution and the Statute of the Child and Adolescent - ECA (SINASE, 2006).

As established in article 103 of Law No. 8,069 of July 13, 1990, of the Statute of the Child and Adolescent (ECA), "conduct described as a crime or criminal misdemeanor is characterized as an infraction act" when practiced by a person under 18 years of age. In such a way, consistent with what is described in article 112 of the same law, once the commission of the infraction is verified, the competent legal authority has the possibility of applying socio-educational measures to the adolescent that, depending on the seriousness of the act, the punishment can range from warning, reparation of damages, community service, assisted release, semi-freedom regime or internment.

The high recurrence of infractions operated by adolescents is a complex, multifactorial and non-universal phenomenon, and cannot be attributed to a single cause. The influence of a group of friends on an adolescent has been an important theme addressed by theories on juvenile delinquency. It is in the group that many young people find encouragement and support to leave home and start to commit infractions together (Assis & Constantino, 2001). Brazilian social and economic inequalities lead to asymmetrical conditions of personal development of adolescents, as they make it difficult for a portion of society to access decent housing, food, leisure, quality education, in addition to restricting their reach to the consumption of goods and services (Seabra & Oliveira, 2017).

However, in Article 7, it says that children and adolescents, like any other individual, have the right to protection of life and health. This also happens to adolescents who are in the socio-educational care unit, deprived of liberty, in which they are more vulnerable and who need care without considering social differences, which is validated by the National Policy for Comprehensive Health Care for Adolescents in Conflict with the Law – PNAISARI (2021), which says "All the complexity of the socio-educational system and the need for its articulation with the system of guaranteeing rights are highlighted, specifically with regard to health care and the challenges of offering humanized and quality care, based on the principles of the Unified Health System (SUS), the National System of Socio-Educational Care (SINASE) and the Statute of the Child and Adolescent (ECA), in an articulated and integrated way, ensuring precedence in care, the principle of equity, universal access and comprehensiveness of care."



In view of this, the present work aims to report the experience of students of the third semester of the Dentistry course, at the Franciscan University – UFN, in the discipline of Oral Health Actions I, during an extension action, whose purpose was to promote formative dialogues with socio-educational adolescents, residents of Fase – Foundation for Socio-Educational Care, in the municipality of Santa Maria – RS, Brazil. relating the practices of general and oral self-care, enabling the student's critical reflection in the face of reality, through the confrontation of theory versus practice.

## **METHODOLOGY**

This is an experience report with a descriptive approach. The information present in this work was acquired through an extension activity that was carried out on the afternoon of May 16, 2023, with a group of 18 students from the third semester of the Dentistry course (Figure 1), from the Franciscan University – UFN, 2 monitors and the professor responsible for the discipline, also a dentist at the unit, which were directed to the Socio-Educational Service Center – FASE, in the municipality of Santa Maria/RS, located on the BR-158 highway, with the intention of offering health promotion and prevention, through a lecture and practical demonstration on oral and systemic health.

For better quality in carrying out the activities, the 18 students were divided into 4 groups, sent to classrooms, with a number of 5-6 adolescents present, accompanied by two teachers who work in the institution. The action was characterized by a slide presentation, with a more colloquial and informal speech, which addressed general themes about health. In addition to providing data on these diseases, students had the opportunity to engage with young people, showing more effective methods for recognizing major diseases. In the middle of the presentation, in order to better illustrate the knowledge in oral health, a dental mannequin (macro model) was used, so that all of them could have access, as they were instructed, to correctly practice brushing and flossing.

Figure 1: Dental students at FASE



Source: Authors (2023)

## RESULTS AND DISCUSSIONS

The Foundation for Socio-Educational Services in Rio Grande do Sul (Fase/RS) was created from State Law No. 11,800, of May 28, 2002 and State Decree No. 41,664 – Bylaws, of June 6, 2002, consolidating the process of institutional reorganization initiated with the advent of the Statute of the Child and Adolescent – ECA (Law 8.069/90). which also caused the end of the former Foundation for the Welfare of Minors – Febem, which provided more specialized and humanized care for the reintegration of adolescents into society (FASE, 2021).

