REFACS

Sociodemographic aspects and common mental disorders in a town in the state of Minas Gerais*
Aspectos sociodemográficos e transtorno mental comum em mulheres de um município mineiro
Aspectos sociodeográficos y transtornos mentales comunes en las mujeres de un municipio de Minas Gerais

Patricia Ribeiro Marcacine[1]
Anna Neri Batista da Silva[2]
Jayne da Silva Pereira[3]
Hugo Duarte[4]
Lourdes Auxiliadora de Oliveira[5]
Isabel Aparecida Porcatti de Walsh[6]

Cross-sectional study with a quantitative approach, carried out in residences located in the urban area of the city of Uberaba - MG, Brazil, as part of the Women's Health Survey (*Inquérito de Saúde da Mulher*), in 2014, that sought to analyze the prevalence of Common Mental Disorder (CMD) and its association with sociodemographic characteristics. The sample consisted of 1,540 women, with ages ranging from 18 to 94 (49.53 ± 17.17) years, with an average of 8.30 (± 5.13) years of education and average per capita income of 774.48 (± 775.67) reais. The prevalence of CMD signs among women was 34.2% (n = 526). Most were in civil unions (51.7%), 55.1% declared themselves white, 41.6% considered themselves to be the heads of their family and 36.2% had a paying job. There was an association of CMD with less years of education (p = 0.001), lower per capita income (p = 0.001), less satisfaction with current living accommodations (p = 0.001) and a greater number of people living in the residence (p = 0.018), as well as insufficient money to meet needs (p = 0.001). The indicative of CMD in women is related to sociodemographic characteristics and quality of life indicators, revealing the impact of social vulnerabilities on the female population and its relation to the development of mental illness.
Descriptors: Mental disorders; Women, Health surveys.

Estudo transversal, com abordagem quantitativa, realizado em residências da zona urbana da cidade de Uberaba – MG, como parte do Inquérito de Saúde da Mulher, em 2014, cujo objetivo foi analisar a prevalência de Transtorno Mental Comum (TMC) e sua associação com as características sociodemográficas. Compuseram a amostra, 1540 mulheres, com idades variando de 18 a 94 (49,53±17,17) anos, com média de 8,30 (±5,13) anos de estudos e renda percapita média de 774,48 (±775,67) reais. A prevalência de indicativo de TMC entre as mulheres foi de 34,2% (n=526). A maioria se encontrava em união estável (51,7%), 55,1% se auto declararam brancas, 41,6% se consideraram chefes de família e 36,2% realizavam trabalho remunerado. Houve associação de TMC com menor escolaridade (p=0,001), menor renda percapita (p=0,001), menor satisfação com o local de moradia (p=0,001) e maior número de pessoas na residência (p=0,018), assim como com a insuficiência de dinheiro para satisfazer as necessidades (p=0,001). O indicativo de TMC em mulheres está relacionado com as características sociodemográficas e indicadores de qualidade de vida, revelando o impacto das vulnerabilidades sociais acerca da população feminina e a relação com desenvolvimento de adoecimento mental.
Descritores: Transtornos mentais; Mulheres; Inquéritos epidemiológicos.

Estudio transversal, con un enfoque cuantitativo, realizado en residencias de la zona urbana de la ciudad de Uberaba - MG, Brasil, como parte de la Encuesta de Salud de la Mujer, en 2014, cuyo objetivo fue analizar la prevalencia del Trastorno Mental Común (TMC) y su asociación con las características sociodemográficas. La muestra fue compuesta por 1540 mujeres, con edades comprendidas entre los 18 y los 94 (49,53±17,17) años, una media de 8,30 (±5,13) años de estudios y un ingreso medio per cápita de 774,48 (±775,67) reales. La prevalencia del indicativo de TMC entre las mujeres fue del 34,2% (n=526). La mayoría estaba en una pareja de hecho (51,7%), el 55,1% se declararon blancas, el 41,6% se consideraba la cabeza de la familia y el 36,2% realizaba trabajo remunerado. Hubo asociación de TMC con menos escolaridad (p=0,001), menos ingresos per cápita (p=0,001), menos satisfacción con el lugar de habitación (p=0,001) y mayor número de personas en la residencia (p=0,018), así como con la insuficiencia de dinero para satisfacer las necesidades (p=0,001). El indicativo de TMC en las mujeres está relacionado con las características sociodemográficas y los indicadores de calidad de vida, lo que revela el impacto de las vulnerabilidades sociales en la población femenina y la relación con el desarrollo de enfermedades mentales.
Descriptores: Transtornos mentales; Mujeres; Encuestas epidemiológicas.

