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ORIGINAL ARTICLE

MEN'S HEALTH IN PRIMARY CARE: AN ANALYSIS ABOUT THE PROFILE AND HARMS TO HEALTH

SAÚDE DO HOMEM NA ATENÇÃO BÁSICA: ANÁLISE ACERCA DO PERFIL E AGRAVOS À SAÚDE

LA SALUD DE LOS HOMBRES EN LA ATENCIÓN BÁSICA: UN ANÁLISIS ACERCA DEL PERFIL Y LOS DAÑOS A LA SALUD

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ABSTRACT

Objective: identifying the sociodemographic profile of the male user served in a Family Health Unit. **Method:** a study of quantitative approach performed in 2011 with a sample of 20 men in the Family Health Unit of João Pessoa/PB. Data were collected between August and September 2011 with the application of a questionnaire. After grouping the data proceeded to the analysis by using descriptive statistics. The research project was approved by the Research Ethics Committee, protocol 1198. **Results:** most men were older than 50, married, with a minimum wage income and low educational level. Hypertension is a major reason for going to the service, and the regular use of drugs was appointed as healthy normal behavior. **Conclusion:** it is considered important to establish strategies that favor male differentiation, in caring for their health at primary care level. **Descriptors:** Men's Health; Primary Care; Primary prevention; Health Promotion.

RESUMO

Objetivo: identificar o perfil sociodemográfico do usuário do sexo masculino atendido em uma Unidade de Saúde da Família. **Método:** estudo de abordagem quantitativa realizado em 2011 com uma amostra de 20 homens na Unidade de Saúde da Família de João Pessoa/PB. Os dados foram coletados no período de agosto e setembro de 2011 com a aplicação de um questionário. Após agrupamento dos dados procedeu-se à análise por meio da estatística descritiva. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, protocolo 1198. **Resultados:** a maioria dos homens tinha idade acima dos 50 anos, casados, com renda de um salário mínimo e baixo grau de escolaridade. A hipertensão arterial é um dos principais motivos pela procura ao serviço, e o uso regular dos medicamentos foi apontado como comportamento habitual saudável. **Conclusão:** considera-se importante estabelecer estratégias que favoreçam a diferenciação masculina, quanto aos cuidados com a sua saúde, em nível de atenção básica. **Descritores:** Saúde do Homem; Atenção Básica; Prevenção Primária; Promoção da Saúde.

RESUMEN

Objetivo: identificar el perfil sociodemográfico del usuario masculino servido en una Unidad de Salud de la Familia. **Método:** un estudio de enfoque cuantitativo realizado en 2011 con una muestra de 20 hombres en la Unidad de Salud de la Familia de João Pessoa/PB. Los datos fueron recogidos entre agosto y septiembre de 2011 con la aplicación de un cuestionario. Después de agrupar los datos procedieron al análisis mediante el uso de la estadística descriptiva. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, protocolo 1198. **Resultados:** la mayoría de los hombres era mayor de 50 años de edad, casados, con un ingreso de un salario mínimo y de bajo nivel educativo. La hipertensión es una de las principales razones para ir al servicio, y el uso regular de medicamentos fue nombrado comportamiento normal saludable. **Conclusión:** se considera importante establecer estrategias que favorezcan la diferenciación masculina, en el cuidado de su salud al nivel de atención primaria. **Descriptores:** Salud del Hombre; Atención Primaria; Prevención Primaria; Promoción de la Salud.

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INTRODUCTION

Some men find it difficult to recognize and accept their weaknesses, so seek health services sporadically. This may be associated with the issue that Brazilian society is structured on patriarchal ideology that legitimizes the "superiority" of man, influencing them directly or indirectly by hegemonic ideas. For this, they take little care of their health and to go to the doctor, given that health care can be considered a sign of failure.¹

Given this reality, health indicators in Brazil have revealed high rates of mortality of this portion of the population. Highlighting the increased incidence of disease and male mortality has been revealed by figures from the Ministry of Health (MOH), in 2005, in which three adults who die in Brazil, two are males, and that many of these deaths could be avoided if more men valorized the services that focus on health promotion and prevention.²⁻³

The evidences of these indicators show that a small number of men seek health services for a preventive care; however, when some grievance, resort to specialized services such as curative, what often brings irreversible consequences for their health. Therefore, health service has a difficulty in assimilating the need of male demand, health/disease relationship, causing the detachment of this group.¹

