

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i69p7000>

Insertion of the physiotherapist in the basic care of Porto Velho under the perception of users

Inserção do fisioterapeuta na atenção básica de Porto Velho sob a percepção dos usuários

inserción del fisioterapeuta en los cuidados básicos de Porto Velho bajo la percepción de los usuarios

RESUMO

Objetivo: Apresentar dados da inserção do fisioterapeuta no NASF através das unidades básicas de saúde, na cidade de Porto Velho/RO, sob a ótica e percepção dos usuários quanto ao fisioterapeuta que podem integrar o NASF. Método: Trata-se do tipo quantitativo e de caráter transversal, com amostra composta por 497 participantes em unidade que detinham profissionais fisioterapeutas e unidade sem o serviço de fisioterapia. Resultados: Verificou-se uma variedade entre as faixas etárias, gênero e nível de escolaridade, divergente entre as UBS. Foram correlacionados dois questionamentos que obtiveram resultados que demonstraram fraca correlação entre as perguntas, mas com grande valia, demonstrando o nível de conhecimento dos usuários. Conclusão: Que os usuários do serviço básico de saúde, mesmo em unidade que não tem serviço de fisioterapia, é detentor de conhecimento sobre a atuação deste profissional, e na unidade que existe atuação do fisioterapeuta é obscuro sobre o mesmo na atenção básica.

DESCRIPTORES: Fisioterapia; Saúde da Família; Atenção Primária; Educação em Saúde; Saúde Coletiva;

ABSTRACT

Objective: To present data on the insertion of the physiotherapist in the NASF through the basic health units, in the city of Porto Velho/RO, from the perspective and perception of users regarding the physiotherapist who can be part of the NASF. Method: This is a quantitative and cross-sectional type, with a sample of 497 participants in a unit that had physiotherapist professionals and a unit without a physiotherapy service. Results: There was a variety between age groups, gender and education level, diverging between UBS. Two questions were correlated with results that showed a weak correlation between the questions, but with great value, demonstrating the level of knowledge of the users. Conclusion: That users of the basic health service, even in a unit that does not have a physical therapy service, are of knowledge about the performance of this professional, and in the unit where the physiotherapist's performance exists, it is unclear about the same in primary care.

DESCRIPTORS: Physiotherapy; Family Health; Primary attention; Health Education; Public Health;

RESUMEN

Objetivo: Presentar datos sobre la inserción del fisioterapeuta en la NASF a través de las unidades básicas de salud de la ciudad de Porto Velho / RO, desde la perspectiva y percepción de los usuarios sobre el fisioterapeuta que puede formar parte de la NASF. Método: Se trata de un tipo cuantitativo y transversal, con una muestra de 497 participantes en una unidad que contaba con fisioterapeutas profesionales y una unidad sin servicio de fisioterapia. Resultados: Hubo variedad entre grupos de edad, género y nivel educativo, divergiendo entre UBS. Se correlacionaron dos preguntas con resultados que mostraron una correlación débil entre las preguntas, pero de gran valor, demostrando el nivel de conocimiento de los usuarios. Conclusión: Que los usuarios del servicio básico de salud, incluso en una unidad que no cuenta con servicio de fisioterapia, se tiene conocimiento sobre el desempeño de este profesional, y en la unidad donde se encuentra el desempeño del fisioterapeuta, no se tiene claro en atención primaria.

DESCRIPTORES: Fisioterapia; Salud de la familia; Atención primaria; Educación para la salud; salud pública.

RECEBIDO EM: 27/06/2021 APROVADO EM: 20/07/2021

ADELAIDE SILVA

Graduating in Physiotherapy (Interamerican College of Porto Velho/UNIRON) 2021.