INTRODUCTION

Mental illnesses are included in the framework of non-transmissible chronic illnesses, and they are a challenge and concern for global health, due to the impact on the population's physical and social well-being[1]. Studies indicate that about 20 to 25% of the population will suffer from some mental illness at some point in life. In the world, 322 million people are living with mental illnesses[2] and, in Brazil, there are an estimated 32 to 50 million people[3].

According to the latest World Health Organization (WHO) report of 2017, depression increased 18% between 2005 and 2015, reaching 5.8% of the Brazilian population (11,548,577) and anxiety-related disorders affected 9.3% (18,657,943) of people living in Brazil[2].

Common Mental Disorder (CMD) are non-psychotic symptoms, characterized by depressive symptoms, such as state of anxiety and a set of unspecific somatic complaints[4].

Occurrence of CMD is more prevalent in women, especially those who have a low educational level, do not live with their respective partners or have a "bad" relationship with them[5], have low salary income or do unpaid domestic work, have children, are heads of their households[6] and live in rented or leased housing[7]. The lack of physical and leisure activities are also contributing factors for the development of CMD, as well as issues related to reproductive health[5].

In the elderly population, the prevalence of CMD continues to be higher among women[8], as well as among the adult population aged 18 to 59 years, a condition that is related to socio-demographic aspects[7].

Understanding the individual's health-disease conditions is of great importance, since they develop through a set of "critical processes", which can be beneficial, leading to destructive and deteriorating health states, leading to unhealthy conditions and of vulnerability[9].

Considering women as the most vulnerable population to the socio-demographic and socio-cultural conditions in which they are inserted and the magnitude of psychological illness among them, the identification of the relationship of factors associated with CMD are of great relevance for planning and executing health promotion actions and disease prevention.

This study aimed to analyze the prevalence of Common Mental Disorder (CMD) and its association with sociodemographic characteristics in women

METHOD

This is a cross-sectional study with a quantitative approach, and is also part of a project called the *Saúde da Mulher em Uberaba - MG* (ISA MULHER Uberaba - MG), carried out in homes located in the urban area of the city of Uberaba in 2014. It was submitted and approved by the Ethics and Research Committee (CEP) of the Universidade Federal Triângulo Mineiro (UFTM), under CAAE nº 1826.

The women who participated were selected from a multistage probabilistic sample[10]. The women who participated were over the age of 18 and accepted to participate in the research, read and signed the Free and Informed Consent Term (ICF). Those who did not answer the questionnaires were excluded completely.

Sociodemographic characteristics were self-reported and indicated by age, years of education, per capita income, marital status (no civil union - single, separated or widowed and in civil union, married or cohabiting with a partner), head of the family and execution of paid job.

To evaluate the CMD, the Self-Reporting Questionnaire (SRQ-20) was used as an instrument. This is a version that addresses psycho-emotional aspects, proposed for screening common mental disorders (CMD)[11]. This has been used to look for non-psychotic mental disorders. It is a self-administered instrument, with 20 questions with categorical answers

(yes/no), with each affirmative answer adding one point to the final score, calculated by the sum of all values[4]. The result is related to the probability of the presence of CMD, with a cut-off point of 7/8, showing a sensitivity of 86.3% and specificity of 89.3%[12].

Also, indicators were analyzed such as: numbers of people living in the residence and number of people contributing to family income; in addition to two questions from the WHOQOL-bref[13] questionnaire, which is an instrument used to assess global quality of life and general health perceptions, containing 26 questions that assess four domains: physical, psychological, social relations and environment[14,15]. In this study, the question that evaluates "satisfaction with the place where you live" and whether "has enough money to meet all your needs" was used.

For descriptive statistical analysis, measures such as frequency, percentage, mean and standard deviation were used. The normality of data was assessed by the Kolmogorov Smirnov test and subsequently performed the bivariate analysis, using the Chi-square and Mann Whitney tests, with significance level statistic of 5%.