Due to the existence of that issue, the MOH instituted in the context of the Unified Health System (SUS), the National Policy for Integral Attention to Men's Health (PNAISH) on the decree No. 1944 of 27th August, 2009; in order to guide and ensure the prevention and health promotion, with integrity and fairness, striving for humanization of health care of the male population, to stimulate self-care and the recognition that health is a basic social right and citizenship of all Brazilians.⁴

Although Brazil was the first Latin American country to implement a national health care policy for the men, significant advances have not yet been hired to reduce male mortality rates.⁵

From the implementation of the principles and guidelines of PNAISH, the government aims to improve this situation, with the expansion of the male population access in health services, reducing the causes of morbidity and mortality from the organization of primary care, ensuring a line of comprehensive care turned to the Family Health Strategy.⁶

Currently, there has been of great interest to public health discussing about the policies directed to men as it is noticed the need to attract this public to health services. It is known that, for being a subject scientifically little explored and having restricted data, it is pertinent to the construction of new investigations in order to obtain information to enable planning and implementation of strategies to facilitate access of these clients to actions and to the comprehensive health care services.

Given the above, to conduct the study, the following guiding questions were drawn: What is the profile of the male user served in a Family Health Unit in the city of João Pessoa, PB?/What are the main reasons that have stimulated these clients to seek the service?/What are the preventive measures adopted by this group?

OBJECTIVE

- Identifying the sociodemographic profile of the male user attended in a Family Health Unit.
- Recognizing the main reasons for the search of health service by men.
- Showing the preventive measures adopted by this group.

METHOD

This is an exploratory and descriptive research with a quantitative approach held at the Family Health Unit (FHU) 'Living Well', part of the Health District IV in the city of João Pessoa - PB. The study population was composed of men from the area covered by the said FHU where, according to data from the Primary Care Information System (SIAB), there are about 880 registered families, and in these families live about 890 men over 21 years old.

The sample of this study was of a random type for convenience, defined by ease of access to public investigation, ending with a total of 20 men investigated. To be included, they were selected according to the following criteria: be older than 21 and waiting for attendance at FHU.

Data were collected between August and September 2011 through a questionnaire. For the participant responded to the questionnaire, it was addressed only once, in a reserved place in one of the rooms without the presence of a companion, to keep his privacy, and thus offer security and confidence for him.

After collection, the data were arranged in a spreadsheet Excel (2003), and later,

organized in the form of graphic and tables in Microsoft Word program (2007), and discussed according to the literature.

To conduct this study, the project was submitted to the Research Ethics Committee (REC) of the State Health Secretariat of Paraíba CEP/SES/PB, subject to final certificate number 1198, for the implementation of the same in respect the Resolution 196/96 of the National Health Council, which provides the guidelines and regulatory standards for research involving humans.

RESULTS

Initially, there will be shown in Table 1 the results that characterize the studied population, according to the variables, age,

education, marital status and family income. In reference to the age of the investigated, it is observed that most are 60 or over, meaning that more than one third of the male study population, met at FHU, is made up of seniors.

Regarding education, the data show that respondents have a low level of education and, in most cases, not completed primary school. Another prominent feature of the group is that most men is married and has average household income of only a minimum wage.

Table 1. Distribution of men served in Family Health Unit. João Pessoa, 2011.

Variables	n	%
Age (in years)	30 - 39	05 25%
	40 - 49	06 30%
	50 - 59	02 10%
	> 60 years old	07 35%
Total		20 100%
Schooling	Elementary school incomplete	09 45%
	Elementary school complete	02 10%
	High school incomplete	03 15%
	High school complete	06 30%
Total		20 100%
Marital status	Single	01 5%
	Married	14 70%
	Stable Union	05 25%
Total		20 100%
Family income	1 minimum wage	13 65%
	2 minimum wages	05 25%
	3 minimum wages	02 10%
Total		20 100%

◆ Why search for health service

It was found in the survey that the organic illness manifestations have led men to become users of health facilities and the most common diseases are presented in Figure 1. According to the results, hypertension is the main reason for seeking the Health Unit.

