

MILITARY POLICE THERAPEUTIC ITINERARIES IN THE SEARCH OF HEALTH CARE NEEDS¹

Rafanielly de Oliveira Alves*
Maria Geralda Gomes Aguiar**

ABSTRACT

This study aimed to describe the therapeutic itineraries of military police who work in a Community Security Base in search of their health care needs. This is an exploratory research, of qualitative approach, carried out by semi-structured interview whose corpus has been subjected to content analysis. The results showed that the military police officers undertake courses in order to preserve their health, involving actions of health promotion, disease prevention and needs meeting, to achieve the quality of life and restore health, such as coping with a severe illness or an exacerbation of a chronic problem. Therapeutic itineraries involve the popular and professional care subsystems, according to the single conduct of each individual and the cultural context in which it is inserted. The search for therapeutic care in the professional subsystem involves facilities related to geographical and functional access. We concluded that the obstacles that the cops face to health services access point weaknesses in the provision of services; so it is imperative public policies improve for this group, especially those geared to their health needs.

Keywords: Police. Health-Disease Process. Health Services Accessibility.

INTRODUCTION

The military profession practice involves exposure to risks and situations of vulnerability. The appropriate sense of risk for military police combines the epidemiological and social definition; the first refers to the times and places of greater fatalities, besides the magnitude of the dangers; the second relates to the ability and professional choice for confrontation⁽¹⁾. In turn, the concept of vulnerability is delimited by dynamic social processes and can be used in various fields of knowledge; at least three dimensions involve it: exposure to risk trajectories; internal and external capabilities to these trajectories reaction; and possibilities for adaptation based on the intensity of the risk as well as on the individuals' resilience⁽²⁾.

There seems to be a synergistic relationship between the labor process and health-disease in the military profession, since health-disease is characterized as a social process that suffers influences from the relationship of men with the environment and with other men through work and socio-cultural relations⁽³⁾. Thus, the scope of work of military officers, subjectivity and professional experience have the potential to influence in their health, and can cause physical illness, workload and

psychological problems.

Health problems among police officers are frequent, such as systemic arterial hypertension associated with high level of stress and work pressure, cervical and lumbar pains, vision disorders, headache and migraines and, even, diseases occurring in the population in general, like scabies and conjunctivitis due to very close contact with people, especially those imprisoned. They also point to neurotic disorders, especially those related to stress in active military police^(3,4).

As soon as the individual finds a disorder, specifically a health problem, they tend to look for ways to solve it. These pathways⁽⁵⁾ constitute the therapeutic itinerary, a term that designates, in a detailed way, a set of plans, strategies and projects focused on illnesses treatment.

Each individual's singular conduct guides the specific treatment choices, and is influenced by the socio-cultural context. In the attempt to order the different interpretations of diseases and treatment processes among the most diverse alternatives in a society, the model of Health Care System⁽⁶⁾ establishes an articulation between the different elements related to health, involving the experience of the symptoms, the decisions regarding the treatment, the therapeutic practices performed and

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Nurse. Family health specialist. Member of the Center for Studies and Research on Caregiving (NUPEC) at the State University of Feira de Santana. Feira de Santana, Bahia, Brazil. E-mail: rafanielly_alves@hotmail.com

Nurse. PhD in Education. Professor of the Professional Master's Course in Nursing and Professional Master's Course in Public Health at the State University of Feira de Santana. Vice Coordinator of the Center for the Study and Research on Caregiving (NUPEC). Feira de Santana, Bahia, Brazil. E-mail: geaguiar@uefs.br

the evaluation of the results. Three subsystems are considered: the popular one, which involves the non-specialized, lay field of society, in which, most of the times, the first health care is adopted; the professional one, constituted by health professions, organized and legally recognized; and the folk, which aggregates non-recognized health specialists legally, that use manipulative treatments with herbs, healing rituals and special exercises.

We assume that the population group of military officers is vulnerable to risk situations, because it has the purpose of acting to maintain the social order and inhibit violence. Thus, it requires specific attention to health, as police corporations stand out from the general population and other professional categories for their heavy workload and suffering and consequent physical and emotional distress⁽⁴⁾. In this way, the objective of the study was to describe the therapeutic itineraries of military police officers in the search of health care needs.