RESULTS

Of the 1,556 women 18-year old or older women who were interviewed, this sample was comprised by 1,540 participants. The exclusion of 26 of them occurred due to incomplete information on some issues. Age ranged from 18 to 94 (49.53 ± 17.17) years of age, with an average of 8.30 (± 5.13) years of education and an average per capita income of 774.48 (± 775.67) reais. The prevalence of CMD indicative among women was 34.2% (n=526) (Table 1).

Most women were in a civil union, corresponding to 51.7% (n=796), 55.1% (n=849) declared themselves white, 41.6% (n=641) and considered themselves heads of their household. Only 36.2% (n=557) had any paid job (Table 1).

Regarding housing conditions, the average of people living in each residence was 3.28 (± 1.48) people and the those who contributed to family income was 1.81 (± 0.83) people. As for satisfaction with the conditions of the place of residence, 80.6% (n = 1242) of the women said they were "very" and "completely" satisfied with the current location. However, when asked if they had enough money to meet their needs, 36.6% (n=563) said they were "not at all" or "very little" satisfied (Table 1).

The CMD code was associated with less education, lower income per capita, not at all/very little satisfaction with their place of residence and with the largest number of people living in the same residence, as well as no/very little money enough to satisfy needs (Table 1).

Table 1. CMD indicatives and sociodemographic variables. ISA Mulher, Uberaba – MG, 2014.

Sociodemographic Variables	CMD Indicatives		
	No M±ST	**Yes** M±ST	***P***
Age	49.56 ±17.34	49.47±16.84	0.846
Years of education	8.83±5.26	7.27±4.721	**0.001**[1]
Number of people living in the house	3.22±1.45	3.40±1.52	**0.018**[1]
Number of people who contribute with family income	1.82±0.84	1.77±0.82	0.290
Per capita income	832.28±820.14	664.98±669.07	**0.001**[1]
	n (%)	**n (%)**	
Marital status			0.635
No civil union	491 (66.4%)	248 (33.6%)	
Civil union	523 (65.3 %)	278 (34.7 %)	
Skin color			0.067
White	576 (67.8%)	273 (32.2%)	
Non white	438 (63.4%)	253 (36.6%)	
Head of faily			0.080
Yes	406 (63.3%)	235 (36.7%)	
No	608 (67.6%)	291 (32.4%)	
Has paid job			0.356
Yes	375 (67.3%)	182 (32.7%)	
No	639 (65.0%)	344 (35.0%)	
Satisfaction with condition of residence			**0.001**[2]
Not at all/A little	51 (38.9%)	80 (61.1%)	
Average	85 (50.9%)	82 (49.1%)	
Very/Entirely	878 (70.7%)	364 (29.3%)	
Enough money to meet all your needs			**0.001**[2]
No/Very little	290 (51.5%)	273 (48.5%)	
Average	392 (70.4%)	165 (29.6%)	
A lot/Entirely	332 (79.0%)	88 (21%)	

[1] p< 0,05 Mann Whitney; [2]p< 0,05 -Pearson's Chi-Square with adjusted standardized residues statistically significant.

DISCUSSION

The prevalence of CMD was 34.2% (n = 526). These numbers can be considered high, when compared to data from the World Health Organization[16], which point to a prevalence of 24% for the population, with those of a systematic review on the prevalence of mental disorders in the Brazilian female population, which ranged from 19% to 34 %[17] with a meta-analysis, which evaluated people aged 16 to 65 years around the world and showed that 19.7% of women had some common mental disorder in the last year[18] and, with that, found that the 18.7% of adult women in the municipality of Campinas had CMD[4]. This study shows CMD as an important public health problem in the municipality for this population.

In this study, having a paid job or was not indicative of CMD. A study[19] revealed that unproductive/reproductive work, lack of personal and financial autonomy, social invisibility of the activities performed, restricted experience in private space, dysfunctional marital relationships and being stuck to the maternal role were some of the identified elements that surrounded the lives of housewives, residents of Distrito Federal and favored the manifestation of affective, social and emotional imbalances. On the other hand, with a paid job, occupational stress has been one of the major problems in the modern world, as it causes several health problems[20].

According to IBGE[21], in 2016, in Brazil, women dedicated themselves to the care of people and/or household chores, characterized as reproductive activity, about 73% more hours than men (18.1 hours versus 10.5 hours) and, when they had paid jobs, they received less. Thus, employed women and housewives have different factors that can produce psychic illness that, however, generated similar levels of CMD in both groups. Thus, other sociodemographic factors, other than a paid job, seem to have influenced the indicative of CMD in the present study.

