RESEARCH

# HEALTH NEEDS OF RURAL MEN: SUBSIDIES FOR PRIMARY HEALTH CARE SERVICES

## *AS DEMANDAS DO HOMEM RURAL: INFORMAÇÕES PARA A ASSISTÊNCIA NOS SERVIÇOS DE SAÚDE DA ATENÇÃO BÁSICA*

## *DEMANDAS DEL HOMBRE RURAL: INFORMACIÓN PARA LA ATENCIÓN EN LOS SERVICIOS BÁSICOS DE SALUD*

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## ABSTRACT

This article aims at presenting the health and disease profile of male farmers cared for by the Family Health Strategy (ESF) teams in the rural area of a borough in the South of Brazil. It is a hybrid study using a qualitative and quantitative approach with a descriptive interpretive study design. A total of 186 patient records of male farmers between the ages of 25 and 59 residing within the area covered by three ESF rural area units were studied. ESF professionals participated in the study through interviews. The results revealed that the farmers' main reasons for seeking health care service were musculoskeletal and connective tissue diseases. According to the professionals interviewed, they turned to health service when in pain, or after work accidents. None of the surveyed units carries out health care programs addressed specifically to that public. The study concluded that the workers seek health services after work accidents or when they feel incapable of performing their usual duties. It is also clear that basic health care services should implement protective and preventive actions addressed to rural workers.

**Keywords:** Men's Health; Primary Health Care; Occupational Health.

## RESUMO

*Este artigo tem por objetivo apresentar o perfil da demanda de saúde-doença dos homens agricultores assistidos pelas Estratégias Saúde da Família (ESF) da zona rural de um município do Sul do Brasil. Trata-se de uma pesquisa híbrida, com abordagem quantitativa e qualitativa, com o delineamento de um estudo descritivo-interpretativo. Foram pesquisados todos os prontuários dos homens com idade entre 25 e 59 anos, residentes na área de abrangência de três ESFs da zona rural, totalizando 186 registros. Também participaram do estudo, por meio de entrevistas, os profissionais das ESFs. A partir dos resultados identificou-se que o principal motivo da busca pelos serviços de saúde pelos homens agricultores são as doenças osteomusculares e do tecido conjuntivo. De acordo com os profissionais de saúde entrevistados, o principal motivo de procura dos homens agricultores pelo serviço de saúde é a dor, seguida dos acidentes de trabalho. Evidenciou-se que nenhuma das unidades pesquisadas realiza ações específicas de assistência aos homens agricultores. Ao final, concluiu-se que os homens procuram os serviços de saúde quando há agravos causados por acidentes ou quando possuem limitações para o trabalho. Também se evidencia a necessidade da implantação de ações protetivas e preventivas ao trabalhador rural nos serviços de atenção básica.*

***Palavras-chave:*** *Saúde do Homem; Atenção Primária à Saúde; Saúde do Trabalhador.*

## RESUMEN

*Este artículo tiene como objetivo presentar el perfil de la demanda de salud-enfermedad de los agricultores atendidos por el programa Estrategia de Salud de la Familia (ESF) de la zona rural de un municipio del sur de Brasil. Se trata de un estudio híbrido con enfoque cualitativo cuantitativo y diseño descriptivo-interpretativo. Se investigaron todos los registros de los hombres entre 25 y 59 años que vivían dentro del área de alcance de las tres unidades de la ESF de la zona rural, 186 registros en total. Los profesionales de las ESF también participaron en el estudio a través de entrevistas. Los resultados mostraron que los motivos principales para dirigirse a estas unidades de atención son las enfermedades osteomusculares y del tejido conjuntivo; por otro lado, según los profesionales entrevistados, primero es el dolor y después los accidentes de trabajo. Es notable que ninguna de las unidades estudiadas lleva a cabo acciones específicas que atiendan a los agricultores. Llegamos a la conclusión de que los hombres buscan atención médica cuando hay agravios causados por accidentes o cuando sienten limitaciones para el trabajo. También es evidente la necesidad de llevar a cabo acciones de protección y prevención para los trabajadores rurales en los servicios básicos de salud.*

***Palabras clave****: Salud del Hombre; Atención Primaria de Salud; Salud Laboral.*

## INTRODUCTION

Medical literature indicates that men are more vulnerable to diseases – especially chronic and serious illnesses – than women and have shorter life expectancies (on average seven years). Their greater vulnerability and the higher morbidity and mortality rates are explained, in part, by the fact that men do not seek primary health care services, which leads to delays in care and worsening of the disease.[1]

Men perceive basic health units as a feminized environment directed, mainly, to women, children and elderly people[2]. Moreover, culturally, seeking health care services indicates weakness, which is little accepted in Western culture; man is associated with invulnerability, strength and virility. Such attributes are incompatible with the weakness, fear, anxiety and insecurity represented by the need for health care services and threatens the concept of masculinity because it approaches man to representations of femininity[3].