In the Santa Maria unit – RS, there are a total of 39 male adolescents, reaching the maximum occupancy of the place, in an internment and semi-freedom regime. The structure of the place is from the old Febem, with two floors, where in the upper part, there are 39 rooms, which offers an individual room to the adolescents, and in the lower part, there are the student places (classrooms, library), sports and leisure (courts), food (cafeteria) and services that, according to SINASE (2006), the minimum team of the institution to serve adolescents in semi-freedom must be composed of 1 technical coordinator, 1 social worker, 1 pedagogue, 1 psychologist, 1 lawyer (technical defense), 2 socio-educators in each day, 1 administrative coordinator and other areas that make up this function. For adolescents in hospitalization, the team should contain 1 director, 1 technical coordinator, 2 social workers, 2 psychologists, 1 pedagogue, 1 lawyer (technical defense), socio-educators and other professionals necessary for the development of health, schooling, sports, culture, leisure, professionalization and administration, such as dentists, general practitioners and psychiatrists, nurses, physical educators, teachers, among others. The majority of adolescents are predominantly from the municipality of Santa Maria, but there is a minority who come from other cities, such as São Sepé, São Gabriel, São Borja, Santiago, among others.



In order to be protagonists of health promotion and prevention for these adolescents in situations of vulnerability and disintegration of the community, the material prepared was based on the theoretical knowledge acquired in the discipline of Oral Health Actions I, fostering the ethical-doctrinal principles of the Unified Health System (SUS) and how these are proceeded in the public agencies of the municipality. The approach consisted of emphasizing themes about oral hygiene, such as oral health promotion and prevention, bad habits that can cause caries, periodontal diseases, caries disease and its treatment, wisdom teeth and orthodontic appliances. However, other issues that erupt in adolescence and pose risks to health as a whole were addressed, such as the beginning of the sexual act and the main precautions, aiming at the safety of both them and their partners, in order to avoid Sexually Transmitted Infections (STIs); adequate nutrition and the use of tobacco, alcohol, and drugs, in support of Campos et al., 2019, where it is considered that adolescence is recognized as a period of multiple changes in terms of maturity and physical, psychological, biological, and social development, particularly in the structural and behavioral spheres.

During the preparation of the material and in the moment before going to the Phase, the students were properly oriented as to the form of behavior, ranging from the appropriate clothing, the use of accessories to the correct language to be addressed to the adolescents for better attendance of the themes to be addressed. Unfortunately, academics have come across many stories and realities that, rationally, it is surreal that happen to individuals with only a few years of existence, such as family abandonment, where many young people who complete their sentence have nowhere to go, lack of life expectancy, mental disorders resulting from drug use, resistance to life changes, affective deprivation and prejudice faced in social reintegration. However, the affection and service that all the employees of the institution offer to the adolescents in a humanized, welcoming way, all unanimous in favor of resocializing them to the rehabilitated community, is undeniable.

The students, apprehensive about going to a juvenile prison and affected by external prejudice, were surprised by the reception of the adolescents and employees of the unit, as well as by their interaction and participation, making the extension activity light and dynamic, even though it was a matter of sharing knowledge and bringing experiences. In this context, the action of university extension is characterized as a dynamic educational process that favors the junction between teaching in the classroom and learning, as proposed in the pedagogical planning of the course, and in the daily social life, through the experience of the scenario of reality (SANTANA *et al.* *apud* SÍVERES, 2013; MINETTO *et al.*, 2016).

With this action, it was possible to experience the principle of equity by manifesting themselves as health professionals. Equity in health, therefore, is a corrector of situations of equality, to the extent that the adoption of policies should reduce or eradicate the differences in health that result from factors considered avoidable and unfair (CARVALHO *et al.*, 2020), adding to the



Dentistry students the due emphasis on the notion of this principle conveyed by the SUS, exceptionally in the distribution of resources to people who are susceptible and in need of information and services, prioritizing those who need it most.

## CONCLUSION

This experience showed us that health professionals, regardless of the area they work in, must transcend their prejudices, assumptions and judgments, entering into the commitment we have to bring health education to everyone, especially the most needy, and offer, in an empathetic way, a humanized and welcomed consultation, not accentuating the defects and mistakes already made in the lives of these patients. but to establish a relationship of trust between professional and patient, to provide emotional support and active listening, to treat them individually in the care of their health, to offer confidentiality and privacy, and to ensure excellent care.