Women with CMD indicatives had significantly lower per capita income. Low income is one of the factors that contribute to the development of these illnesses, since its appearance is related to living conditions associated with poverty, stressful events, limited social and economic resources and other demographic disadvantages[22]. A study[3] brings up the debate about CMD and poverty, in which low income, when associated with the condition of poverty, makes it possible to determine the environment in which the person lives, making them go through situations of humiliation, violence, feeling of inferiority and impotence, thus contributing to the development of the disorder.

There was a higher prevalence of CMD in women with a greater number of people per household and with less satisfaction with the place of residence. This phenomenon can be explained by the fact that the greater the precariousness of housing, the greater the domestic burden, in addition to the vulnerabilities about the environment surrounding the residence[23].

Less education showed a significant relationship with the CMD. Researches show that women with eight years or less of studies have a high prevalence for illness[4,24]. Cross-sectional population-based study carried out in Campinas, in the state of São Paulo, identified that women with up to 8 years of schooling had a prevalence of CMD 2.67 times higher than those with 13 years or more, showing that the higher the education level, the lower the prevalence of CMD[4] .

This association can happen due to the reflection of the educational process in the individual's life for the development of cognitive skills, assertiveness and training to make decisions, which contribute to independence, quality of eating habits and economic well-being, influencing physical and mental health. Still, the individual financial resources provided by a paid job have an interference from the educational level and are fundamental in the association between education and health[25,26].

A significantly higher number of women with CMD was identified among those who reported "no/very little" enough money to meet their needs (n = 273, 48.5%). These results point out that actions and strategy to combat the mental illness of women go beyond the health category, going through better conditions of education, housing and adequate income.

These factors negatively influence the population's mental health, being related to feelings related to depression and other mental disorders due to situations such as hunger, pain, trauma, domestic violence and feelings such as humiliation, inferiority, shame, lack of recognition, perception of lack of control and impotence over the environment, experienced by subordinate categories, characterize the 'social suffering' that would possibly be at the origin of mental disorders[27,28].

CONCLUSION

The indicator of CMD in women is related to less education, lower income per capita, less satisfaction with the place of residence, greater number of people in the same residence and insufficient money to meet needs, revealing the impact of social vulnerabilities about female population and the relationship with the development of mental illness.

Despite methodological limitations, as it is a cross-sectional study and does not show a relationship of time and use of self-reported measures that can lead to a response bias, this study points out the importance of the SRQ-20 in assessing CMD, for tracking mental health. Identify the presence of these diseases and their risk factors in the community in the search for ways to mitigate or eliminate difficulties and provide better assistance to this population.

REFERENCES
1. Mendes IAC, Queiroz AAFLN, Roberts K. Abordagem intersetorial nos serviços de atenção em saúde mental. SMAD, Rev Eletrônica Saúde Mental Álcool Drog. [Internet]. 2019 [cited 03 Apr 2020]; 15(1):1-3. Available from: http://pepsic.bvsalud.org/pdf/smad/v15n1/01.pdf
2. World Health Organization. Depression and other common mental disorders global health estimates [Internet]. Geneva: WHO; 2017 [cited 18 Sep 2019]. 24p. Available from:

https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf?sequence=1

3. Silva DF, Santana PRS. Transtornos mentais e pobreza no Brasil: uma revisão sistemática. Tempus (Brasília) [Internet]. 2012 [cited 03 Apr 2020]; 6(4):175-85. Available from: http://www.tempusactas.unb.br/index.php/tempus/article/view/1214

4. Senicato C, Azevedo RCS, Barros MBA. Transtorno mental comum em mulheres adultas: identificando os segmentos mais vulneráveis. Ciênc Saúde Colet. [Internet]2018 [cited 03 Apr 2020]; 23(8):2543-54. Available from: http://www.scielo.br/pdf/csc/v23n8/1413-8123-csc-23-08-2543.pdf

5. Parreira BDM, Goulart BF, Haas VJ, Silva SR, Monteiro JCS, Gomes-Sponholz FA. Transtorno mental comum e fatores associados: estudo com mulheres de uma área rural. Rev Esc Enferm USP [Internet]. 2017 [cited 03 Apr 2020]; 51:e03225. Available from: http://www.scielo.br/pdf/reeusp/v51/1980-220X-reeusp-51-e03225.pdf