According to the Brazilian Department of Health[1], gender stereotypes are the main reasons for men's non-adherence to care provided in basic health care units. This phenomenon has been rooted in society for centuries for the male is reference of force, work and social development; disease is perceived among this population as weakness and fragility, and it is not recognized as inherent to his own biological condition.

In order to promote health care programs that meet the needs of the male population, the Brazilian Department of Health established in 2008, the Comprehensive National Policy on Men's Health. It aims at expanding health care services for men with emphasis on prevention. The challenge is to achieve male public adherence to health programs, considering the peculiarities of gender stereotypes and pondering on the origins of male social role.

The debate on men's health gains special delineations when it comes to the health of the rural man. Studies show that the situation worsens when it comes to the access to health services by the rural population, especially men. Overcoming such limitations means rethinking the uniqueness of rural work and life. Issues related to rural men's health, aspects related to gender, life cycles and the environment should be considered: rural men are constantly exposed to health hazards, such as agrochemicals and substances contaminated with hazardous waste, occupational accidents, among others[4]. Moreover, data on the epidemiological profile of rural workers in Brazil – that would allow the organization, planning, implementation and evaluation of the health care services directed to this population – are limited.[5]

The universe of the present study is the rural man and health care services; it aimed at identifying the profile of the needs of health and disease of rural men cared for by the Family Health Strategy (ESF) in the rural area of a municipality in the South of Brazil as well as the perception of the ESF staff on their health needs.

This study is expected to bring subsidies for the implementation of men's health programs, which can assist family health teams in the delivery of a more qualified care and in the design and planning of public policies targeted to the unique needs of rural workers.

## METHOD

It is a hybrid research, using a quantitative and qualitative approach, with a descriptive and interpretive design. It was carried out in the municipality of Chapecó, situated in the west of the state of Santa Catarina. It has currently six rural ESF teams. Three teams, randomly selected, participated in the study.

Data were collected from the analysis of clinical records of men aged between 25 and 59 years, residents in the area covered by the health units. Data on 100% of visits from July 2010 to July 2011 were examined, totalling 186 records. Variables such as age, symptoms, medical diagnostic, medication and frequency of medical and nursing visits were collected through a survey form from August to September 2011.

After collecting data from medical records, individual interviews were conducted with ESF professionals. Six community health agents (two from each ESF team), three nursing technicians (one from each ESF team), two nurses (one nurse working in two units) and three doctors (one from each ESF team) took part in the study. The interviews followed a series of pre-set questions and were conducted in health care units by prior appointment so as not to interfere in the professionals' daily routine.

After reviewing the quality of the form filling, quantitative data obtained from medical records were stored in Excel files and then transported to the database of the Statistical Package for Social Science (SPSS); subsequently, they underwent descriptive statistical analysis of averages plus absolute and relative distribution of responses to the variables investigated.

Regarding the qualitative information obtained from the professionals' accounts, the interviews were transcribed in Word and analysed by content analysis according to steps proposed by Minayo[6]:

- **data ordering:** mapping of all data obtained;
- **data classification:** from detailed and repetitive reading of the text, relevant information and set or sets of information were determined;
- **final analysis:** articulations were established between data and research theoretical framework based on its objectives and establishing relationships between general and particular, theory and practice.

The present study was approved by the Ethics in Human Research Committee (CEPSH) of the University of the State of Santa Catarina under Protocol No. 121 2011 and authorized by

the Local Health Department of Chapecó. All interviewees signed a consent form, as required by Resolution No. 196/96 of the National Health Council.