Therefore, through this extension activity, we had a very valuable dialogue with these adolescents, because we are sure that the exchange of knowledge was mutual, since both parties felt gratified. We left the Phase, with a light heart and with a feeling of mission accomplished, fulfilled for having had the privilege, through this action, of approaching Dentistry beyond the institution, but maintaining the values and knowledge acquired.

Finally, according to Article 5 of the Federal Constitution, the right to life, liberty, equality, security, property, and above all to health are inviolable. Concomitant with our legislation, as well as with the principles ratified in the SUS, socio-learners have the right to assistance, as well as the opportunity for a new beginning.





## REFERENCES

1. Assis, S. G. de; Constantino, P. (2001). \*Filhas do mundo - infração juvenil feminina no Rio de Janeiro\*. Editora FIOCRUZ. ISBN 978-85-7541-323-4. [Disponível em](<https://static.scielo.org/scielobooks/vjcdj/pdf/assis-9788575413234.pdf>).
2. Brasil. (1990). Lei Nº 8.069 de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. \*Diário Oficial\*, Seção 1, Brasília – DF, Ano 128, nº 135, 16 de julho de 1990. [Disponível em](<https://pesquisa.in.gov.br/imprensa/jsp/visualiza/index.jsp?jornal=1&pagina=1&data=16/07/1990>).
3. Campos, C. G. et al. (2019). Conhecimento de adolescentes acerca dos benefícios do exercício físico para a saúde mental. \*Ciência & Saúde Coletiva\*, 24\*(8). [<https://doi.org/10.1590/1413-81232018248.17982017>](<https://doi.org/10.1590/1413-81232018248.17982017>).
4. Carvalho, A. M. de P. et al. (2020). A equidade no trabalho cotidiano do SUS: representações sociais de profissionais da Atenção Primária à Saúde. \*Caderno de Saúde Coletiva\*, 28\*(4). [Disponível em](<https://doi.org/10.1590/1414-462X202028040151>).
5. FASE. Fundação de Atendimento Socioeducativo do Rio Grande do Sul. Secretaria de sistemas penal e socioeducativo. Site, 2021. [Disponível em](<https://www.fase.rs.gov.br/inicial>).
6. Flick, U. (2004). \*Introdução à Pesquisa Qualitativa\*. 3ª ed. Porto Alegre: Artmed. [Disponível em](<https://books.google.com.br/books?hl=ptBR&lr=&id=v0c1nlmZUBYC&oi=fnd&pg=PA3&dq=flick+2004&ots=5cSD0aS112&sig=DPNk1DcYPFdnEPDn4fROoZtq12E#v=onepage&q=flick%202004&f=false>).
7. PNAISARI. (2021). Política Nacional de Atenção Integral à Saúde em Conflito com a Lei - PNAISARI. Instrutivo para a implantação e implementação da Pnaisari. Ministério da Saúde. Brasília-DF. [Disponível em]([http://189.28.128.100/dab/docs/portaldab/documentos/instrutivo\\_pnaisari.pdf](http://189.28.128.100/dab/docs/portaldab/documentos/instrutivo_pnaisari.pdf)).
8. Santana, R. R. et al. (2021). Extensão Universitária como Prática Educativa na Promoção da Saúde. \*Educação & Realidade\*, 46\*(2). [Disponível em](<https://doi.org/10.1590/2175-623698702>).
9. Seabra, R. C. F. de F.; Oliveira, M. C. S. L. de. (2017). Adolescentes em Atendimento Socioeducativo e Escolarização: Desafios Apontados por Orientadores Educacionais. \*Psicologia Escolar e Educacional\*, 21\*(3). [Disponível em](<https://doi.org/10.1590/2175-353920170213111144>).
10. SINASE. (2006). \*Sistema Nacional de Atendimento Socioeducativo – SINASE\*. 1ª Edição- Ano 2006. Secretaria Especial dos Direitos Humanos – Brasília-DF: CONANDA. [Disponível em]([https://crianca.mppr.mp.br/arquivos/File/publi/conanda/sinase\\_integra.pdf](https://crianca.mppr.mp.br/arquivos/File/publi/conanda/sinase_integra.pdf)).