10.4025/cienccuidsaude.v14i2.22612

FAMILY HEALTH STRATEGY: THE PERCEPTION OF COMMUNITY HEALTH AGENTS CONCERNING THEIR WORK

Letícia Martins Machado*
Karen Mello de Mattos**
Juliana Silveira Colomé***
Natiellen Quatrin Freitas****
Thais Picolin Sangoi*****

ABSTRACT
This study aimed at discovering the perception of Community Health Agents concerning their assignments in the context of the Family Health Strategy. It is an action-research. The collection of data took place between February and December, 2010. The scenario was a Health Center, from a city in Rio Grande do Sul, in which there is a health team, and the participants were six community health agents. The production of data occurred in three moments, two of which were contemplated by the application of questionnaires from which emerged the studied data. It was used the analysis of thematic content. In the first application of the questionnaire, it appeared that the assignments of these professionals are: to conduct home visits, provide information and guidance on health-disease to users and serve as a link between the health team and the community. In the second questionnaire, these assignments were ratified, and these were added: the mapping and recognition of the subscribed area; registration of families and individuals in the area and the active listening to the community. It is highlighted the relevance of the work of the Community Health Agents, configuring them as essential workers in the health team of reference, contributing to the improvement in the conditions of the health of the population.

Keywords: Community Health Agents. Basic Health Care. Unified Health System. Nursing.

INTRODUCTION

The Unified Health System (SUS) as responsible for promotion, prevention and recovery health, exposes complete legislative proposals for the construction of a national health system. However, being a country of continental territorial dimensions, Brazil faces a number of social, economic, political challenges, with many inequalities, being difficult to perform[1].

To overcome these barriers, the Ministry of Health (MS) uses two reordering strategies of primary health policy. Thus, there is the Community Health Agents Program (PACS) implemented in 1991, and the Family Health Program (PSF) formulated in 1994 and later renamed to Family Health Strategy (ESF)[2,3].

PACS proposed a different form of intervention not "waiting" to the issue "arriving" to intervene, but to act on it preemptively. The work of the Community Health Agent (ACS) in Primary Care, is of fundamental importance for the implementation of the ESF and effectiveness of the expanded concept of health[4,5].

ACS are very important for the progress of Primary Care, being more than three hundred thousand professionals distributed throughout the Brazilian territory. ACS are considered a core element of health actions to develop disease prevention and disorders and health surveillance activities, through home visits and health education, individual and collective. They assume the role of articulating, for guiding the community and informing the health care team about the situation of families, especially those at risk[5,6].

According to the Ministry of Health, the tasks of the ACS are mapping their area; registration of families in their area and maintenance of updated records, identification of individuals and

*Nurse, Master's degree in Nursing, Professor in the Nursing Course of the Universidade Regional Integrada do Alto Uruguai e das Missões – URI – Campus Santiago, Rio Grande do Sul. E-mail: lehmachado@yahoo.com.br
**Nutritionist, doctoral student in Biomedical Gerontology, from the Graduate Program of Biomedical Gerontology of PUC RS, Professor in the Nutrition Course of the Centro Universitário Franciscano – UNIFRA, Santa Maria, Rio Grande do Sul. E-mail: karenmattos@unifra.br
***Nurse, PhD in Nursing, Professor in the Nursing Course of the Centro Universitário Franciscano – UNIFRA, Santa Maria, Rio Grande do Sul. E-mail: julianacolome@yahoo.com.br
****Nurse, Master's degree student in Nursing in the Graduate Program in Nursing of the Universidade Federal de Santa Maria, Nurse in the University Hospital of Santa Maria, Rio Grande do Sul. E-mail: natiellen.freitas@yahoo.com.br
*****Nurse, Master's degree student in Nursing in the Graduate Program in Nursing of the Universidade Federal de Santa Maria. E-mail: thaisangoi@hotmail.com

families at risk; conducting monthly home visits; collect data for analysis of the families situation; development of basic actions of health promotion and disease prevention; encourage the formation of local health councils; health education promotion and community mobilization to improve the quality of life, among others[6].

It is appropriate and necessary to discuss ACS performance, meeting the challenges around the ESF qualification[5]. Therefore, it is asked: "What is the perception of Community Health Agents on the responsibility tasks in the Family Health Strategy?".