## RESULTS AND DISCUSSION

According to the medical records, most individuals were aged between 50 and 59 years (34.5%), followed by those aged between 40 and 49 (31.7%). Another research studying the distribution by age and gender of the rural population of Rio Grande do Sul observed that men were predominantly aged between 40 and 65 (32.5%) [7]. Bertolini, Brandalise and Nazzari observed that 42.31% of the individuals in western Paraná were between 36 and 45 years old.[8]

The present investigation found that, in the period surveyed, only 12.9% of the individuals that sought the ESF units were aged between 25 and 29 years. The pronounced difference between the percentage of younger and older people seeking the service might be explained by the fact that the former do not stay in the rural area after reaching the age of majority. A study by Weisheimer exploring the situation of young people in family farming in the state of Rio Grande do Sul revealed that people between 15 and 29 years old account for 22.7% (men and women) of the total engaged in the activity in the state. Men in this age group represent only 14.25% – a percentage significantly lower than that of other age groups, such as those between 30 to 59 years (57.94%).[9]

Regarding the number of consultations provided to 186 farmers by the ESF teams, 592 medical consultations were performed (an average of 3.2 visits per person); 31.7% had only one consultation and 33.3% had two to three visits in the studied period. Regarding the frequency of nursing visits, 34.9% of the records registered a nurse appointment.

The most frequent medical conditions were signs and symptoms related to musculoskeletal and connective tissue diseases (37.6% of the records), as shown in Table 1.

Such results point to the inter-relationship between working conditions and the onset of specific diseases in this population. It is also believed that the registration of diseases related to external causes may be related to musculoskeletal and connective tissue diseases, since the rural male population is daily exposed to occupational hazards.

Regarding the diagnosis, high blood pressure (HTN) was present in 31 records (16.6%); diabetes ***mellitus*** (DM), lumbago and influenza appeared in 2.7% of the records (table 1).

Analgesic and antipyretic medications were prescribed in 78 medical records (42.0%) – pain was probably the main reason for seeking medical advice and was identified as inguinal pain, angina, lumbago, cephalalgia, joint pain, body pain, sciatica, neck pain, epigastric pain, painful urination, sore throat, musculoskeletal pain, among other less frequent conditions.

Table 1 - Conditions diagnosed in medical records of farmers cared for by Family Health Strategy teams in the rural area of Chapecó – SC, 2011

| Medical Conditions | Nº | % |
|---|---|---|
| Musculoskeletal and connective tissue diseases | 70 | **37,6%** |
| Circulatory system diseases | 27 | 14,5% |
| Respiratory diseases | 19 | 10,2% |
| Digestive diseases | 18 | 9,7% |
| Routine monitoring | 15 | 8,0% |
| External causes | 11 | 5,9% |
| Nervous system disorders | 8 | 4,3% |
| Mental and behavioural disorders | 6 | 3,2% |
| No record | 32 | 17,2% |
| Illegible | 12 | 6,4% |
| **Medical Diagnostic** | **Nº** | **%** |
| HTN | 31 | **16,6** |
| Diabetes mellitus | 5 | 2,7 |
| Low back pain | 5 | 2,7 |
| Influenza | 5 | 2,7 |
| Depression | 2 | 1,1 |
| No record | 125 | 67,2 |
| Illegible | 5 | 2,7 |
| **Total** | **186** | **100** |

Antibiotics were prescribed in 35 (18.8%) medical records followed by antihypertensives in 26 (14.0%) and diuretics in 22 (11.8%). Antihypertensives and diuretics corresponded to 25.8% of the prescriptions (Table 2): the prescription of such medications might be related to hypertension (HTN), as they are used in therapeutic treatment of this health condition.

Table 2 - Medications prescribed to farmers cared for by the Family Health Strategy teams in the rural area of Chapecó – SC, 2011

| Medications* | Nº | % |
|---|---|---|
| Analgesics and antipyretics | 78 | **42,0%** |
| Antibiotics | 35 | 18,8% |
| Anti-inflammatories | 32 | 17,2% |
| Antihypertensives | 26 | 14,0% |
| Diuretics | 22 | 11,8% |
| Muscle relaxants | 19 | 10,2% |
| Psychotropics | 17 | 9,1% |
| Anti-allergics | 16 | 8,6% |
| No record | 38 | 20,4% |
| Illegible | 5 | 2,7% |

* In some cases, more than one medication was registered per chart, so it exceeds 100%.

Given the identified profile, the researchers assume that the farmers seek Basic Health Units when there is a health condition resulting from their work in the fields. Thus, the need for health services is directly related to the men's work process. Consequently, rural health teams should recognize existing occupational risks and act for the prevention of occupational accidents.