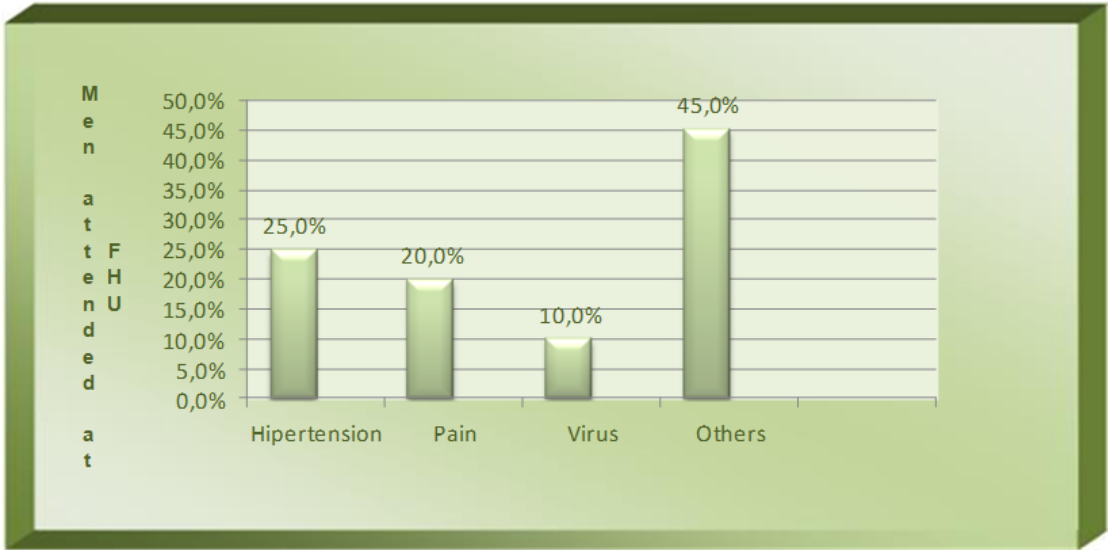


Figure 1. Distribution of men according to the reason for the demand for health service

◆ Harms to health habits: drinking alcohol

When questioned about habitual behaviors that influence health conditions, among the suggested variables, alcohol was reported by all respondents. According to Table 2 it was found that most respondents consume alcoholic beverage at least once a month.

◆ Healthy habits to prevent harms to health

According to Table 3 it was found that the majority of respondents makes regular use of medications and often have access to free medications

prescribed and through the unit. With regard to physical activity, this was mentioned by respondents as beneficial and necessary, though most men do not have this habit, but among those who do, stands out the walking.

Table 2. Distribution of men investigated according to consumption of alcoholic beverages, João Pessoa 2011.

Variables		n	%
Use of alcoholic beverages	Rarely (once a month)	14	15%
	Has drunk (>1 time in life)	03	70%
	Occasionally (1 to 3 times a month)	02	10%
	Frequently (>5 times a month)	01	5%
Total		20	100%

Table 3. Distribution of men investigated according to customary behavior of adoption and disease prevention , João Pessoa 2011.

Variables		n	%
Use of medicines	Yes	12	60%
	No	08	40%
Total			
Practice of physical activity	No	13	65%
Total		20	
Modality of physical activity	Football	02	12%
	Walk	10	38%
	Cycling	04	25%
	Fitness	04	25%
Total		20	100%

DISCUSSION

With the increase in life expectancy in Brazil and in the world, the demand for care by the elderly in health services is inevitable, since the occurrence of so-called chronic diseases, falls and disability tend to increase with advancing age.⁷

Analyzing some health indicators, men are led to confront their own vulnerability, especially because, with advancing age, many seek medical help, before health problems, for not having made use of preventive actions or early treatment of diseases.^{8,6}

The education factor is also important for the implementation of specific programs for human health, since the low level of education hinders the effectiveness of these prevention programs.

The level of education is significant for the membership of the Ministry of Health programs (MS); however, the clientele that predominates in FHU has low levels of education, with frequent incompleteness of elementary school. These desert programs more easily, thus underlining the need to implement preventive and educational practices aimed at this population.⁹

Analyzing the marital status of respondents, the data make it clear that the vast majority of our respondents lives a marriage relationship. This high incidence of married men, or living a stable union, can be attributed to the age of respondents, and to having a companion to guide you on the importance of seeking care and health prevention, strengthening demand interviewed by health services.