METHOD

It is a study of qualitative approach, with an exploratory character developed in 2014. We used as a theoretical reference the model of Health Care System proposed by Kleinman, which allows the discussion on the creation of social networks, in which individuals are inserted to solve their problems, besides to pay attention to the medical pluralism and the different cognitive structures and therapeutic practices of the subsystems that constitute the Health Care System⁽⁶⁾.

We chose 15 military policemen of both sexes who participate in a Community Safety Base (CSB) in Feira de Santana, Bahia. The inclusion criteria were: to have at least two years of activity as a military police officer and to act as an operational officer (in the end activity); and as an exclusion criterion: those police officers who acted in the middle activity, that is, administrative police.

We carried out the data collection in the first semester of 2014, through a half-structured interview guided by a script, in order to allow the military police to talk about their experiences of illness and the paths followed when looking for their health care needs. It is noteworthy that the interviews were held in a private room, in order to ensure privacy and secrecy.

With regard to the relevance of the data reliability, we recorded the interviews, fully

transcribed them through an attentive listening and subsequently edited according to the guiding issues of the interview script.

To analyze the corpus, we used the technique of analysis of content, of thematic type, organized chronologically in pre-analysis, organization phase that involved the operationalization and systematization of ideas; exploitation of the material, in which we did the transformation of the raw data of the text into a representative content; treatment of results and interpretation, when we processed the raw data in order to present it in a valid and meaningful manner and made inferences⁽⁷⁾. The process of analysis and interpretation of the corpus enabled the construction of the empirical category: "Trailing paths to preserve and regain health".

This study was submitted and approved by the Committee on Ethics and Research with human beings from the State University of Feira de Santana, under the opinion No. 442. 966. We invited the military police to participate, informed them about the subject and the objectives of the study, and read the term of free and informed consent, clarifying the risks and benefits, the voluntary participation and assuring them confidentiality and anonymity, guaranteed by the adoption of pseudonyms they chose, enclosed in parentheses after the testimonials.

RESULTS AND DISCUSSION

Of the 15 military policemen occupying jobs in a CSB, in Feira de Santana/BA, participants of the study, 13 are male and two of the female and the majority of respondents are between 25 and 29 years old. In relation to the color/race feature, nine of the police officers declared themselves to be brown-skinned, four black and two white. As for the marital status, eight were married, six singles and one divorced.

About their origin, most of them comes from cities like Feira de Santana and Salvador, Bahia. In terms of schooling, five have full high school, five, incomplete higher education and the other five, complete higher education. As far as religion is concerned, three police officers declared themselves Protestant, five did not have a definite religion, four are Catholics and one is atheist. Most have a monthly income between R\$ 2,000 and R\$ 2.5000.

As regards their weekly workload, the

participants work an average of 40 hours per week. Their work schedule varies according to the ostensible policing carried out in motorcycles and vehicles and according to the hierarchical level - officers (administrative time, from Monday to Friday) and policemen (12 hours of work and 36 hours free for those who do motorcycle patrols, 12 hours of work and 24 hours free for those who work in cars, in daytime service, and they work 12 hours and have 72 hours free, when the service is at night).

The study participants acted as operational police officers in end activities (execution of operations), that is, they carry out patrolling and face crime and, therefore, are more susceptible to suffer victimization.

In relation to the time of operation, everyone has more than two years of profession. The one who presented more time of professional have worked for 15 years in the institution.

The category seized "Trailing paths to preserve and recover health" analyzes the searches undertaken by the participants to meet their health needs, emphasizing the subsystems they use on this route.

Trailing paths to preserve and recover health

Given this context, we noted that the participants of this study, present characteristics of health vulnerability, considering that most of them have low socioeconomic level and purchasing power, which can lead them to perform another activity to supplement their monthly income. Besides, their workload is excessive and they work in shifts, with permanent exposure to situations of risk and violence; they also operate under precarious labor conditions and with the possibility of accidents at work and health problems related to the profession.