## The perception of Family Health Strategy staff on the health care needs of rural men

When staff of rural ESF health teams were asked about the frequency of rural men visits to health units all agreed in that they only use the service for treatment:

> *They only come when very much debilitated. (Community Health Agent)*

Seven health care professionals mentioned the request for monitoring, referring to routine examinations; only four cited prevention (vaccination). It is noteworthy that medical care was a priority when:

a. the symptoms caused physical constraints to labour or leisure (such context is also described in other studies);[2,10-13]
b. when the limitations imposed by the disease led to adverse consequences as weakness or unproductiveness.

Regarding health care, rural jobs are considered an obstacle to the access to health services or to the continuity of a therapy already started. Lack of time, inability to interrupt daily activities and/or fear that a health problem and the lack of medical treatment may affect them and cause them to lose their jobs are the main worries of those affected or not by an occupational disease.[14]

In this sense, it is worth noting that the opening hours of public health institutions are not always compatible with the schedules of those men or women in the formal labour market.[3]

Men postpone for as long as possible the seeking of medical attention for fear of losing their jobs and feeling compelled to be active and prove resilience. While there are no limitations to daily activities and men believe to control their own health, first symptoms of a probable disease are ignored or they do not follow medical recommendations. The probabilities of workers developing serious and potentially fatal injuries are increased by their undervaluing of self-care and preventive actions and the delay in seeking medical care. Such context explains the fact that men are exposed to medical conditions with high mortality rates.[11-15]

Men prefer, for instance, pharmacies and emergency units, even if such services are limited to emergency needs. At those places, individuals are quickly served and can report briefly and superficially their health problems.[2, 13] As the saying goes "he who seeks finds": the farmers fear that if they go to a health care unit to have a health check, they might be diagnosed with a disease and be subjected to a treatment[3]. In the case of cancer prevention, studies indicate that fear is one of the reasons why people do not look for health care services.[16, 17]

Unlike children, women and older people who use preventive care and health care services, men's use of those services is limited to the cure of diseases such as diabetes and hypertension.[18] Such context can be observed in rural areas, where culture, traditions and beliefs markedly influence the perception of people in their social environment.

According to the professionals of basic health care units, farmers seek health care services when a) there is pain, b) requesting tests followed by referrals to specialties, routine monitoring of chronic diseases or respiratory system problems. Also according to them, pain is directly related to working conditions and is usually related to osteoarticular disorders:

> *Men come to the unit because they are in pain; they cannot work therefore they want an injection to stop the pain so they can go back to work. (Community Health Agent)*

Men in pain often seek the nearest unit,[17] mainly because the pain does not allow them to develop their usual activities and interfere with representations of masculinity, synonymous with strength and family reference.

Culture has a major impact on all aspects of an individuals' life. Beliefs, behaviours, perceptions, emotions, religion, family structure, language, food, clothing, body image, among others, have a powerful effect on pain tolerance level.[18] Men and women have different perceptions of pain: men are more sensitive and support it less than women; however, from a social perspective, men ought to be immune to pain. This context is part of people's culture and environment and interferes directly in the individuals' and communities' health quality.[18]

The most reported accidents suffered by farmers according to the health care professionals were agricultural machinery accidents, falls, cuts, poisoning, trauma/fractures and commuting accidents:

> *Major accidents are falls, accidents with machetes, chainsaws and machinery and many lead to limb amputation and serious injury. (Nursing Technician)*

> *Fractures, cuts, automobile accidents, accidents with machinery and other work-related equipment. (Nurse)*

Rural workers perform the most risky and unhealthy activities in an environment that poses several occupational risk factors. Those include physical risks (work is performed in pla-

ces exposed to the elements and ionizing radiation); exposure to chemicals, due to the use of various agricultural products, in addition to soil dust raised by the wind; ergonomic accidents due to heavy weights lifted and the different designs of equipment and tools not adapted to their anthropometric data; biological, caused by contact with animals, among others.[19]

Regarding the occurrence of occupational diseases in the surveyed areas, ten health professionals reported that vertebral column disorders were the most common; followed by depression and RSIs cited by four health workers. Two professionals also mentioned skin problems:

> *Orthopaedic diseases related to repetitive strain (Physician)*

> *Vertebral column disorders, depression, RSIs (Community Health Agent)*

> *Diseases of the vertebral column and skin problems due to excessive exposure to the sun (Community Health Agent)*

A study conducted by Freitas revealed that 44.80% of the farmers had missed work due to lumbago.[20] Lumbar spine pain occurs because the worker works on average 11 to 15 hours driving a tractor for ploughing.[21]

Depression has been increasingly associated to rural workers; work-related factors may lead to mental exhaustion that increases suicide rates and mental disorders among that population. Depression is prevalent in married male farmers aged between 25 and 55 years.[22]

Regarding skin problems, working in the open for long periods, with consequent exposure to ultraviolet radiation, can cause serious problems such as skin cancers. Several studies stress the importance of protection since dermal exposure is the main means of absorbing pesticides[23].

Concerning health care provided to the male population in the rural area, the professionals revealed that there are no specific health care programs in any of the three health units directed to health needs of this population.

One interviewee mentioned that health care actions were not specifically directed to rural working men, but developed wide-ranging health care programs:

> *Guidelines for International Men's Day: nutrition care, hypertension, diabetes mellitus, vaccination, dental care, lectures in elderly groups, among other general health care advice. (Nurse Technician)*

Among the developed programs, prevention of prostate cancer, prevention of smoking and alcoholism, guidelines on healthy eating and prevention of sexually transmitted diseases were the most mentioned. Physical exercises were mentioned in one of the units in which regular physical activities were provided thanks to a project of the Local Health Department in partnership with other organizations. According to the professionals, the rural workers effectively participated in the group's activities; however, the irregularity of the meetings and the lack of specialized professionals resulted in a decrease in demand.

The three health units developed preventive health care programs – provided for by the primary care health facilities – such as home visits, group meetings, monitoring and training of health groups and health campaigns aimed at achieving the full participation of the general population.

Eight professionals mentioned the difficulties in developing health care services specifically targeted to male customers:

> *They do not accept the programs because they think they do not need them. (Community Health Agent).*

> *They do not like to come to the unit and are averse to do so till they reach the age of 40. After that, symptoms of several diseases show up and they come out of obligation. (Nurse)*

> *Adherence is difficult due to their many duties and work in the house. (Nurse Technician)*

> *Men's needs are difficult, mainly, due to cultural aspects. (Community Health Agent)*

Researchers claim that health care services lack the capability to absorb men's needs.[11, 12] Such deficiency is related to the service organization that does not encourage the access of those individuals to health programs and the fact that public health campaigns do not focus on this population. Changes in health care strategies emphasizing rural men's health are needed.

Furthermore, Figueiredo mentions that men perceive Basic Health Units as the cause of the difficulty of access[2] to health services. In this case, rural men perceive as hindrances the time lost in waiting rooms or even the units that they consider a feminized space, in both senses, as care provided or as an institution. Such context makes the individuals feel they do not belong there.

It is necessary to adopt strategies aimed at increasing the number of health programs and sensitizing men to self-care. One possible strategy would be a quality health service entrance, aiming at welcoming patients and at resolvability – that, in the view of male users, would represent an effective health care network.[24]

## FINAL CONSIDERATIONS

The study data indicate that rural men, in most cases, seek health services after injuries caused by accidents and/or when signs and symptoms restrain their work routine. The indirect approach to the study subject was an important limitation in this research; however, the results identify the hazards rural men are exposed to.

Further studies on the relationship between rural labour and men's health are needed, focusing primarily on working conditions and specific health problems. The results of the present study demonstrate that the situation is worrying; pain, the main reason for seeking the ESF, is probably caused by the physical effort inherent to the work in the fields.

It is important to note that rural health teams should be able to recognize health problems affecting the population and focus on preventive measures and health promotion.

The study results confirm that the services need more resources to train rural ESF teams to cater for the needs of rural workers, increase the offer of health programs and promote self-care among that community. In this context, the welcoming to the health services can be considered an important strategy to rural health teams; dialogue is a way to approach the individuals, demystify health services and make them more consistent with the users' needs and expectations.