Married people more sought for health services, what reduces the mortality rate, because the married are less affected compared to those who are not married. In general, marriage has great influence on behaviors that endanger the health, as the act of drinking alcohol, smoking or have irregular lifestyle habits that may lead to chronic diseases throughout life, and that the spouse is very important in terms about guidance by search engines.¹⁰

With regard to family income, the data indicate the low purchasing power of this population. One study claims that the proportion of poor people having chronic diseases, such as hypertension and diabetes, is almost the same for wealthy individuals. Another study concluded that age and family income have little influence on compliance and demand for health services.^{11,9}

What will matter is the knowledge related to the Family Health Program (FHP) and its

purpose, as many men are still unaware of the real purpose of primary care, mistaking it for medium and high complexity services, thereby contributing, and the endurance of curative vision of health institutions.¹²

Regarding the reason for seeking health service, in a study noted that one of the most common diseases in the demand for health services was hypertension, chronic disease that requires continuous monitoring for regular consultations, exams and order of drugs.¹³

Data refers to the reality of man has long been known that highlights hypertension as a generally asymptomatic disease, which is important in the aggravation of male morbidity and mortality can be prevented with the change in the lifestyle of men.

Care and educational measures aimed at this group can contribute to change this panorama of human health and the nursing staff can be vital to raise awareness and the implementation of these preventive measures.¹⁴

Some studies have shown the prevalence of chronic diseases in the elderly. According to the results of this study, most of the elderly carries at least one (1) chronic disease, thus increasing the need for seeking care and monitoring for appropriate treatment as a result of health hazards.⁸

It is worth noting that when it comes to health problems habits, alcohol consumption was elected among the variables as usual behavior of this group, with variations that relate to the frequency of their consumption. Alcohol consumption is associated with cultural behaviors, which strengthens its prevalence among different age and social groups. According to studies conducted in Brazil, the prevalence of alcohol consumption is higher among males. These indicators contribute to greater exposure of men to risk factors, including the harmful effects of alcohol consumption and, in some cases, worsen the health of those who are carriers of hypertension, diabetes, heart disease, cancer and other diseases. It is therefore important to invest in preventing the abuse of alcohol and other psychoactive substances in order to ensure quality of life to man, avoid hospitalization, and costs to health systems through educational activities.¹⁵

It is considered important that the pedagogical dynamic team of professionals from a health service can nurture the potential of men to the awareness of unhealthy behaviors. This measure is intended to facilitate the opening to dialogue

deepening thus knowledge related to drugs and promoting the success of new healthy practices.¹⁶

The alcohol consumption occurs less frequently among older men. This larger abstainers index is related to cultural patterns that call for the reduction of substance use by this population group.¹⁷

Regarding the adoption of healthy habits, investigated point to the regular use of drugs among the alternatives for control and prevention of complications associated with chronic diseases, reflecting the public policies in force in Brazil that encourage prevention and treatment of disease complications chronic, like hypertension.

At about the use of drugs, authors comment that the medication is used as a fast and economical alternative to solve the health problems of curative and not preventive way, causing thus the interaction of the male population demand with the health service. The use of drugs is more frequent by the elderly as a result of the peculiarity of this age group. The need for continuous use is due to the occurrence of chronic diseases and related to aging.^{12,18}

About the practice of physical activity, is observed in this study, the men referred by public health units are not adopting this habit. Physical inactivity is considered a negative factor for the health of individuals, since this activity contributes to the prevention of various diseases, including, cardiovascular prevailing in public studied. Although there are many discussions, showing the profile of physical activity as a fundamental element for the acquisition and maintenance of health, it does not seem to be enough to mobilize sedentary individuals to participate in such programs.⁸

Of the respondents who answered positively to physical activity, it had the "walk" mode as the most performed. Research shows that this activity is the most practiced by 87% of the elderly. It is a form of low impact aerobics highly recommended, especially for elderly people, in addition, it provides a state of euphoria, and mood regulation, thus reducing the anxiety and depression.¹⁹⁻²⁰

The physical activity is very important for the well-being of body and mind, because when the human being participates, it stimulates the motor skills, cognition, affect, self-esteem, contributing to a better quality of life and socialization.²¹

Concern about the quality of life is inherent in the human being and evolves with

it. It's time for men to revise their behavior and modify their behavior. It is essential that the Family Health Teams consist of doctors, nurses and community health agents - ACS guided by various looks sensitize families to build prevention and health promotion actions, in which the population is mobilized to seek better quality of life.¹⁶

What will matter is the knowledge related to Health Family Program and its purpose, as many men are still unaware of the real purpose of primary care, mistaking it for medium and high complexity services, thereby contributing to the permanence the curative vision of health institutions.¹²

CONCLUSION

It was found in this study that men who seek more for health services were aged over 50, married, with low level of education and have an average family income of a minimum wage. In addition, it was noted that the main reason for seeking the health service was due to hypertension, and among the habitual behaviors that influence health conditions, alcohol consumption was reported by all respondents, although it has been observed a low frequency in its consumption. And among the habitual behaviors to prevent health problems were cited using regular medication and also the practice of some kind of physical activity.

