

RIVERINE PEOPLE'S PERCEPTIONS ON HEALTH CARE CONCERNING THE FAMILY HEALTH STRATEGY

Percepções de usuários ribeirinhos sobre a atenção à saúde no âmbito da estratégia saúde da família

Percepciones de usuarios ribereños en la atención de la salud en el ámbito de la estrategia salud de la familia

Thyago Douglas Pereira Machado¹, Francisco Lucas Sales Dressler Silva², Ivaneide Leal Ataíde Rodrigues³, Laura Maria Vidal Nogueira⁴, Gisele de Brito Brasil⁵

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ABSTRACT

Objective: The study's purpose has been to identify the riverine people's perceptions on health care provided in the Island of *Combú*, as well as to discuss whether this care considers the sociocultural particularities of such population. **Methods:** It is a descriptive study with a qualitative approach, which was performed with 26 community members registered in the Family Health Strategy from the Island of *Combú*. Data collection took place from August to September 2017, through individual interviews and analyzed by thematic content analysis. **Results:** Based on the analysis, the two following categories were organized: The importance of healthcare services provided in a Family Health Strategy of riparian communities and Culture in the context of Health Care for riparian communities. **Conclusion:** Although the healthcare services do consider the local peculiarity, the lack of professionals and supplies, which are not aligned with public policies, were found to be factors of association with low service quality. So, turning it into a curative standpoint lacking a broad view regarding the possibilities of health care provision.

Descriptors: Health care, vulnerable communities, family health strategy, perception.

RESUMO

Objetivos: Identificar a percepção de usuários ribeirinhos sobre a atenção à saúde ofertada no arquipélago do Combú e Discutir se essa atenção considera as particularidades socioculturais dessa população. **Método:** Estudo qualitativo, descritivo, realizado com 26 ribeirinhos cadastrados na estratégia saúde da família da Ilha do Combú. As informações foram coletadas em agosto/setembro de

1 Nursing Graduate by the *Universidade do Estado do Pará (UEPA)*.

2 Nursing Graduate by the *UEPA*.

3 Nursing Graduate by the *Universidade Federal do Pará (UFPA)*, MSc and PhD in Nursing by the *Escola de Enfermagem Anna Nery at Universidade Federal do Rio de Janeiro (UFRJ)*, Associate Professor (level IV) of the Communitarian Nursing Department at *UEPA*.

4 Nursing Graduate by the *UFPA*, PhD in Nursing by the *Escola de Enfermagem Anna Nery at UFRJ*, Associate Professor (level IV) of the Communitarian Nursing Department at *UEPA*.

5 Nursing Graduate by the *UEPA*, MSc in Nursing by the *UEPA*, Professor of the Communitarian Nursing Department at *UEPA*.

2017, por meio de entrevistas individuais e analisadas por análise de conteúdo temática. **Resultados:** Mediante a análise organizaram-se duas categorias: A importância da atenção à saúde ofertada em uma Estratégia Saúde da Família Ribeirinha e A cultura no contexto da Atenção à Saúde para os ribeirinhos. **Conclusão:** Embora a atenção à saúde considere a peculiaridade local, a carência de profissionais e insumos, não estando em consonância com as políticas públicas é fator de associação com baixa qualidade no serviço, voltando-se a uma visão curativista sem um olhar ampliado das possibilidades de oferta de atenção à saúde.

Descritores: Atenção à saúde; Comunidades vulneráveis; Estratégia saúde da família; Percepção.

RESUMEN

Objetivos: Identificar la percepción de usuarios ribereños sobre la atención a la salud ofrecida en el archipiélago del Combú y Discutir si esa atención considera las particularidades socioculturales de esa población.

Metodo: Estudio cualitativo, descriptivo, realizado con 26 ribereños catastrados en la estrategia salud de la familia de la Isla del Combú. Las informaciones fueron recolectadas en agosto / septiembre de 2017, por medio de entrevistas individuales y analizadas por análisis de contenido temático. **Resultados:** Mediante el análisis se organizaron dos categorías: La importancia de la atención a la salud ofrecida en una Estrategia Salud de la Familia Ribereñas y La cultura en el contexto de la Atención a la Salud para los ribereños. **Conclusión:** Aunque la atención a la salud considera la peculiaridad local, la carencia de profesionales y insumos, no estando en consonancia con las políticas públicas es factor de asociación con baja calidad en el servicio, volviéndose a una visión curativista sin una visión ampliada de las posibilidades de oferta de atención a la salud.