There were searching in Latin American and Caribbean Health Sciences (LILACS) and the Nursing Database (BDENF) in November 2009, using "Community Health Agent" as a key word. The search showed that the work related to these professionals emphasized aspects of their quality of life at work and its importance for the ESF team. However, there were not works about ACS attributions.

After a few years, there is scarcity of scientific works that deal with this issue, which reinforces the need to understand what the ACS know about their duties. The knowledge about the perception of ACS on their tasks in the ESF will enable other members of the team, especially the nurses, to organize permanent learning strategies, so that the ACS constantly be updated to their tasks, and thus acting as the ESF purposes.

In this way, the aim of this study is to know and reflect on the perception of Community Health Agents about their tasks in the context of the Family Health Strategy.

METHODOLOGY

This study is an action research, which is defined as a type of social research with empirical basis, designed and carried out in close association with an action or, with the resolution of a collective problem, where researchers and the participants are involved in a cooperative and participatory way. Action research is a form of social, educational, technical action planned or others[7].

The setting was a Basic Health Unit (UBS), which operates a team of the Family Health Strategy (ESF). UBS is the only municipal health unit with about three thousand inhabitants, located in the central region of Rio Grande do Sul, 355 km away from Porto Alegre/RS. The city has 2,341 people living in rural areas and 611 people living in urban areas[8]. This shows the division of the areas of the ACS, where only one of them assists the urban area and the others the rural area. All ACS are under the direct supervision of a nurse.

The cultural and political setting in which these professionals are located, is a city with strong influence of German culture. Its economy is based on agriculture and livestock and is divided between headquarters and district. Between 2000 and 2010, education was the most dimension growing, followed by income and longevity. Life expectancy at birth increased 7.5 years over the past two decades, reaching 74.3 years old in 2010, for the state is 75.4 years old and for the country, 73.9 years old[8].

The research period was from February to December 2010. The inclusion criteria for participants were: to be working in family health teams for at least three months and be involved from the first moment of data production. Exclusion criteria was: being on vacation or on leave of any kind in the data production period. Thus, an ACS did not participate in the study because he was on vacation when it began.

Data production took place in three stages. The first stage occurred in February 2010 and consisted of a questionnaire composed of eleven questions prepared by the researchers, which seven were open questions and four were closed about the following topics: health education, health promotion and professional ACS tasks. For this article the ACS tasks were analyzed. The questionnaires were answered individually and returned to the researcher on the same day of its distribution.

In the second stage, occurred in May 2010, there was a meeting with group discussion on the topics: health education, health promotion and ACS professional tasks. The need for intervention based on these discussion points emerged from the questionnaire on the first meeting. The discussion had teaching support,

booklets individually distributed to ACS, prepared by the researcher, based on Ministry of Health documents and publications related to topics discussed. The discussion took place in the health unit meeting room, lasted 60 minutes and was organized in a conversation round. In the third stage, in August 2010, the questionnaire was re-applied.

For data assessment to thematic content analysis was used[9], stating that the data are analyzed with the topic as the core of meaning, with the material being classified, and whose frequency or presence has a meaning for the analytical object.

The purposes of this study were assessed by the Municipal Health Secretary that hosted the research and was subsequently forwarded and approved by the Ethics and Research Committee of Franciscano University Center, under the registration number 313.2009.2. The Consent and Informed Term was provided to the study participants in two copies, being one with the participant and the other to the researcher, having met the ethical principles recommended for research involving human beings[10].

RESULTS AND DISCUSSION

In order to preserve the anonymity of the participants, they were color coded, followed by numbers one (1) or two (2). The number one (1) corresponds to the interview made at the first meeting, and the number two (2) refers to the reapplication of the questionnaire during the third meeting.

There were six participants from the seven ACS in the ESF team in the city, they were four women and two men. The ages ranged from 31 years old to 63 years old, four them were 30 years old. As for education, there was one ACS enrolled in higher education, four had completed high school and one with complete elementary school. The incursion of time on the ACS activity in the first time of data collection ranged from two years (shorter) and 11 years (longer). All had received training to start their activity as ACS.

For the discussion, results were organized based on the data produced in the first and second questionnaire. The first questionnaire showed that the tasks of the ACS in the context of ESF is to conduct home visits, provide information and guidance on health-disease to users and being a link between the health team and the community.