Given these results, it appears that even with the implementation of the National Policy for Integral Attention to Men's Health; men are still underrepresented at FHU, seeking this service only when we have any symptoms or when they are already installed with the disease. You need to make them aware that this is not the best solution and show them that prevention is the best way. For this, it is extremely important to invest in educational and interventional talks, according to the reality of the community, giving priority to prevention and health promotion, so that you can attract and insert the men in this new paradigm of health.

It is imperative that all health professionals are involved in this process, making it necessary to establish strategies that favor male differentiation, in caring for their health in primary care level.

The construction of life projects must meet the need of every human being, including those who do not assiduously attending health services. These public spaces must have a qualified team to create welcoming environments in order to sensitize the subject to be protagonist in healthier life projects.

Wake the autonomy of each individual becomes the co-responsible in improving the quality of public health policies and reduces early mortality rate among the male population.

REFERENCES

1. Pereira AKD. Saúde do Homem: Até Onde a Masculinidade Interfere. In: II Seminário Nacional Gênero e Práticas Culturais. Cultura, leituras e representações; 2009 [cited 2012 Oct 16]. p.1-8. Campina Grande, Paraíba, Brasil; 2009. Available from: <<http://itaporanga.net/genero/gt3/2.pdf>>.
2. Aragão CLA. Universidade Federal Fluminense. Escola de Enfermagem Aurora de Afonso Costa. Estágio Curricular - 8º período. Niterói - RJ, 2011 [cited 2012 Oct 16]. Available from: <http://www.uff.br/psienf/texto3saudehomem.pdf>.
3. Fontes WD de, Barboza TM, Leite MC, Fonseca RLS, Santos LCF dos, Nery TC de L. Atenção à saúde do homem: interlocução entre ensino e serviço. Acta paul enferm [Internet]. 2011 [cited 2013 July 11];24(3):430-33. Available from: <http://www.redalyc.org/pdf/3070/307023873020.pdf>.
4. Ministério da Saúde (Brasil). Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas - Política Nacional de Atenção Integral a Saúde do Homem: Princípios e Diretrizes. Brasília; 2008.
5. Medeiros AP, Menezes MPB, Napoleão AA. Fatores de risco e medidas de prevenção do câncer de próstata: subsídios para a enfermagem. Rev bras enferm [Internet]. 2011 [cited 2013 July 05];64(2):385-8. Available from: <<http://www.scielo.br/pdf/reben/v64n2/a27v64n2.pdf>>.
6. Ministério da Saúde (Brasil). Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas - Política Nacional de Atenção Integral a Saúde do Homem: Princípios e Diretrizes. Documento a ser apresentado à Comissão Intergestores Tripartite (CIT) com as contribuições do Grupo de Trabalho de Atenção à Saúde. Brasília; 2009.
7. Del Duca GF, Martinez AD, Bastos GAN. Perfil do idoso dependente de cuidado domiciliar em comunidades de baixo nível socioeconômico de Porto Alegre, Rio Grande do Sul. Ciênc saúde coletiva [Internet]. 2012 [cited 2012 Oct 05];17(5):1159-65. Available from: <http://www.scielo.br/pdf/csc/v17n5/a10v17n5.pdf>.
8. Paes MJO, Duarte YAO, Lebrão ML, Santos JLF, Laurenti R. Impacto do sedentarismo na incidência de doenças crônicas e incapacidades e na ocorrência de óbitos entre idosos do município de São Paulo. Saúde coletiva [Internet]. 2008 [cited 2012 Nov 12];5(24):183-8. Available from: <http://redalyc.uaemex.mx/src/inicio/ArtPdfRed.jsp?iCve=84252406>.
9. Oshiro ML, Castro LLC, Cymrot R. Fatores para não-adesão ao programa de controle da hipertensão arterial em Campo Grande MS. Rev ciênc farm básica apl [Internet]. 2010 [cited 2012 Oct 16];31(1):95-100. Available from: http://serv-bib.fcfar.unesp.br/seer/index.php/Cien_Farm/article/viewFile/876/939.
10. Gomes MMF, Turra CM, Fígoli MGB. Condições de saúde versus estado marital: uma análise exploratória com base nos dados do Projeto SABE 2000. In: XVII Encontro Nacional de Estudos Populacionais; 2010 [cited 2012 Oct 03]; Caxambu, Minas Gerais, Brasil; 2010. Available from: http://www.abep.nepo.unicamp.br/encontro2010/docs_pdf/eixo_4/abep2010_2454.pdf.
11. Veras R. Envelhecimento populacional contemporâneo: demandas, desafios e inovações. Rev saúde pública [Internet]. 2009 [cited 2013 July 11];43(3):548-54. Available from: <http://www.scielosp.org/pdf/rsp/v43n3/224.pdf>.
12. Brito RS de, Santos DLA dos, Maciel PSO. Olhar masculino acerca do atendimento na Estratégia Saúde da Família. Rev rene fortaleza [Internet]. 2010 [cited 2013 July 11];11(4):135-42. Available from: http://www.revistarene.ufc.br/vol11n4_pdf/a15v11n4.pdf.
13. Schmidt MI, Duncan BB, Silva GA, Menezes AM, Monteiro CA, Barreto SM, et al. Doenças crônicas não transmissíveis no Brasil: carga e desafios atuais. Lancet saúde no Brasil (British edition) [Internet]. 2011 [cited 2012 Dec 06];4:61-74. Available from: <http://download.thelancet.com/flatcontentassets/pdfs/brazil/brazilpor4.pdf>.
14. Alvarenga WA, Silva SS, Silva MEDC, Barbosa LDCS, Rocha SS. Política de saúde do homem: perspectivas de enfermeiras para sua implementação. Rev bras enferm [Internet]. 2012 [cited 2013 Aug 06];65(6):929-35. Available from: <http://www.scielo.br/pdf/reben/v65n6/a07v65n6.pdf>.