Descritores: Atención en la salud; Comunidad vulnerables; Estrategia de la salud en la familia; Percepción.

INTRODUCTION

Primary Health Care (PHC) is recognized as a key component of health systems. This recognition is based on evidence of its impact on health and population development in the countries that adopted it as the basis for their health systems: better health indicators, better efficiency in the flow of users within the system, more effective treatment of conditions chronic, better efficiency of care, greater use of preventive practices, better user satisfaction and reduction of inequities in access to services and general health status.^{1,2}

In 1994, the Brazilian Ministry of Health implemented the Family Health Program, aiming to expand PHC coverage in risk areas. The benefits generated were significant, gaining relevance as a public health policy. In 2006, the Program became known as the Family Health Strategy (FHS), expanding its action as a way to strengthen the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System] functioning as the user's preferred contact.^{3,4}

One of the proposals from the FHS points that the focus of health care is placed on the family, characterized by its physical and social space. Professionals establish contact with the health and living conditions of social groups and may have a comprehensive understanding of the health and disease process, as well as the intervention needs, not only performing curative practices.¹ When the FHS offers better care to families, performs two attributes of PHC: cultural competence and family community orientation,

widely recognizing family needs, inherent to the physical, cultural and economic context.^{1,5}

This aspect is particularly important when this health care refers to special populations, in this case, riparian communities, described as populations living on the banks of rivers, distant from the general culture, with little access to written, television, and radio media. They may also be segregated from other community residents, as the distance between homes can reach 2,000 meters. In these considerations, the river can be characterized as a barrier of access to interactivity and contact between members of the community.⁶

Aiming to find studies addressing this topic, a search was performed in the following databases of the Virtual Health Library (VHL), the *Base de Dados de Enfermagem (BDENF)* (Nursing Database), the *Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS)* [Latin American and Caribbean Literature on Health Sciences], the Medical Literature Analysis and Retrieval System Online (MEDLINE), with a time frame from 2011 to 2016, searching for complete articles available online in Portuguese and English, by using the following descriptors: Health Care, Vulnerable Communities, Family Health Strategy and Perception. In this search, 26 articles were found, 18 in English and 08 in Portuguese, nonetheless, none of these studies addressed health care in riverine populations.

Given the aforesaid, as well as the need to understand the view of the riparian community on Health Care provided in the FHS, the following research question was defined: What is the perception of the riverine population about the health care provided in the FHS from *Combú*? To answer this question, the following objectives were elaborated: to identify the riverine people's perceptions on health care provided in the FHS from the Island of *Combú*; and, to discuss whether this care considers the sociocultural particularities of such population.

METHODS

It is a descriptive study with a qualitative approach, which followed the bioethical standards addressed by the Resolution No. 466/12. The research received authorization from the Municipal Health Department of *Belém* city and was approved by the Research Ethics Committee from a public university under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 68494017.0.0000.5170.

This research was carried out in a FHS of riparian communities located on the Island of *Combú*. Data were collected from August to September 2017. The island is located in an environmental protection area, covering an area of approximately 15 km² (48° 25' W 1° 25' S), South of the *Belém* city (1.5 km by the river), left bank of the *Guamá* River, where approximately 530 families reside in four communities: Community of *Igarapé Combú*, Community of *Beira Rio*, Community of *Santo Antônio* or *Igarapé do Piriquitaquara* and Community of *São Benedito a Preservar* or *Furo do São Benedito*. The Family Health Unit has a

complete health team, composed of five community health agents, one nurse, one physician, and three nurse technicians.