> Visiting, guiding. (Blue ACS) 1

> Guiding everything you can say about hygiene, food and housing. (White ACS) 1

In this study, ACS considered home visits (HV), the information given and guidance to users as priority activities of their work in the ESF. They also pointed to the need to work not only geared to existing problems in the community, but also promoting health through awareness.

> Taking information about diseases, answer questions trying to make people aware in good health. (Red ACS) 1

> Monthly home visits with general guidance and attention to family in every way, making prevention and not only dealing with existing problems. (Rose ACS) 1

The role of the ACS in home visits is focused on identifying the health needs of families, in the realization of health education and monitoring of other professionals at home. The care practice that ACS develops in the home visit is wide because he monitors all the families in their micro area, having the opportunity to visit both healthy people as sick[11].

Regarding the monitoring of professional home care, the insertion of nurses is highlighted, who going together with ACS in home visits, they have the opportunity to develop more detail and depth educational health activities based on the reality of each home, and investigate the health needs of the families as well as perform nursing care activities such as dressing, vaccination, blood and urine collection, checking vital signs and glucose test. Therefore, it is fundamental to value and allow home visits for a positive and successful continuation of the ESF[12].

In this way, the home visit is an important space to family and community teamwork. Moreover, HV together with the nurse is a learning moment for the ACS and supervision for the nurse.

The HV has been considered an essential tool for the practice of health care for ESF

workers, but the ACS perform them more often, allowing the home becoming a public space, with the presence of health professionals. While performing HV, if the actors involved (health professionals - users) establish a relationship that recognizes the different knowledge and exercise democracy between different subjects, from the establishment of a bond, it will be easier to achieve the development in full assistance[12].

In the second questionnaire the tasks mentioned in the first application were mentioned again, as well as the following tasks: mapping and recognition of the enrolled area, registration of families and individuals in their area.

> Guiding people to seek health services of SUS, registering everyone in the micro area. (Green ACS) 2

> Taking health guidelines to people, registering people in the community by the health unit, [...]. (Red ACS) 2

The ACS work is guided by the ascription and registration of people of each micro area. Thus, two characteristics of the work process of the Family health provided by MS Ordinance 648/06 illustrate this issue. The first one aims at maintaining the family registration and updated form of individuals and the second one is the precise definition of the service territory, mapping and recognition of the delimited area that includes the specific population segment[13].

In all the Family Health Team, the Community Health Agent has work with families of ascription in defined geographic basis, by the micro area, registering all the people in their micro area and keeping updated records and guide families on the use of services health available in the community[6].

The Health community agents specifically do the family registration, door by door, allowing the user and family inclusion in the health system and the identification of the dilemmas that hover the households[6].

The registry of families is a bureaucratic work, based on the fulfillment of records to demographic and socio-cultural diagnosis of the community to controlling and planning health actions. After collected, data is entered on the System of Primary Care Information (SIAB), being a fundamental tool to work in the ESF, since it systematizes all data collected from the community enrolled area, optimizing the team working process[14].

When considering the importance of ACS's work in data collection for SIAB, it is necessary that the SUS managers invest in the continuing education process of these professionals for proper filling in the forms, which would allow the improvement of the ACS daily work, the team, and give more quality to the information generated by SIAB[14].

The community health agents have stressed the link between the community and the other members of the healthcare team, as mediators between the people´s health needs and what can be done to improve local living conditions.

> A link between team and community, taking and collecting information to help the human being to live in a better way [...]. (Rose ACS) 2

> Take information through folders about disease prevention, making groups in communities with lectures and information. (White ACS) *1*

In this context, it is noted that there are historical recognition that the ACS is the potentiating link between community and health service. However, being a link does not mean only being present in the stream, but interact with other health professionals and the community. This constitutes a challenge, the ACS should integrate their essentially community work, linked to the fact that share the same social, cultural and linguistic context of each population assigned to the team, with the work done by the health team[13].

The work in Primary Care is considered very complex, because of the constant changes in the process of management and health work. The ACS performance as a link is strengthened when, in traversing geographic territories, they integrate with the community, accompanying aspects of quality of life of individuals, seeking demands to be answered before the other members of the healthcare team[15,16]. These considerations are similar to this research, where it is understood that the ACS must constantly maintain a link between the community and other members of the health team.