As measures to preserve health, military police report they go to the doctor to carry out periodic exams, practice regular physical activity and care about food.

I do check up every six months, I always do this, I learned it from my father [...]. I do all the exams, whether I'm well or not. And when I'm feeling something different, I go to a specific doctor, right?! [...]. I do physical activity, I run every day, I do bodybuilding. (Joana)

I do a routine checkup every year. I do physical activity three times a week and I feed well, I avoid fried food, I drink plenty of water, I eat fruit,

vegetables... [...]. (Sofia)

The participants point out healthy food, health care in periodic health exams, appropriate parental education and advice and practice of regular physical activity as indispensable conditions to promote health. Thus, health promotion actions primarily relate to the behavioral risks that could change, which would be partly under the control of the individuals themselves⁽⁸⁾.

By pointing out recommended health promotion actions in the scientific field, participants seem to incorporate elements of the current scientific speech on this "standard" of health promotion; however, this does not effectively mean that they undertake such actions in their daily life.

The actions to preserve the health cited pass through the popular subsystem of care, in which the main arena of health care is the family. In this sense, Joana's speech is an example, when she mentions learning based on paternal advice.

As the participants report, the search for professional care happens when they go to the doctor to carry out the periodic exams. This demand for medical care with a prevention character, through advice and guidance, consists of one of the components of health promotion⁽⁹⁾.

However, this search for health promotion is hampered by conditions involving their work routine, such as the schedule and lack of a fixed time to have meals. They, therefore, claim that they have no control over the quality of the food they consume, in relation to both preparation hygiene and type.

The military police try to preserve health, also focusing on the prevention of prevalent diseases in the family, as Joana highlighted in her speech:

[...] I love sweet food and I have to control myself because my grandmother was diabetic, my mother was diabetic, so I already have a problem of heredity [...]. Joan

We know that preventive activities bring more quality to people's lives, as they avoid illnesses, that is, they represent attitudes that interfere favorably in the relationship health/illness⁽⁹⁾.

One of the participants reports that the experience of an instigating event needs to occur to adopt preventive behaviors in health.

[...] a gente deixa para procurar {o médico} quando acontece alguma coisa. [...] é o mal do ser humano. Ele vai procurar quando está sentindo uma dor ou quando alguma coisa não está legal, não tem a rotina

de fazer um check-up [...]. (Machado)

Care-seeking initiatives relate to the sense that the subjects attribute to their state of health. Therefore, the demand for the doctor or the health service happens with the manifestation of “being sick” or the perception that “something is not right”; when the situation is more serious, it is also associated with the experience of “being in bed”, “being in pain” and have tried ways to solve the problem at home, which failed. This way of acting seems to hold remnants of the hegemony of the biomedical sciences inheritance in the definitions of health and disease and explanation of the factors involved in pathological processes; in this model, the body is like a machine, the disease results from this malfunction. Such an attitude is a negative way of understanding health because there is an emphasis only on the biological aspects of the individual⁽¹⁰⁾.

However, the health services sector, represented by the professional subsystem is not the only responsible to preserve health. On the contrary, health needs to be a conjunction process with other sectors that are also responsible for essential necessities to life. In this sense, another care highlighted in the participants’ speeches involves the investment in quality of life, how to maintain healthy relationships in the workplace, in the family and extra familiar context; besides making trips; as they see them as a time to relieve stress and get closer to their family.

[...] Whenever I can, when I have vacations and I can travel, I go somewhere [...] because people have to relieve stress at these times anyway. The place, even better, if it is a place that no one knows me, where I can go out without a gun [...]. (Mario)

Studies on quality of life among military polices discuss it as a phenomenon of personal perception that denotes the way in which the individual feels their health and other associated states such as well-being and occupation⁽¹¹⁾.

As regards the ways to preserve mental health, one of the participants mentioned the demand for psychological support, understood by one of them as a form of help since the military police profession involves pressure, stress, tension and a consequent psychic suffering.