A total of 26 users (riverine people) participated in the research, of both genders, over 18 years old, residents of the island, registered in the FHS. The interviews were closed considering the saturation criterion. Considering that there is a saturation of data when, in the researcher's assessment, they become either redundant or repetitive.⁷

Concerning possible risks, it is understood that in the case of this study, these were low and referred to the possible breach of confidentiality in the identification of the participants and possible embarrassment to answer the questions. To minimize them, an alphanumeric code was used to identify the participants using the letter R followed by the interview's number. Regarding the possible embarrassment, the participants were informed that they could refrain from answering any question that they deemed embarrassing or disrespectful.

Data related to the profile of the participants were analyzed by simple statistics, they are presented in text form considering the majority percentages. The analysis of the results followed the content analysis technique⁸ initiated by the organization of the collected data and by its coding, to arrive at the grouping of thematic categories according to the objectives of the study.

As a result of the analysis, two thematic categories were organized: The importance of healthcare services provided in a FHS of riparian communities and Culture in the context of Health Care for riparian communities. These will be presented and discussed below.

RESULTS AND DISCUSSION

The interviewees were within the age group from 18 to 79 years old, with a prevalence between 18-30 years (42%) and 58% were female. Concerning the level of education, 69% held incomplete elementary school level, and 11% completed high school level. Considering the occupation, all women were housewives and men were extractors in the harvest of *açaí* (one-inch round berry). For family income, the minimum wage in force at the time of data collection (R\$ 937.00) was taken as reference, and 81% of the participants held an income less than or equal to 1 minimum wage.

The importance of healthcare services provided in a FHS of riparian communities

Here, the participants' perceptions on the importance of health care provided in the FHS from *Combú* are discussed. It was observed that when talking about the importance of health care, 42% of the participants built their perceptions based on their understanding of health and health care, as described below:

[Health care] it is important for our health status, as well as being prepared for what is going to happen, because sometimes we think we have no health problems and when

we get here [at the FHS] we do. Therefore, this care to our health is important. (R15)

Health needs to come first in a person's life. I currently experience some health issues that make it impossible for me to work. Everyone needs to be more careful, especially men, many are carried away and are not cared for. Therefore, health care will only contribute to the person's life. (R16)

When making these reflections on the importance of health, health care, and problem detection, participants demonstrate, even if not explicitly, that health care is important for maintaining the health status they wish to have, including early detection for those who considered themselves healthy, such as R15. The constructions of their perceptions are explained taking into account an entire context that does not really dissociate when thinking about health care with quality and universal access.

Primary care is seen as the structural axis of the SUS policy, which brings together health actions at the individual and collective levels, covering not only health promotion and protection but also the prevention of diseases, diagnosis, treatment, rehabilitation, and maintenance. Seeking to expand coverage for universal service and promoting equity in health in Brazil, ensuring that individuals remain healthy and have access to care needs.⁹

The primary purpose of the FHS is to act as the main entry into the SUS, having as fundamental guidelines: to allow universal access to health, regardless of race, sex, religion, socioeconomic level, and comprehensive care considering the integration of all levels holistically.⁴ So, the planning of health policies has been directing its strategies considering the premise that health care must address the peculiar needs of people and social groups, especially minorities, this constitutes a dynamic and permanent.¹⁰

It was found in the speeches of the participants that there are no references to public policies, which ensure health rights based on strategies and practices in response to the needs of the population. It is important that the riverine people know these policies, both from the PHC and the FHS, being aware of their rights and duties. It is understood that the assistance of the multiprofessional team in the transfer of knowledge is important in the collective perspective.

When asked whether health care addresses their needs 92% of participants reported that they expect health care to be carried out with quality, as they consider it important to be well received and treated by the Team:

Good service, respect for the patient, care. (R11)

Improvement in health status. They assist well, give a lot of attention to people. (R12)

I hope to be well assisted by professionals here and leave with a problem solved. (R20)

A study showed that the quality of care is often associated with clinical care, confidentiality and the right to information, dimensions related to the professional-user relationship, which make care reach humanization and solidarity, strengthening responsibility with the needs of the community and consolidating premises of the FHS.¹¹

The wide-reaching of care requires professional practice with an important degree of communication, interpretation, negotiation and shared responsibilities, stimulating the bond and expanding the access of riverine populations and the professionals' perceptions about their cultural singularities and caring needs.¹²

In the dimension of clinical assistance, it was observed on the part of the interviewees that they associate the quality of health care and meeting their needs with curative practices, structural issues and a deficit of human resources such as absence or irregularity in the transportation of the team - since access to the island is only possible on small boats - lack of medical specialties, dentists and medicines.