## REFERENCES


1. Brasil. Ministério da Saúde. Política nacional de atenção integral à saúde do homem. Brasília: MS; 2008.
2. Figueiredo, W. Assistência à saúde dos homens: um desafio para os serviços de atenção primária. Ciênc Saúde Coletiva. 2005; 10(1):7-17.
3. Gomes R, Nascimento EF, Araújo FC. Por que os homens buscam menos os serviços de saúde do que as mulheres? As explicações de homens com baixa escolaridade e de homens com ensino superior. Cad Saúde Pública. 2007; 23(3): 565-74
4. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Política Nacional de Saúde do (a) Trabalhador (a). Brasília: MS; 2004.
5. Dias EC. Condições de vida, trabalho, saúde e doença dos trabalhadores rurais no Brasil. In: Pinheiro, TMM. A saúde do trabalhador rural. RENAST [Cited 2011 out 10] Available from: www.ugt.org.br/images/arquivos/saude_trabalhador_rural.pdf
6. Minayo MCS, organizador. Pesquisa social: teoria, método e criatividade. 22ª ed. Rio de Janeiro: Vozes; 2003.
7. Brumer A. Gênero e agricultura: a situação da mulher na agricultura do Rio Grande do Sul. Estudos Feministas. 2004; 12(1): 205-27.
8. Bertolini GF, Brandalise LT, Nazzari RK. Gestão das unidades artesanais na agricultura familiar: uma experiência no Oeste do Paraná. 2ª ed. Cascavél: Edunioeste; 2010.
9. Weisheimer N. Situação juvenil na agricultura familiar [tese]. Porto Alegre: Universidade Federal do Rio Grande do Sul; 2009.
10. Courtenay WH. Constructions of masculinity and their influence on men's well-being: a theory of gender and health. Soc Sci Med. 2000; 50(10): 1385-401.
11. Pinheiro RS, Viacava F, Travassos C, Brito AS. Gênero, morbidade, acesso e utilização de serviços de saúde no Brasil. Ciênc Saúde Coletiva. 2002; 7(4):687-70.
12. Gomes R. Sexualidade masculina e saúde do homem: proposta para uma discussão. Ciênc Saúde Coletiva. 2003; 10(1): 7-17.
13. Braz MA. Construção da subjetividade masculina e seu impacto sobre a saúde do homem: reflexão bioética sobre justiça distributiva. Ciênc Saúde Coletiva. 2005; 10(1):97-104.
14. Marinho MFS. Um estudo de prevalência e risco para as lesões por esforços repetitivos (LER/DORT) entre trabalhadores e trabalhadoras em processamento de dados bancários [tese]. São Paulo: Faculdade de Medicina USP; 2000.
15. Doyal L. Sex, gender, and health: the need for a new approach. BMJ. 2001; 323(7320): 1061-3.
16. Zerbib M, Perez M. Próstata: 100 perguntas e respostas. São Paulo. Editora Larousse do Brasil; 2003.
17. Sociedade Brasileira de Urologia. Sua Saúde Urológica. [Cited 2011 Oct. 10]. Available from: http://www.sbu.org.br/category/saude-urologica/.
18. Albano BR, Basílio MC, Neves JB. Desafios para a inclusão dos homens nos serviços de atenção primária à saúde. Rev Enferm Integrada. 2010; 3(2).
19. Silveira CA, Robazzi MLCC, Marziale MHP, Dalri MCB. Acidente de trabalho entre trabalhadores rurais e da agropecuária identificados através de registros hospitalares. Ciênc Cuidado Saúde. 2005; 4(2):120-8.
20. Foster PC, Benett AM, Orem DE. Absentismo: estudo comparativo entre quatro atividades profissionais distintas. In: George JB, Freitas T. Lombalgia. Secção Autônoma de Educação Física e Desporto Licenciatura de Educação Física e Desporto Ramo Científico; 2006.
21. Marmentini D, Vilagra MJ. A Prevalência de dor na coluna em agricultores. Cascavel; 2008.
22. Teixeira AS. Depressão no meio ambiente do trabalho e sua caracterização como doença do trabalho. Rev Trib Reg Trab 3ª Reg. 2007; 46(76):27-44.
23. Faria NMX, Ledur I, Rabelo M. Trabalho rural e intoxicações por agrotóxicos. Cad Saúde Pública. 2004; 20(5):1298-308.
24. Gomes R, Nascimento EF, Araújo FC. Por que os homens buscam menos os serviços de saúde do que as mulheres? As explicações de homens com baixa escolaridade e de homens com ensino superior. Cad Saúde Pública. 2007; 23(3):565-74.