ORCID: 0000-0002-6305-6533

ELISAMA OLIVEIRA DUARTE

Graduating in Physiotherapy (Interamerican College of Porto Velho/UNIRON) 2021
ORCID: 0000-0002-7859-8693

ISABELLA NAIARA DE ALMEIDA

Graduated in Physiotherapy (Faculdade São Lucas) 2007; Specialist in Hospital Physiotherapy (UNOESTE) 2009; Specialist in Pedagogical Management of Higher Education (Interamerican College of Porto Velho/UNIRON) 2013; Master in Intensive Care (SOBRATI) 2017;
ORCID: 0000-0003-0853-9150

GEIFERSON SANTOS DO NASCIMENTO

Graduated in Physiotherapy (Interamerican College of Porto Velho/UNIRON) 2016; Specialist in Orthopedics and Traumatology (Interamerican College of Porto Velho/UNIRON) 2017; Specialist in Adult Neurofunctional Physiotherapy (UNIMINAS) 2020; Specialist in Social Service and Public Health (ESTRATEGIO) 2020; Master's Degree in Psychology (UNIR) 2019;
ORCID: 0000-0003-1726-0936

INTRODUCTION

Primary Care or primary care is the gateway to health systems, its main focus is to guide people about disease prevention, cataloging and distributing each situation to a level of complexity. 1 Within the SUS, there are several governmental programs that are part of primary care, one of them being the Family Health Strategy (ESF - Estratégia de Saúde da Família) having its creation in 1994 that propose multidisciplinary care to the community, through the Basic Health Units (UBS - Unidades Básicas de Saúde). However, considering the strengthening of the ESF, the improvement and resolvability of primary care, it was created on January 24, 2008 through Ordinance GM/MS No. 154, the Support Center for Family Health (NASF - Núcleo de Apoio à Saúde da Família), which has as aim to expand the scope of care within primary care. Within the NASF there was an expansion and its regulation became by Ordinance No. 2.488 of October 21st, 2011. 1,2

With great performance and repercussions of physiotherapy in the rehabilitation function in the period of World War II and post-war, the profession was spread worldwide, and its practice was then regulated in Brazil through Decree-Law No. 938, of October 13th, 1969. However, its function is not intrinsically restricted to the tertiary area, having competences and abilities to act directly in the three levels of health: attention, health promotion and rehabilitation. 3

It should be considered that this area for physiotherapy only emerged after the year 2008 with the creation of the NASF and was recognized as a specialty through Resolution No. 363 of May 20th, 2009 by the Federal Council of Physiotherapy and Occupational Therapy (COFFITO - Conselho Federal de Fisioterapia e Terapia Ocupacional). 4 Considering the training of professionals, there are still Higher Education Institutions (HEIs) that do not have a discipline aimed at primary health care, fueling the low search and interest of professionals in this field, often due to lack of knowledge of the area and performance. 5 It is noteworthy that the HEIs included in their curriculum the subject focused on collective health after the creation of the NASF and also being supported by the COFFITO resolution, thus ensuring the performance of the physiotherapist within this level. However, with the arrival of physical therapy in distance learning (DL), the curriculum does not contribute to the professional's knowledge of this area. 6

Currently, Bill 1111/2019 has been approved by the Social Security and Family Commission in the Federal Chamber, which determines the mandatory nature of physical therapists and occupational therapists in ESF teams, being in fact of great importance and relevance for the population and profession. 7 COFFITO reported the article "Physical Therapy and Occupational Therapy Services are essential to the population", demonstrating the 45% growing role of physiotherapists in the SUS between the

years 2016-2019. In 2019, the Ministry of Health (MH) made available, through public data, the record of 67.766 physiotherapists working in the SUS, of which 7.324 professionals worked directly in NASF I, II and III, representing an average of 10,81 % only in primary health care. 8

The main objective of this study is to present data on the insertion of physiotherapists in the NASF through basic health units in the city of Porto Velho/RO, from the perspective of users, under the perception that users have of the physiotherapist that makes up the NASF.

METHOD

The present study is a quantitative and cross-sectional study. The quantitative study is developed through data and results that are measured and analyzed using statistical techniques. It is characterized as a cross-sectional study carried out by data collection for a period, it can be divided into a sample population or a predefined subset. 9

Data were collected from April 2018 to December 2019, with the participation of users from two UBS in the city of Porto Velho - RO, with a sample size of 498 participants at the end.

This study included users over 18 years of age, literate, and in need of care by NASF professionals. Users under 18 years of age, over 80 years of age, and with pathologies or comorbidities that did not have an indication for NASF care were excluded.