I come looking for medicine to treat high blood pressure, it is always not available. It is necessary that more medicines come to the unit, as well as a speedboat for the transport of physicians to the unit is missing. (R1)

More physicians, more medicine, there is only one doctor for the morning shift, so a lot of things are missing in this unit, as well as dentists. (R9)

The unit needs more physicians, there is no dentists, and only one doctor does not meet the demand, as it is large. And a better supplied pharmacy, because many medications are missing. (R17)

The reality reported here was also verified in a study carried out in the *Rio Grande do Sul* State, which concluded that the main work problems of the FHS are focused on the infrastructure of Health Units and the lack of transportation for home visits, being a condition that prevents the effectiveness daily actions, having a negative impact in more distant locations or where access is difficult. The scarcity of equipment, materials, supplies, and medicines make certain actions unfeasible. There are also difficulties in relation to the support of the agencies that have responsibility for the FHS, political interest, human resources, as well as the money transfer to city halls and/or their inadequate application.¹³

The reality experienced by professionals who care in riparian communities is specific, as they need to be able to know the functioning of PHC, in addition, to rely on local cultural issues. With regard to the territory, the teams face logistical difficulties on a daily basis on the islands, especially aimed at collective and institutional public transport. Thus, there is an important peculiar formation to meet the needs of the riparian lifestyle.¹²

The work technologies adopted by health professionals are inherent to the work process corresponding to "conventional"

actions, which does not always reflect the interests and needs of individuals, explained by the lack of material, physical or human resources, in addition to the quality of care provided, which is sometimes considered inappropriate to the social and cultural arrangement of communities.¹⁴

In order for everything to function as governed by the Brazilian Constitution through the laws and guidelines established by the Brazilian Ministry of Health, it is necessary that the operationalization of health services provided to the population must respect the minimum quality standard required, under the conditions materials (building infrastructure, materials, equipment), human resources (with quantity and quality of professionals), accessibility (physical, financial, organizational) and the completeness of the system (both in referral and counter-referral).⁴

These issues have been the subject of studies, such as a study whose objective was to analyze the federal conduct of primary health care policy in Brazil from 2003 to 2008 and concluded, in relation to financing, that there was a modest increase in the participation of primary care in the federal budget, adjustments, and incentives, some aimed at equity.³ Another study that analyzed the role of the *Pernambuco* State concerning investment priorities in the levels of complexity of services and in the process of regionalization based on the vision of the various health policy actors in the State, concluded that such State lacks the commitment to finance health actions. primary care, in contrast, noticed progress in the regionalization process.¹⁵

Paying attention to the needs of the community residing on the Island and the difficulties faced by the FHS team regarding the deficit in medicines and human resources, among others, is of fundamental importance. It is worth emphasizing that better contact with the community through home visits makes it possible to create a bond between the team and the community, allowing professionals to experience and know the way of life of the population of *Combú* to help in the care provision.¹⁰

Culture in the context of Health Care for riparian communities

Here, it is discussed whether health care provided to the riverine population considers their sociocultural peculiarities. Given this framework, 75% of the participants agreed that the guidelines offered by the professionals were consistent with their way of life and culture, especially regarding the use of "home remedies", according to the participants, the medical professionals in their guidelines tried to reconcile the use of allopathic medicines with the cultural practices.

Physicians say it is important to use the medication from the pharmacy, and that we can use it together with the homemade medicine if we want to use it. (R6)

When the doctor gives medication, I take it, as well as my tea. (R2)

[...] Sometimes I take other homemade medicines, like "verônica" which is for belly pain, the physician agrees with these types of medication. I say that it is the best thing, as I often do not have the medication, so I turn to the homemade one. (R19)

The community on the island of *Combú* deals with a different reality from the urban area. Despite being close to a metropolis, their way of life is based on the culture rooted in their day-to-day lives, their customs, influencing their health-disease process and the way they deal with such aspects.¹⁰ Popular knowledge considers the particularities of religiosity, food, territoriality, forms of interpersonal relationships and culture, influencing the therapy used, such as native herbal teas.¹⁴

Bearing the aforementioned in mind, it is essential that the practices of professionals are in line with cultural issues inherent to the population. It is noted that there is a dialogue regarding the use of traditional island practices with allopathic medicine practiced by professionals integrating them in the provision of services. Therefore, this knowledge on the part of professionals focused on the knowledge and practices carried out by riverine people enables a better quality of health care.