6. Araújo TM, Pinho PS, Almeida MMG. Prevalência de transtornos mentais comuns em mulheres e sua relação com as características sociodemográficas e o trabalho doméstico. Rev Bras Saúde Mater Infant. [Internet]. 2005 [cited 03 Apr 2020]; 5(3):337-48. Available from: http://www.scielo.br/pdf/rbsmi/v5n3/a10v5n3.pdf

7. Lucchese R, Sousa K, Bonfin SP, Vera I, Santana FR. Prevalência de transtorno mental comum na atenção primária. Acta Paul Enferm. [Internet]. 2014 [cited 03 Apr 2020]; 27(3):200–7. Available from: http://www.scielo.br/pdf/ape/v27n3/1982-0194-ape-027-003-0200.pdf

8. Silva PAS, Rocha SV, Santos LB, Santos CA, Amorim CR, Vilela ABA. Prevalência de transtornos mentais comuns e fatores associados entre idosos de um município do Brasil. Ciênc Saúde Colet. [Internet]. 2018 [cited 03 Apr 2020]; 23(2):639-46. Available from: http://www.scielo.br/pdf/csc/v23n2/1413-8123-csc-23-02-0639.pdf

9. Viapiana VN, Gomes RM, Albuquerque GSC. Adoecimento psíquico na sociedade contemporânea: notas conceituais da teoria da determinação social do processo saúde-doença. Saúde Debate [Internet]. 2018 [cited 03 Apr 2020]; 42(Esp):175-86. Available from: http://www.scielo.br/pdf/sdeb/v42nspe4/0103-1104-sdeb-42-spe04-0175.pdf

10. Henriques IF, Walsh IAP, Meirelles MCCC, Pereira GA, Castro SS, et al. Relation of common mental disorder, physical activity and body mass index in women, population-based study. J Phys Educ. [Internet]. 2017 [cited 03 Apr 2020]; 28:e2819. Available from: http://www.scielo.br/pdf/jpe/v28/2448-2455-jpe-28-e2819.pdf

11. Harding TW, Arango MV, Baltazar J, Climent CE, Ibrahim HH, Ladrido-Ignacio L, et al. Mental disorders in primary health care: a study of their frequency and diagnosis in four developing countries. Psychol Med. [Internet]. 1980 [cited 03 Apr 2020]; 10(2):231-41. Available from: https://pubmed.ncbi.nlm.nih.gov/7384326/

12 Lima MCP, Menezes PR, Carandina L, Cesar CLG, Barros MBA, Goldbaum M. Transtornos mentais comuns e uso de psicofármacos: impacto das condições socioeconômicas. Rev Saúde Pública [Internet]. 2008 [cited 03 Apr 2020]; 42(4):717-23. Available from: http://www.scielo.br/pdf/rsp/v42n4/6830.pdf

13. Group TW. Development of the World Health Organization WHOQOL-BREF Quality of Life Assessment. Psychol Med. [Internet]. 1998 [cited 03 Apr 2020]; 28(3):551–8. Available from: https://pubmed.ncbi.nlm.nih.gov/9626712/

14. Caveião C, Sales WB, Visentin A, Hey AP, Escalante MMB, Oliveira ES. Perfil e qualidade de vida de docentes enfermeiros de universidades privadas e pública: estudo com Whoqol-bref. Rev APS [Internet]. 2017 [cited 03 Apr 2020]; 20(2):185-93. Available from: https://periodicos.ufjf.br/index.php/aps/article/view/15819

15. Gomes KK, Sanchez HM, Sanchez EGM, Sbroggio Júnior AL, Arantes Filho WM, Silva LA, et al. Qualidade de vida e qualidade de vida no trabalho em docentes da saúde de uma instituição de ensino superior. Rev Bras Med Trab. [Internet]. 2017 [cited 03 Apr 2020]; 15:18-28. Available

from: http://www.rbmt.org.br/details/210/pt-BR/qualidade-de-vida-e-qualidade-de-vida-no-trabalho-em-docentes-da-saude-de-uma-instituicao-de-ensino-superior

16. World Health Organization. World Health Report 2001 press kit [Internet]. Geneva: WHO; 2001. [cited 18 Sep 2019]. Available from: https://www.who.int/whr/2001/media_centre/en/