To carry out the research, a specific questionnaire created for users was applied, consisting of twelve dichotomous questions aimed at the users' knowledge about the insertion of physical therapists in primary care. The questions were designed in an objective way, which includes the questions: if he knows physiotherapy, if he needs physiotherapy in his home, if he knows that the physiotherapist can act in the prevention of health and if he knows which are the areas that physiotherapy works, the questionnaire being developed and applied through the digital platform of Google Forms, where users responded on the researcher's cell phone, through their signatures through the Informed Consent Form (ICF).

The research followed the criteria established in Resolution nº 466/2012 of the National Health Council, which regulates research with human beings, being approved through Opinion nº 2.576.922 of CEP-UNINORTE ACRE with CAAE: 82685417.4.0000.8028.

Numerical data were presented in absolute and relative frequencies of sample characterization. To verify the distribution of normality, the Shapiro Wilk test was applied, with the research having a confidence interval (CI) of 95%, Spearman's Linear Correlation test was applied with a significance level stipulated as a weak, moderate or strong correlation factor (r). Data were analyzed using SPSS software, version 22.

RESULTS

There was a variety between age groups (Table 1), gender (Table 2) and education level (Table 3), diverging between the UBS. Two questions were correlated (Table 4) that obtained results that showed a weak correlation between the questions (Table 5), but with great value, demonstrating the level of knowledge of users.

DISCUSSION

The characterization of the sample becomes essential for measuring the type of

public addressed, where it was noticed in both fields of investigation that the public aged between 18 and 49 years is more interested in seeking the health services offered by the UBS. According to Pimentel and collaborators, the search for care from a younger audience is derived from preventive health care, but it is also seen that a large part of this age group seeks care for the investigation and control of possible chronic diseases. 10

Intervention for health is demonstrated through categorizations and groups such as: Hipertensão, pregnant women, diabetes, women's health, men's health, among others, thus facilitating the work of professionals for each group according to its pathological peculiarity. The predominant presence of the female public is seen, corroborating the study by Levorato et al., which demonstrates that the female public has the habit of care, search and preventive help, as well as continuity of routine exams, prioritizing health care in the three levels of attention, this approach being abolished or still little

used by the male audience. 11

In 2008, the Ministry of Health, through the Secretariat of Health Care, created the National Policy for Comprehensive Attention to Men's Health - Principles and Guidelines (PNAISH), with the objective of reaching men for care in primary care, because when men enter the public health system is through the second and third level. The low demand for assistance from the male public comes from a cultural and prejudiced way that preventive health care hurts masculinity, showing its fragility. 12

In 2008, the Ministry of Health, through the Secretariat of Health Care, created the National Policy for Comprehensive Attention to Men's Health - Principles and Guidelines (PNAISH), with the objective of reaching men for care in primary care, because when men enter the public health system is through the second and third level. The low demand for assistance from the male public comes from a cultural and prejudiced way that preventive health care hurts masculinity, showing its fragility. 13

Table 1. Sample Characterization: Age Group
City of Porto Velho – RO, 2021

AGE GROUP	UBS A (%)	UBS H (%)
18 – 29 years	25,10	34,50
30 – 39 years	23,50	34,50
40 – 49 years	21,20	21,80
50 – 59 years	16,70	7,30
60 – 69 years	7,40	1,80
70 – 79 years	6,10	0,0

Source: Author, 2021

Table 2. Sample Characterization: Gender
City of Porto Velho – RO, 2021

GENDER	UBS A (%)	UBS H (%)
Male	30,90	21,80
Female	69,10	76,40
Undefined	0,0	1,80

Source: Author, 2021

Table 3. Sample Characterization: Education Level
City of Porto Velho – RO, 2021

LEVEL OF EDUCATION	UBS A (%)	UBS H (%)
Did not attend	6,80	3,60
Incomplete Elementary School	19,0	18,20
Complete Elementary School	6,50	7,30
Incomplete High School	17,80	12,70
Complete High School	35,90	40,0
Incomplete Higher Education	8,10	3,60
Complete Higher Education	5,90	14,50

Source: Author, 2021

Table 4. Level of knowledge of NASF users
City of Porto Velho – RO, 2021

QUESTION	UBS A			UBS H		
	YES	NO	MAYBE	YES	NO	MAYBE
Do you know Physiotherapy?	40,60	37,70	21,70	72,70	27,30	0,0
Did you know that the Physiotherapist works in health prevention?	27,10	51,0	21,90	49,10	38,10	12,7