Regarding the role of the ACS and their work in the context of education and health promotion, when the questionnaire was re-

applied, the data show that listening to individuals emerged as an inherent factor to their practices, as expressing the fragments below.

> As ACS, I take the health guidance to families, and we also talk about what they have to speak; I always hear them. (Yellow ACS) 2

> I must communicate and listen [...]. (Blue ACS) 2

The educator agent in health education is an agent capable of contributing to changes. Therefore, it is necessary that the ACS to have the necessary knowledge and dispose of favorable conditions to carry out educational work. The ability to mobilize the community in a process (self) knowledge is a prerequisite of any action to promote real change and to be characteristic not only of the ACS, but of all professionals working in primary care[2].

The work of the ACS is in the community and focused on it. After reflecting with ACS on their tasks, they recognize that working with the community, the transmission of information is not the essence of their work, and that if there is no mutual listening, the transmission will not make sense in people's lives and will not promote health.

> Maintaining dialogue with the people; we must pay attention and stop to listen to people. (Yellow ACS) 2

> Guiding, dialoguing, listening. (Green ACS) 2

Interact with the community for an educational process, the qualified listening should be an essential tool for the user being served in the care perspective as an integral action, since through it, it is possible to build links, production of host relationships, respect for diversity and uniqueness in the encounter between those who care and those who receive care[17].

The qualified listening is essential for the effective ethical and policy action in relation not only to acute or chronic health problems, but to effect the policies of the SUS[17]. Thus, it is providential the expansion of the communication process, acceptance and recognition of the rights and culture of the users, so that they can take care of themselves, their family and their surroundings.

Therefore, the health work permeated by listening builds spaces of reflection-action, supported by a technical-scientific and popular knowledge, culturally significant to the democratic exercise, causing individual changes in family and community, thus ensuring integral care to the needs of the population and contributing to social transformation. However, the ACS's work should not be based on the disease, but on the sick person or likely to get sick.

All work performed by ACS investigated is supervised and led by nurses. The ACS cite the nurse as a team member, frequently asking questions arising and obtaining information on the guidelines they should provide to the population.

> I get information through books, reports and have support from the nurse. (Red ACS) 2

> I support on the TV news, radio, newspaper and on the information provided by the nurse. (ACS Blue) 2

The nurse is indicated as the key professional for the functioning of the health unit, by facilitating the teamwork providing all the necessary organization for the actions in health and their inputs. In addition, they circulate and work with quality in various areas when in the absence of professionals, such as host and consultation, vaccine room, dressing, sterilization and reception[18].

In this perspective, the ACS compares the nurse as a bridge in which there is the necessary information for conflict mediation and active dialogue between users, health and management team. The relationship with the ACS is very close, since all their actions are directed by nurses[18].

The learning teaching process of ACS, as the other participants of the ESF, must to be innovative, reflective and critical, focused on developing their skills, avoiding breakdown, fragmentation and lack of information. Thus, it is necessary that nurses and ACS reflect on the need to act as health promoters, articulating as strategies managers to promote health education to the population [19].

The different activities of ACS require adequate instrumentation to qualify the professional, and thus strengthen the link with the community. The training process can happen in practice settings or in continuing education

activities. The contextualized and continuing qualification of ACS should include technical, political, cultural and social aspects of an intersectoral action. In this way, recovery, reflection on staff and the systematic supervision of the work of the ACS by the nurse are important in order to recognize them as a single integral, because they work and reside in the community[5,20].

By the issues raised by the research participants, it is possible to understand that despite ACS receive training when they start working, soon they forget the principles that guide their actions, focusing on the routine. This reinforces that the ESF, especially nurse, periodically organize moments of discussion and resumed on the extent of the ACS operation and their importance to the community. In the research, a single discussion was able to make the ACS to resume some principles, which reinforces the effectiveness of these times and the need to frequently performed them.

FINAL CONSIDERATIONS

Home visits emerged as an important task mentioned by the ACS in their daily work, where it provides transmission of information and approach the health care team in the community. In this bias, the ACS are perceived as a link between the enrolled population and the other members of the healthcare team.

The mapping and registration of families and individuals emerged after the discussion proposed by this study, showing that even these are activities performed exclusively by the community health agent, there was no perception of these functions on the first stage, and it was evidenced after discussion.