[...] It appeared an opportunity in my workplace and I had psychological support and it was good, it helped me a lot. (Raimundo)

A study that analyzed narratives of military

police officers about illness, suffering and fear in the professional context evinced a relation between unhealthy working conditions, submission to exhaustive schedules and environments of violence and pressure, which weakens and expose the police to psychological damage, sometimes permanent, which in serious conditions can lead to suicide⁽¹²⁾.

About the demand for care to recover health, the experiences of illness reported had to do with the confrontation of an acute illness or an acute period of a chronic problem. In the face of their health needs, the military police have gone through diversified therapeutic itineraries. The varied forms of therapeutic aid can be pursued on their own or through listening to the opinion of others, which is part of the socio-cultural context of the individual, thus influencing their therapeutic choices.

Studies on therapeutic itineraries based on discussions about Health Care Systems⁽⁶⁾, allow many perspectives analysis, including perceptions and representations of disease; search for certain treatments; adherence and treatment evaluation; transit of individuals in the different health care subsystems; and availability and accessibility to assistive resources⁽⁵⁾.

The search for therapeutic care in the popular subsystem is the first choice to confront certain situations of illness and is evident in the trajectory of five military officers.

[...] I realized I was sick by myself. I took a medicine, I think it was Tylenol, I took it on my own. (Francisco)

We can explain this by taking into consideration that it is usually in this subsystem that health care activities start and also by the individual’s attempt to get a faster response to their health problem⁽¹³⁾.

This process also occurs at other times of the therapeutic itinerary, even when the individual manages to obtain a diagnosis and a medical prescription – four participants used the professional subsystem and the popular subsystem of care at the same time.

[...] I went to the doctor. Then he said it was a little flu and that stuff, he gave a syrup, a remedy and such. And there’s that things of our mother, right... My mother says, “Oh, make a strong juice there, take honey and I don’t know what and such, that you will get better”! (Artur)

The search for another subsystem, especially the professional, happens when the treatment available in one sector is not successful to relief physical or

emotional discomfort⁽¹³⁾. Moreover, a study evidenced that the use of the popular subsystem occurs to relieve or cure health problems considered simpler⁽¹⁴⁾. When it comes to a situation of illness considered serious, the individual only looks for the professional subsystem.

[...] Lately I'm feeling some palpitations in the heart [...], it's so much that I've set an appointment with the cardiologist recently to do the exams and know why I'm feeling these palpitations. (Moisés)

This speech shows that in the case of heart problems, considered serious, the care offered by the popular subsystem is seen as inappropriate to solve the situation⁽¹⁴⁾.

According to the reports, the activities developed within the popular subsystem are learned from reference people who make up the network of family and social support.

[...] The one who referred me to the natural anxiolytic was the pastor of the church I attended. He said that, by the little he knew, there were two types of depression, physics and emotional; and he said, "Oh, if your problem is physical, you take a medicine that will meet your needs and you get better, but if it is emotional, you need another kind of support, of conversation..." Because he already has a good time advising people, right?! (Almeida)

Most health care within the popular subsystem occurs among people who are linked together by family ties⁽¹³⁾; in the case of military officers, they were mothers and grandparents, self-medication through consultations with laymen, as religious leaders and pharmacy attendants, friends and neighbors. In the case of Almeida, in addition to the indication of a natural anxiolytic, the religious leader explained his illness situation, which reinforces the idea that each social context has a way of signifying, explaining, diagnosing and treating health problems.

It was possible to infer that the participants have autonomy to decide which advice received will adhere or not, since within the therapeutic itinerary they will choose, evaluate and may adhere or not to certain forms of treatment⁽⁵⁾. Adherence to treatment has a strong connection with personal beliefs. Pedro, for example, adhered to some therapeutic proposals offered within the popular subsystem, while the others did not.

My grandmother also said to eat garlic with honey, with sugar, then I said no... So, among the things she asked me to do, I just adhered to the tea. I believe in what my grandmother indicated, but I think medicine

is more effective, it acts directly on the disease. Tea is more of "homeopathic", a palliative; it relieves but does not cure.