These aspects need to be taken into account when offering health care to communities with these particularities. What is observed is that a very formal pattern has been created in the relationship between health services and users, however, this relationship involves many other aspects besides medical consultations in the office, such as health policies in each location and conceptions of individuals about what it is to be sick and about care to restore health. It is worth remembering that the disease is an experience that is not limited only to biological alteration but serves as a basis for cultural construction, in a process in which the individual is included.¹⁶

The fact that they identify in the attitude of health professionals the recognition of their traditional practices, combined with financial difficulties, access to the Family Health Unit, in addition to structural issues such as the lack of professionals and medicines contribute to the search for natural resources when they become ill. This was described by 46% of the participants:

When we get worms inside, there is no medicine here in the unit, so, we make mastruz juice. There is enough to take, such as when we have anemia, with yellowish eye color, with 'blood lessened', we take verônica do mato tea, pariquim with milk, and we get better. The homemade medicine often works better than the pharmacy. (R3)

[...] Sometimes I take other homemade medicines, like "verônica" which is for belly pain, sometimes the doctor agrees with these types of medication. I say that it is the best thing, as I often do not have the medication, so I turn to the homemade one. (R19)

They provide good guidance, they say to come more at the clinic when there is a health issue, and always say to take care of us more on a daily basis. I look for natural remedies that my parents and grandparents taught me, such as boldo tea because I think I have a liver problem. Most of the time I look for tea because it does solve my problem. (R20)

The attitude of professionals valuing local knowledge makes it possible to create strategies that favor the use of home remedies, considering their benefits. The recognition of the multiprofessional team is present by the riverine people, being an aspect considered for the quality of the care received by them. The appreciation of culture is extremely important and is frequently practiced by the team at the FHS, reconciling traditional riparian practice and allopathy. This stance is recognized by the World Health Organization, which considers Integrative and Complementary Practices relevant in line with allopathic medicine, using plants, animals or minerals, exercises and spiritual therapies.¹⁴

Hence, the team joins forces to face the difficulties, whether material, structural, environmental, pursuing to promote quality health care that meets the needs of riverine people while considering local peculiarities.

FINAL CONSIDERATIONS

Herein, it was possible to identify the perceptions of the riverine people with regard to the health care provided in the FHS from *Combú*, considering their way of life and culture. The lack of professionals and supplies, which are not aligned with public policies, were found to be factors of association with low service quality. So, turning it into a curative standpoint lacking a broad view regarding the possibilities of health care provision.

It was possible to observe that health professionals join forces to provide the best possible quality of care, both when overcoming geographical barriers, as well as governmental deficiencies. The sociocultural particularities of the population are taken care of, as far as possible, in a way that they contribute with individual and community cultural respect, this was expressed by the riverine people from the approach of cultural knowledge of traditional medicine in line with modern-scientific medicine.

The lack of resources in the FHS causes negligence to the other competencies of such service, which are means for health promotion and prevention, affirmed by public health policies. It is considered relevant for the multiprofessional team to be aware about these perspectives so that they can contribute with knowledge that allows the broadening of the view of the riverine people focused on the practices exercised by the professionals, and about the government role to provide financial and material resources in addition to structural improvements. Hence, raising awareness to be active agents in search of their rights in the quality of health care, since the riverine population has little access to knowledge of their rights to health and public policies that ensure constitutional rights.

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Corresponding author

Thyago Douglas Pereira Machado

Address: Rua 05, 01, Setor Aeroporto

Tocantins, Brazil

Zip code: 77.490-000

Telephone number: +55 (63) 99226-0011

Email address: thyagodouglasmachado@hotmail.com

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