Source: Author, 2021

Tabela 5. Correlação de Spearman
Cidade de Porto Velho – RO, 2021

QUESTION	FATOR DE CORRELAÇÃO (R)	
	UBS A	UBS H
Do you know Physiotherapy?		
Did you know that the Physiotherapist works in health prevention?	r=0,27 (Fraca)	r=0,13 (Fraca)

Source: Author, 2021

The tabulated data agree that people who have not completed their studies at elementary and secondary levels or who have not attended school are at the mercy of knowledge, as the individual has no

direction to seek a professional who gives instructions about achieving well-being in health.

Population surveys show that people with low socioeconomic status are incre-

asingly far from a good health condition. Paes e Paixão (2016) 14 argues that people with low socioeconomic status and low education are prevented from entering the public health system, as they do not obtain necessary information on how to start the search process for assistance with a health professional, the lack of education in mass preventive measures is considerable because chronic diseases can be avoided with health promotion.

It was noticed that in front of the questions asked to users of both UBS, the information is different in units, demonstrating that the professional's presence has a great impact on the users' level of knowledge, and also influencing the care level of the multi-disciplinary team. When verifying the level of correlation between the answers, a weak correlation was evident, where both users' answers do not correlate and are independent.

Formiga and Ribeiro (2012) 15 point out in their study the consolidation of professional physiotherapists at the level of primary care, acting directly through health promotion, group care in pursuit of quality of life. According to the NASF Ordinance, physiotherapy aims to welcome users and identify what types of behavior will be applied. The implementation of this profession in the primary environment has gradually stabilized, demystifying taboos demonstrating the importance of the physiotherapist professional at the gateway to the health service. To Bispo Júnior (2010) 16 the performance of the physiotherapist must be associated with the performance of the unit's managers, in order to develop a good local work and linked to the needs and demands of the assisted population. With regard to the physical therapy role in primary care, it is education in personal and interpersonal health, adaptations, guidance and assistance.

Nascimento and Moura (2016), 17 in their study, they conducted interviews with physiotherapists inserted in the NASF in the city of Porto Velho, state of Rondônia and the interviewees reported that they perceive a better use of their professional contribution, development of matrix su-

port and group assistance, facilitating the service of the ESF directly with the patient. Lima de Assis et al (2017), 18 prove this collective action in their study, developed with 20 teams from the NASF in the city of Brejo Santo (CE), with a qualitative study with a descriptive character in the modality of experience report, where instructions and knowledge on physical exercise practice were applied, doubts and experiences about pregnancy, information about pathologies, causative agents, men's, women's, elderly and children's health.

Observing the role of the physiotherapist is fundamental for expanding the role of the NASF in comprehensive multidisciplinary care, which through it generates information in basic health education, with the help of the ESF team, care and assistance in the patient's rehabilitation process and promoting health prevention in order to reduce the institutionalization process at the tertiary level. We clearly live in times when there is a need to review public

policies, the weakening that the NASF has suffered in recent years. Through the Ministry of Health, the Secretary of Primary Health Care launched a Technical Note No. 3/2020-DESF/SAPS/MS, 19 providing that it is at the discretion of the local manager to compose the multidisciplinary team. Through the Technical Note, the manager must know the local demand, that is, because there is no incentive for physical therapy in health prevention, the population is unaware of this, confirming that the manager does not include the physical therapist, giving preference to other specialties of greater demand.

CONCLUSION

Contributing to the results found, the difference in knowledge of users between UBS that held the physiotherapy service included in the NASF and UBS that did not have the service, demonstrates that the presence of the professional influences the

advancement of the quality of care at the NASF, assistance from the UBS and users' level of knowledge about the types of services offered to them. It is worth remembering that it is necessary to expand studies that can assess society's knowledge about physical therapy as part of primary care. It is also noteworthy that it is necessary to review public policies, such as defining the activities of each professional, skills, forms of action, coverage and forms of assistance in primary care.