With regard to the use of the professional subsystem of care, all participants went to the health services there are associated to at some point in the trajectory. This is because it is the most widespread and dominant care subsystem of treatment whose basis is scientific medicine⁽⁶⁾.

The trajectories traced in the professional subsystem reveal that the insertion of the military police in this subsystem occurs, most of the time, through the private service funded by the health plan.

We identified in Joana's trajectory the search for private and public service to access to the professional subsystem of care in an alternate manner. The reasons for the use of the public service, even when the military officers pay for a health plan, are due to different factors such as when the treatment prescribed in the private service did not have the expected effect and when the public service is nearer their residence, favoring geographic access. Another reason concerns the lack of structure of the city's private hospitals to meet the need of one of the participants, setting up a functional access problem.

I went to the health clinic the other day, because I took the medicine they {private Hospital doctor} had prescribed and even then my fever did not go down [...] When I woke up in the morning my lips were swollen, so I went to the clinic near my house. (Joana)

The existence of a "mixture" of public and private service is visible, since users of supplementary medical attention can constitutionally use public service, while the poor population only has access to the Basic Health System (SUS)^(15,16).

In the case of Joana, she went to the public service due to a geographic access facility⁽¹⁷⁾, assessed on the basis of time and form of displacement and the distance between her residence and the health service. When it comes to the case of Sofia, the use of public service is justified by the possibility of access to neonatal ICU, specialty not offered in the city by the private sector.

Then I stayed here at the public Hospital {reference public hospital for the city and metropolitan region} because the only places in Feira that has Neonatal ICU is the public hospital and the woman hospital {specialized municipal hospital}, but I only got a bed at the public hospital.

In this way, participants follow a common path to other users of the supplementary medical attention segments, using the public system to access to more sophisticated exams, procedures and expensive medicines, which sometimes are not offered by private hospitals of health insurance companies⁽¹⁵⁾.

I stayed here in the polyclinic, because it is closer to my work, do you understand? (Artur).

I did follow up with the occupational therapist of CAPS [...] She referred me to the specialized hospital {public hospital specialized in mental health care}, because she said it was the only place, since in my city the health plan does not cover, I mean, in fact, I think the {health plan} does not cover this {follow-up with psychologist}. (Almeida)

In the trajectory of looking for care in the professional subsystem, military officers face difficulties, which interfere with the use of both public and private service. Among these difficulties, we see: appointments with medical specialists and limited number of vacancies for exams funded by the health plan; delay in waiting for assistance in the emergency of a private hospital because the risk classification does not identify the priorities of attendance.

You always have a hard time making appointments, even in a private institution. [...] because of the health insurance quota issue. (Bruno)

I found difficulty also to do the exam {ultrasound}, to find a place that had vacancy. (Daniel)

The difficulties clarified relate to functional access, understood as the access itself to the services that the user needs, including the types of services offered, the schedules foreseen and the quality of the service. The delay to receive attendance and the complaint of the (lack of) possibilities of scheduling new appointments are among the main dissatisfactions reported⁽¹⁷⁾. A study⁽¹⁵⁾ also points out that the main problems are to get appointments due to the non-availability of time in medical schedules. Another difficulty refers to the precarious structure of the hospitals, which sometimes do not offer all the support needed to meet the needs of the individual.

The study showed that military officers constitute a group of interest in nursing research as

well as in health sciences, since their work process involves risk and vulnerability. Studies such as this, offer some elements for a discussion of the health needs of military police, raising a reflection on work and their influence on police health- disease, and can help to improve public policies towards this sector.

FINAL CONSIDERATIONS

It was evident that the study participants trail paths, both to preserve their health and to recover it. In order to preserve health, military officers undertake health promotion care, using the professional subsystem to carry out periodic exams, in addition to paying attention to their food habits and practice of physical activity; they also carry out care to prevent diseases, especially those whose predisposing factors are hereditary. They understand that the search for a better quality of life is a way of preserving health, pointing to the need for efforts to maintain harmonious family and social relationships, as well as leisure activities, aiming to face the stress experienced at work.