Listening was identified as an inherent part of the ACS work, after the discussion of their role in the context of education and health promotion. This allowed us to recover the sense of "transmission of information and guidelines" mentioned in the first stage.

This opposition between before and after the discussion with the ACS, emphasizes the importance of having spaces to discuss issues that permeate the everyday health work, showing that from these exchange areas more effective possibilities of action are outlined in the community, and qualifies the work of health professionals.

Given that only one meeting was able to bring about change in the perception of ACS as their tasks, it is important the value of professionals, especially nurses, being always returning to their functions with the ACS, as well as the ESF principles. This dynamic group discussion should take place in a systematic way and should be incorporated as a permanent activity of the ESF team, occurring every year or every two years, as the accuracy of each reality.

In order to complement this study, it is suggested that other research be conducted in order to investigate the extent to which the ACS act in health promotion perspective in their daily lives without being under the influence of researchers who point them in this direction.

ESTRATÉGIA SAÚDE DA FAMÍLIA: A PERCEPÇÃO DO AGENTE COMUNITÁRIO DE SAÚDE QUANTO A SUA ATUAÇÃO

RESUMO

O estudo objetivou conhecer a percepção dos Agentes Comunitários de Saúde quanto as suas atribuições no contexto da Estratégia Saúde da Família. Trata-se de uma pesquisa-ação. A coleta dos dados ocorreu de fevereiro a dezembro de 2010. O cenário foi uma Unidade Básica de Saúde de um município do Rio Grande do Sul, onde atua uma equipe de estratégia saúde da família, e os participantes foram seis Agentes Comunitários de Saúde. A produção dos dados aconteceu em três momentos, sendo dois contemplados pela aplicação de questionários dos quais emergiram os dados desde estudo. Utilizou-se a Análise de Conteúdo Temática. Na primeira aplicação do questionário, emergiram que as atribuições desses trabalhadores são: realizar visitas domiciliares; transmitir informações e orientações sobre saúde-doença aos usuários; e servir de elo entre a equipe de saúde e comunidade. Na segunda aplicação do questionário, estas atribuições foram ratificadas, sendo acrescentadas: o mapeamento e reconhecimento da área adscrita; cadastramento das famílias e dos indivíduos da sua área; e escuta ativa à comunidade. Destaca-se

a relevância do trabalho do Agente Comunitário de Saúde, pois configura-se como trabalhador essencial para a equipe de saúde de referência e contribui para a melhoria das condições de saúde da população.

Palavras-chave: Agentes Comunitários de Saúde. Atenção Primária à Saúde. Sistema Único de Saúde. Enfermagem.

ESTRATEGIA SALUD DE LA FAMILIA: LA PERCEPCIÓN DEL AGENTE COMUNITÁRIO DE SALUD RESPECTO A SU ATUACIÓN

RESUMEN: el objetivo del estudio fue conocer la percepción de los Agentes Comunitarios de Salud respecto a sus atribuciones en el contexto de la Estrategia Salud de la Familia. Se trata de una investigación-acción. La recolección de los datos ocurrió de febrero a diciembre de 2010. El escenario fue una Unidad Básica de Salud de un municipio de Rio Grande do Sul, donde actúa un equipo de la estrategia salud de la familia, y los participantes fueron seis Agentes Comunitarios de Salud. La producción de los datos sucedió en tres momentos, siendo dos contemplados por la aplicación de encuestas de los cuales emergieron los datos de este estudio. Se utilizó el Análisis de Contenido Temático. En la primera aplicación de la encuesta, se averiguó que las atribuciones de estos trabajadores son: realizar visitas domiciliarias; transmitir informaciones y orientaciones sobre salud-enfermedad a los usuarios; y servir de conexión entre el equipo de salud y la comunidad. En la segunda aplicación de la encuesta, estas atribuciones fueron ratificadas, siendo añadidas: el mapeo y reconocimiento del área adscrita; registro de las familias y de los individuos de su área y escucha activa a la comunidad. Se destaca la relevancia del trabajo del Agente Comunitario de Salud, pues se configura como trabajador esencial para el equipo de salud de referencia y contribuye para la mejoría de las condiciones de salud de la población.

Palabras clave: Agentes Comunitarios de Salud. Atención Primaria a la Salud. Sistema Único de Salud. Enfermería.