REFERÊNCIAS

1. Carmen Lavras. Atenção primária à saúde e a organização de redes regio-nais de atenção à saúde no Brasil. *Saúde e Sociedade*, ed. 20, n. 4, p. 867–874, 2011. Disponível em <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902011000400005&lng=en&nrm=iso> Acesso em: 12 jun 2021.
2. Brasil. Ministério da Saúde. PORTARIA N° 2.488, DE 21 DE OUTUBRO DE 2011. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de apediretrizes e normas para a organização da Atenção Básica, para a Estratégia Saúde da Família (ESF) e o Programa de Agentes Comunitários de Saúde (PACS), Brasília, p. 01 – 25, 2017. Disponível em: <<http://www.saude.gov.br/aco-es-e-programas/saude-da-familia/nucleo-de-apoio-asaude-da-familia-nasf>> Acesso em: 19 jun 2021.
3. Neuwald MF; Alvarenga LF. Fisioterapia e Educação em Saúde: Investigando um serviço ambulatorial no SUS. *Boletim da Saúde*, Porto Alegre, v. 19, n. 02, p. 74 – 82, Julho 2005. Disponível em: <<http://www.boletimdasaude.rs.gov.br/conteudo/1340/fisioterapia-e-educacao-em-saude-investigando-um-servico-ambulatorial-do-sus>> Acesso em: 12 jun 2021.
4. Brasil. Conselho Federal de Fisioterapia e Terapia Ocupacional. RESOLUÇÃO N°. 363/2009 – Reconhece a Fisioterapia em Saúde Coletiva como especialidade do profissional Fisioterapeuta e dá outras providências. 2009. Disponível em: <<https://www.coffito.gov.br/nsite/?p=3126#:~:text=363%2F2009%20E2%80%93%20Reconhece%20a%20Fisioterapia,Fisioterapeuta%20e%20d%C3%A1%20outras%20provid%C3%Aancias>> Acesso em 19 jun 2021.
5. David MLO, Ribeiro MAGO; Zanolli ML, et all. Proposta de atuação da fisioterapia na saúde da criança e do adolescente: uma necessidade na atenção básica. *Saúde em Debate*, Rio de Janeiro, v. 37, n. 96, p. 120 – 129, Março 2013. Disponível em: <<https://www.scielo.br/j/sdeb/a/jQbbKxVVQnWD3tGtvvg8JfL/abstract/?lang=pt>> Acesso em: 12 jun 2021.
6. Santos FB, Souza SS, Nascimento GS, Almeida IN. Fisioterapeuta e NASF: conhecimentos de graduados da primeira e segunda década do século XXI. *Saúde Coletiva*, v. 11, n. 64, p. 5629 – 5636, Janeiro 2021. Disponível em: <<http://www.revistas.mpmcomunicacao.com.br/index.php/saudecoletiva/article/view/1509>> Acesso em: 12 jun 2021.
7. Brasil, Câmara dos Deputados. PROJETO DE LEI N.º 1.111, DE 2019. Determina a inclusão obrigatória de Fisioterapeutas e Terapeutas Ocupacionais nas equipes da Estratégia Saúde da Família., p. 01 – 05, 2019. Disponível em: <https://www.camara.leg.br/proposicoesWeb/prop_mostrarintegra;jsessionid=CF-7D92EFE4FFE65285BCF80980DF7D36.proposicoesWebExterno2?codteor=1721643&filename=Avulso+-PL+1111/2019> Acesso em: 12 jun 2021.
8. Brasil. Conselho Federal de COFFITO. Serviços de Fisioterapia e de Terapia Ocupacional são essenciais à população. 2020. Disponível em: <https://www.coffito.gov.br/nsite/?p=15683>. Acesso em: 27/10/2020.