Illness's experiences mainly related to acute problems and the acute of chronic problems. The military police trailed diversified paths to obtain therapeutic aid; they used the popular subsystem of care for self-medication and the use of teas indicated by individuals in their family and social support network, but they mainly went to the professional subsystem, using the health services that compose it, in some time of the itinerary.

This search for therapeutic care in the professional subsystem involved facilities related to geographical access to public services, but, above all, difficulties related to functional access in private services, although those professionals paid for a health plan.

Given the results, it is necessary to highlight the need for other studies involving therapeutic itineraries, since they allow identifying weaknesses in the supply of services by the professional subsystem, which end up hindering access. In addition, issues related to difficulties in access to health services, as evidenced, go through professional valuation of military police officers and should consider problems as availability of institutional support.

ITINERÁRIOS TERAPÊUTICOS DE POLICIAIS MILITARES NA BUSCA DE ATENDIMENTO DE NECESSIDADES DE SAÚDE

RESUMO

Este estudo objetivou descrever os itinerários terapêuticos de policiais militares que atuam em uma Base Comunitária de Segurança na busca de atendimento de suas necessidades de saúde. Trata-se de uma pesquisa exploratória, de abordagem qualitativa, realizada mediante entrevista semiestruturada cujo corpus foi submetido à análise de conteúdo. Os resultados evidenciaram que os policiais militares empreendem percursos a fim de preservar a saúde, envolvendo ações de promoção da saúde, prevenção de doenças e satisfação de necessidades para alcançar a qualidade de vida e restabelecer a saúde, como o enfrentamento de um adoecimento agudo ou de agudização de um problema crônico. Os itinerários terapêuticos perpassam os subsistemas popular e profissional de cuidado, conforme conduta singularizada de cada indivíduo e o contexto sociocultural em que está inserido. A procura por cuidados terapêuticos no subsistema profissional envolve facilidades relacionadas ao acesso geográfico e funcional. Conclui-se que os obstáculos com que os policiais se deparam para o acesso aos serviços de saúde apontam fragilidades na oferta de serviços; assim é imperativo o aprimoramento de políticas públicas para esse grupo, sobretudo aquelas voltadas às suas necessidades de saúde.

Palavras-chave: Polícia. Processo Saúde-Doença. Acesso aos Serviços de Saúde.

ITINERARIOS TERAPÉUTICOS DE POLICÍAS MILITARES EN LA BUSCA DE ATENCIÓN EN NECESIDADES DE SALUD

RESUMEN

Este estudio tuvo el objetivo de describir los itinerarios terapéuticos de policías militares que actúan en una Base Comunitaria de Seguridad en la busca de atención de sus necesidades de salud. Se trata de una investigación exploratoria, de abordaje cualitativo, realizada mediante entrevista semiestruturada cuyo corpus fue sometido al análisis de contenido. Los resultados destacaron que los policías militares realizan recorridos a fin de preservar la salud, involucrando acciones de promoción a la salud, prevención de enfermedades y satisfacción de necesidades para alcanzar la calidad de vida y restablecer la salud, como el enfrentamiento de una enfermedad aguda o de agudización de un problema crónico. Los itinerarios terapéuticos ultrapasan los subsistemas popular y profesional de cuidado, conforme conducta singularizada de cada individuo y el contexto sociocultural en que está insertado. La procura por cuidados terapéuticos en el subsistema profesional involucra facilidades relacionadas al acceso geográfico y funcional. Se concluye que los obstáculos que los policías se enfrentan para el acceso a los servicios de salud muestran fragilidades en la oferta de servicios; así es imperativo el perfeccionamiento de políticas públicas para este grupo, sobre todo aquellas dirigidas a sus necesidades de salud.

Palabras clave: Policía. Proceso Salud-Enfermedad. Acceso a los Servicios de Salud.

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Corresponding author: Rafanielly de Oliveira Alves: rua Augusto Severo, 92, Asa Branca, Feira de Santana, Bahia, Brasil. CEP: 44044-284. Tel: (75) 99189-4915. E-mail: rafanielly_alves@hotmail.com

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