17. Santos ÉG, Siqueira MM. Prevalência dos transtornos mentais na população adulta brasileira: uma revisão sistemática de 1997 a 2009. J Bras Psiquiatr. [Internet]. 2010 [cited 03 Apr 2020]; 59(3):238–46. Available from: http://www.scielo.br/pdf/jbpsiq/v59n3/a11v59n3.pdf

18. Steel Z, Marnane C, Iranpour C, Chey T, Jackson JW, Patel V, et al. The global prevalence of common mental disorders: a systematic review and meta-analysis 1980–2013. Int J Epidemiol. [Internet]; 2014 [cited 03 Apr 2020]; 43(2):476-93. Available from: https://pubmed.ncbi.nlm.nih.gov/24648481/

19. Santos LS, Diniz GRS. Saúde mental de mulheres donas de casa: um olhar feminista-fenomenológico-existencial. Psicol Clín. [Internet]. 2018 [cited 03 Apr 2020]; 30(1):37-59. Available from: http://pepsic.bvsalud.org/pdf/pc/v30n1/03.pdf

20. Raju D, Kumari G, Thomas T, Matheus S. Influence of occupational stress on health among the medical trancriptors. Intern J Pharma Bio Sci. [Internet]. 2013 [cited 03 Apr 2020]; 4(1):1101-6. Available from: https://ijpbs.net/abstract.php?article=MjAxNg==

21. Instituto Brasileiro de Geografia e Estatística. Estatísticas de gênero: indicadores sociais das mulheres no Brasil [Internet]. Rio de Janeiro: IBGE; 2018 [cited 16 Sep 2019]. (Estudos e pesquisas. Informação demográfica e socioeconômica; n. 38). Available from: https://biblioteca.ibge.gov.br/visualizacao/livros/liv101551_informativo.pdf

22. Simmons LA, Wu Q, Yang N, Bush HM, Crofford LJ. Sources of health information among rural women in Western Kentucky. Public Health Nurs. [Internet]. 2015 [cited 03 Apr 2020]; 32(1):3-14. Available from: https://pubmed.ncbi.nlm.nih.gov/24905745/

23. Pinho PS, Araújo TM. Associação entre sobrecarga doméstica e transtornos mentais comuns em mulheres. Rev Bras Epidemiol. [Internet]. 2012 [cited 03 Apr 2020]; 15(3):560-72. Available from: http://www.scielo.br/pdf/rbepid/v15n3/10.pdf

24. Barros MBA, Lima MG, Medina LPB, Szwarcwald CL, Malta DC. Social inequalities in health behaviors among Brazilian adults: National Health Survey, 2013. Int J Equity Health [Internet]. 2016 [cited 03 Apr 2020]; 15(1):148. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5112654/

25. Stewart DE, Ashraf IJ, Munce SE. Women's mental health: A silent cause of mortality and morbidity. Int J Gynecol Obst. [Internet]. 2006 [cited 03 Apr 2020]; 94(3):343-9. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0020729206001883

26. Bates LM, Berkman LF, Glymour M. Socioeconomic determinants of women's health: the changing landscape of education, work, and marriage. In: Goldman MB, Troisi R, Rexrode KM, editors. Women and health [Internet]. 2nd ed. Cambridge: Academic Press; 2013 [cited 03 Apr 2020]. chap. 44, p. 671-83. DOI: https://doi.org/10.1016/B978-0-12-384978-6.00044-3

27. Carreteiro TC. Sofrimentos sociais em debate. Psicol USP [Internet]. 2003 [cited 03 Apr 2020]; 14(3):57-72. Available from: http://www.scielo.br/pdf/pusp/v14n3/v14n3a06.pdf

28. Carvalho JEC. Violência e sofrimento social: a resistência feminina na obra de Veena Das. Saúde Soc. [Internet]. 2008 [cited 03 Apr 2020]; 7(3):9-18. Available from: http://www.scielo.br/pdf/sausoc/v17n3/03.pdf

CONTRIBUTIONS
Patricia Ribeiro Marcacine and **Isabel Aparecida Porcatti de Walsh** worked on the conception, outlining, analysis and interpretation of data, writing and revision. **Jayne da Silva Pereira**, **Anna Neri Batista da Silva**, **Lourdes Auxiliadora de Oliveira** and **Hugo Duarte** contributed with the analysis and interpretation of data, writing and revision.