REFERÊNCIAS

9. Breitenbach R, Corazza G. Formação profissional e a relação com a sucessão geracional entre jovens rurais, Brasil. *Revista latinoamericana de ciencias sociales, niñez y juventud*, v. 17, n. 02, p. 01 – 34, Julho 2019. Disponível em: <http://www.scielo.org/co/scielo.php?script=sci_abstract&pid=S1692-715X2019000200262&lng=en&nrm=iso&tlng=pt> Acesso em: 12 jun 2021.
10. Pimentel IRS, Coelho Bcastro, Lima JC, Ribeiro FG, et all. Caracterização da demanda em uma Unidade de Saúde da Família. *Revista Brasileira de Medicina de Família e Comunidade*, v. 6, n. 20, p. 81 – 175, Jul-Set 2011. Disponível em: <<https://www.rbmf.org.br/rbmfc/article/view/95>> Acesso em: 12 jun 2021.
11. Levorato CD, Mello LM, Silva AS, Nunes AA. Fatores associados à procura por serviços de saúde numa perspectiva relacional de gênero. *Ciência & Saúde Coletiva, ABRASCO - Associação Brasileira de Saúde Coletiva*, v. 19, n. 4, p. 1263 – 1274, 04 2014. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232014000401263&lng=en&nrm=iso> Acesso em: 12 jun 2021.
12. Separavich MA, Canesqui AM. Saúde do homem e masculinidades na Política Nacional de Atenção Integral à Saúde do Homem: uma revisão bibliográfica. *Saúde e Sociedade*, v. 22, n. 02, p. 415 – 428, 2013. Disponível em: <<https://www.scielo.br/j/sausoc/a/QSY-JggmjYNygGfkkQf4xTjc/?lang=pt>> Acesso em: 12 jun 2021.
13. Ribeiro KG, Andrade LOM, Aguiá JB, Moreira AEMM, et all. Educação e saúde em uma região em situação de vulnerabilidade social: avanços e desafios para as políticas públicas. *Interface – Comunicação Saúde Educação*, v. 1, n. 22, p. 1387 – 1398, 2018. <Disponível em: <https://www.scielo.br/j/icse/a/3X3TL3CwsbdDTgg5wmjPZB/abstract/?lang=pt>> Acesso em: 12 jun 2021.
14. Paes CCDC, Paixão ANP. A importância da abordagem da educação em saúde: revisão de literatura. *REVASF*, v. 06, n. 11, p. 80 – 90, Dezembro 2016. Disponível em: <<https://www.periodicos.univasf.edu.br/index.php/revasf/article/view/38>> Acesso em: 12 jun 2021.
15. Formiga NFB, Ribeiro KSQS. Inserção do Fisioterapeuta na Atenção Básica: uma Analogia entre Experiências Acadêmicas e a Proposta dos Núcleos de Apoio à Saúde da Família (NASF). *Revista Brasileira de Ciências da Saúde, João Pessoa*, v. 16, n. 2, p. 113 – 122, Maio 2012. Disponível em: <<https://periodicos.ufpb.br/ojs/index.php/rbcs/article/view/10639>> Acesso em: 12 jun 2021.
16. Bispo JJP. Fisioterapia e saúde coletiva: desafios e novas responsabilidades profissionais. *Ciência & Saúde Coletiva, ABRASCO - Associação Brasileira de Saúde Coletiva*, v. 15, n. 2, p. 1627 – 1636, 06 2010. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232010000700074&lng=en&nrm=iso> Acesso em: 12 jun 2021.
17. Nascimento GS, Moura INA. A prática fisioterapêutica da atenção primária a saúde: analogia entre a proposta do núcleo de apoio a saúde da família (NASF) e uma realidade na região amazônica. *Saberes e Competências em Fisioterapia e Terapia Ocupacional* 2, v. 2, p. 40-53. 2019. Disponível em: <<https://www.atenaeditora.com.br/wp-content/uploads/2019/07/e-book-Saberes-e-Competencias-em-Fisioterapia-e-Terapia-Ocupacional-2.pdf>> Acesso em: 19 jun 2021.
18. Assis JCL, Arruda GMMS, Bezerra MIC, Vasconcelos TB. A vivência de um fisioterapeuta em uma residência multiprofissional: Desafios e Possibilidades. *Revista Brasileira de Ciências da Saúde*. v. 20, n. 2, p. 279 – 287, Junho 2017. Disponível em: <<https://periodicos.ufjf.br/index.php/aps/article/view/15994>> Acesso em: 12 jun 2021.
19. Brasil, Ministério da Saúde. NOTA TÉCNICA N° 3/2020-DESF/SAPS/MS. Núcleo Ampliado de Saúde da Família e Atenção Básica (NASF-AB) e Programa Previne Brasil., Brasília, p. 01 – 02, 2020. Disponível em: <<https://www.conasems.org.br/wp-content/uploads/2020/01/NT-NASFAB-e-Previne-Brasil.pdf>> Acesso em: 12 jun 2021.