15. Rodrigues LMC, Martiniano CS, Chaves AEP, Azevedo EB, Uchoa SAC. Abordagem às doenças sexualmente transmissíveis em unidades básicas de saúde da família. *Cogitare Enferm* [Internet]. 2011 [cited 2013 July 27];16(1):63-9. Available from: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/viewArticle/21113>.
16. Santana JCB, Vasconcelos AL, Martins CV, Barros JV, Soares JM, Dutra BS. Agente comunitário de saúde: percepções na estratégia saúde da família. *Cogitare Enferm* [Internet]. 2009 [cited 2013 July 27];14(4):645-52. Available from: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/viewPDFInterstitial/16377/10858>.
17. Barros MBA, Marín-León L, Oliveira HB, Dalgalarondo P, Botega NJ. Perfil do consumo de bebidas alcoólicas: diferenças sociais e demográficas no Município de Campinas, Estado de São Paulo, Brasil, 2003. *Epidemiol serv saúde* [Internet]. 2008 Oct/Dec [cited 2013 June 10];17(4):259-70. Available from: <http://scielo.iec.pa.gov.br/pdf/ess/v17n4/v17n4a03.pdf>.
18. Paniz VMV, Fassa AG, Facchini LA, Bertoldi AD, Piccini RX, Tomasi E, et al. Acesso a medicamentos de uso contínuo em adultos e idosos nas regiões Sul e Nordeste do Brasil. *Cad saúde pública* [Internet]. 2008 [cited 2012 Nov 12];24(2):267-80. Available from: <http://www.scielo.br/pdf/csp/v24n2/04.pdf>.
19. Salvador EP, Florindo AA, Reis RS, Costa EF. Percepção do ambiente e prática de atividade física no lazer entre idosos. *Rev saúde pública* [Internet]. 2009 [cited 2012 Nov 12];43(6):972-80. Available from: <http://www.scielo.br/pdf/rsp/v43n6/08.pdf>.
20. Costa EL, Júnior JCG, Sobrinho PSL, Hartmann C. Caminhada: os benefícios da atividade física. *Fiep bulletin online* [Internet]. 2012 [cited 2012 Oct 05];82(spe):about 5 screens. Available from: <http://www.fiepbulletin.net/index.php/fiepbulletin/article/view/2505/4609>.
21. Kantorski LP, Coimbra VCC, Demarco DA, Eslabão AD, Nunes CK, Guedes AC. A importância das atividades de suporte terapêutico para o cuidado em um Centro de Atenção. *Rev enferm saúde* [Internet]. 2011 [cited 2013 July 27];1(1):4-13. Available from: <http://www.ufpel.edu.br/revistas/index.php/enfermagemesaude/article/view/36/20>

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