REFERENCES

1. Souza GCA, Costa ICC. O SUS nos seus 20 anos: reflexões num contexto de mudanças. Saúde Soc. São Paulo. 2010; 19(3): 509-517.

2. Ávila MMM. O Programa de Agentes Comunitários de Saúde no Ceará: o caso de Uruburetama. Ciência & Saúde Coletiva. 2011; 16(1): 349-360.

3. Garcia Jr CAS, Nascimento PTA. O dispositivo apoio matricial na atenção primária em saúde: um relato de experiência no município de João Pessoa/PB. Rev. Saúde Públ. Santa Cat., Florianópolis. 2012; 5(2): 93-104.

4. Viana ALD, Dal Poz, MR. A reforma do sistema de saúde no Brasil e o Programa de Saúde da Família. PHYSIS: Rev Saúde Coletiva. 2005; 15(Supl.): 225-264.

5. Costa SM, Araújo FF, Martins LV, Nobre LLR, Araújo FM, Rodrigues CAQ. Agente Comunitário de Saúde: elemento nuclear das ações em saúde. Ciência & Saúde Coletiva. 2013; 18(7):2147-2156.

6. Brasil. Ministério da Saúde. Secretaria de Atenção À Saúde. Departamento de Atenção Básica. Política Nacional de Atenção Básica / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Brasília: Ministério da Saúde; 2007.

7. Thiollent M. Metodologia da pesquisa-ação. 16ª ed. São Paulo: Cortez, 2008.

8. Programa das Nações Unidas para o Desenvolvimento. Atlas do Desenvolvimento Humano dos Municípios, 2013. Disponível em < http://www.atlasbrasil.org.br/2013/pt/home/>. Acesso em 20 set. 2014.

9. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 11ª ed. São Paulo: Hucitec: 2010.

10. Brasil. Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisa em seres humanos. Resolução Nº 466, de 12 de dezembro de 2012. Brasília; 2012.

11. Kebian LVA, Acioli S. Visita domiciliar: espaço de práticas de cuidado do enfermeiro e do Agente Comunitário de Saúde. Rev. enferm. UERJ, Rio de Janeiro. 2011; 19(3):403-409.

12. Santos EM, Morais SHG. A visita domiciliar na Estratégia Saúde da Família: percepção de enfermeiros. Cogitare Enferm. 2011; 16(3): 492-497.

13. Santos LPGS dos, Fracolli LA. O Agente Comunitário de Saúde: possibilidades e limites para a promoção da saúde. Rev Esc Enferm USP. 2010; 44(1): 76-83.

14. Mascarenhas CHM, Prado FO, Fernandes MH. Fatores associados à qualidade de vida de Agentes Comunitários de Saúde. Ciência & Saúde Coletiva. 2013; 18(5): 1375-1386.

15. Binda J, Bianco MF, Sousa EM de. O trabalho dos agentes comunitários de saúde em evidência: uma análise com foco na atividade. Saúde Soc. São Paulo. 2013; 22(2): 389-402.

16. Lima AP, Corrêa ACP, Oliveira QC. Conhecimento de Agentes Comunitários de Saúde sobre os instrumentos de coleta de dados do SIAB. Rev Bras Enferm, Brasília. 2012; 65(1): 121-127.

17. Raimundo JS, Cadete MMM. Escuta qualificada e gestão social entre os profissionais de saúde. Acta Paul Enferm. 2012; 25(Número Especial 2): 61-67.

18. Lanzoni GMM, Meirelles BHS. Liderança do enfermeiro: elemento interveniente na rede de relações do agente comunitário de saúde. Rev Bras Enferm, Brasília. 2013; 66(4): 557-63.

19. Muller B, Barradas D, Costa MAR, Cambiriba MS. A profissionalização do agente comunitário na perspectiva da promoção da saúde. Cogitare Enferm. 2012; 17(1):171-4.

20. Pinto ESG, Scatolin BE, Beraldo AA, Andrade RLP, Silva-Sobrinho RA, Villa TCS. O Agente Comunitário de

Saúde na detecção de casos de tuberculose. Cienc Cuid Saude. 2014; 13(3):519-526.

Corresponding author: Letícia Martins Machado. Rua Silva Jardim, 1043, CEP: 97010-491, apto 308, bloco B. Santa Maria, RS. E-mail: lehmachado@yahoo.com.br.

Submitted: 13/10/13
Accepted: 03/02/15