SOCIODEMOGRAPHIC, BEHAVIORAL PROFILE AND SELF-PERCEPTION OF THE HEALTH CONDITION OF ADULTS OF THE FERRARIA DISTRICT, CAMPO LARGO, STATE OF PARANÁ, BRAZIL

PERFIL SOCIODEMOGRÁFICO, COMPORTAMENTAL E AUTOPERCEPÇÃO DA CONDIÇÃO DE SAÚDE DE ADULTOS DO DISTRITO FERRARIA, CAMPO LARGO, PARANÁ, BRASIL

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Resumo

O objetivo da presente pesquisa foi traçar o perfil sociodemográfico, comportamental e a autopercepção da condição de saúde de moradores adultos do Distrito Ferraria, localizado no município de Campo Largo, Paraná, Brasil. Com desenho transversal de base populacional, aplicou-se um questionário aos residentes, composto de dados socioeconômicos (classe social, escolaridade, profissão e renda), demográficos (sexo, cor da pele, idade e estado civil) e comportamentais (consumo de álcool, atividade física e morbidades), além da autopercepção da condição de saúde, de moradia e segurança. Os dados obtidos foram tabulados e expressos em frequências. Um total de 373 indivíduos foi avaliado, com média de idade de 48,9 anos. A maioria foi composta de mulheres (73,2%) e de brancos (63,5%), com ensino fundamental incompleto, e média de renda familiar de R$ 1928,25. No momento da coleta, 32,2% se encontravam desempregados. Quanto à qualidade de vida, 57,6% a avaliaram como boa. Dentre as condições de saúde e hábitos comportamentais, destacaram-se os casos de hipertensão (42,0%) e uso de cigarro (70,0%). Em relação às condições de moradia, a maioria (n = 265; 76,0%) relatou estar "satisfeito" e "muito satisfeito", enquanto em relação à segurança durante o dia e à noite, as respostas se concentraram na categoria "às vezes", em ambas. Concluiu-se que o perfil da amostra analisada condiz com o de localidades que tem certo grau de satisfação, mas que ainda carece de melhorias em diversos aspectos, sendo eles sociais, econômicos e de infraestrutura. Este estudo poderá ser útil para o direcionamento de ações das organizações responsáveis pelas demandas mais urgentes dessa comunidade.

Palavras-chave: Epidemiologia. Inquéritos Epidemiológicos. Perfil de Saúde.

Abstract

Our study aimed at tracing the sociodemographic, behavioral profile and self-perception of the health condition of adult residents of the Ferraria District, located in the municipality of Campo Largo, Paraná, Brazil. With a cross-sectional population-based design, a questionnaire was applied to residents, composed of socioeconomic data (social class, education, profession and income), demographic (sex, skin color, age and marital status) and behavioral (alcohol consumption, physical activity and morbidities), in addition to self-perception of health, housing and safety conditions. The data obtained were tabulated and expressed in frequencies. In total, 373 individuals were evaluated, with a mean age of 48.9 years. The most were women (73.2%) and white (63.5%), with incomplete middle school, and average family income of R$ 1,928.25. At the time of collection, 32.2% were unemployed. Regarding quality of life, 57.6% rated it as good. Among the health conditions and behavioral habits, the cases of hypertension stood out (42.0%) and cigarette smoke (70.0%). Regarding housing conditions, the most (n = 265; 76.0%) reported being "satisfied" and "very satisfied", while regarding safety during the day and at night, the answers focused on the category "sometimes", in both. We concluded that the profile of the sample analyzed is consistent with that of localities that have a certain degree of satisfaction, but that still lacks improvements in several aspects, such as those social, economic and infrastructure. Our study may be useful for directing actions of the organizations responsible for the most urgent demands of this community.

Keywords: Epidemiology. Health Surveys. Health Profile.

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INTRODUCTION

Epidemiological studies are tools used in public and private health services (1,2). These surveys are necessary both to know the prevalence of diseases and to estimate the needs of a given population (3). In this sense, from the collected data, it is possible to plan, execute and evaluate health actions, infer on the general effectiveness of services, besides allowing comparisons of prevalence in different periods of time and geographic areas (4).

Health surveys also play the role of expanding access to data and information on health problems in population groups, including use of services, risk factors and quality of life. Moreover, they provide a safe basis for assessing the conditions of a population and its future health care needs (3,5).

Campo Largo is a municipality in the state of Paraná, Brazil, located in the Metropolitan Region and about 30 km (west) of the state capital, Curitiba. Ferraria District is the second largest in Campo Largo, after the District Of The Head Office, with a resident population, in 2010, of approximately 15,380 inhabitants (6,7).

In this scenario, studies on the sociodemographic, behavioral and health, and housing conditions of this population are scarce. Studies on the subject are essential for the planning and management of social public policies in the region.

Thus, our study aimed at tracing the socioeconomic, demographic, behavioral profile and self-perception of both health and housing conditions of adult residents of the Ferraria District, Campo Largo, state of Paraná, Brazil.

METHODS

Study design

This was a descriptive, cross-sectional population-based study conducted in the District of Ferraria, Campo Largo, state of Paraná, Brazil.

Sample estimation

Sample estimation was based on data from the Campolarguense Electricity Company (CO-CEL), which provided a spreadsheet with the addresses served, since there is no precise map of the District, which would make the research even more difficult due to its complex geography, with a lot of emphasis. From the population (N) of 4,742 COCEL addresses, by the sample of proportions, considering finite population, with a 95% confidence level and 5% maximum error, 373 (n) addresses were obtained. Next, the systematic sampling interval was applied, by the ratio between the population size (N), and the sample size (n), which resulted in 12.7. The initial address (equal to 3) was randomly selected and the selection was made based on the range described.

Only the households were included, being considered housing the place with independent entrance, consisting of one or more rooms, or buildings under construction, vehicles, holes, tents, intended to accommodate people (8). If the person responsible for the household were not present at the time of the study, the subsequent domicile, located on the left or right of the selected household, would be included. Thus, the total number of the sample was reached by saturation of 373 addresses.

The places destined for trade were excluded, since in the initial spreadsheet this exclusion was not possible due to the COCEL information being confidential.

Data collection

The guardians of permanent private households, aged 18 years or older, regardless of gender participated in the study. Eight trained researchers delivered the questionnaires and explained the objectives of the research. The signing of the informed consent form was requested and the deadline for return was one week. At that moment, the questionnaires were collected and reviewed with the respondent, so that the absent answers and any doubts were answered.

This instrument was composed of structured questions, having been standardized, pretested and validated. It includes socioeconomic (social class, education, profession and income), demographic (gender, skin color, age and marital status) and behavioral (alcohol consumption, physical activity and morbidities) questions, in

addition to questions on self-perception of health status.

This research followed the ethical principles contained in the Declaration of Helsinki and was approved by the Research Ethics Committee of Positivo University, under registration no. 2,441,625.

Data analysis

The data obtained were tabulated in Excel ® spreadsheets and SPSS version 21.0 (SPSS Inc, Chicago, Ilinois, USA) was used for the distribution of the variables

RESULTS

Sociodemographic and socioeconomic profile

We evaluated 373 patients. Mean age was 48.9 years, with a minimum of 18 and a maximum of 81 years. Women predominated, accounting for 73.2% of the sample, and in 57.1% of the households, they were heads of household. The average family income was R$ 1,928.25, and 31.1% had less than four years of schooling. The respondents were mostly married or in common-law marriage (62.5%). Regarding skin color, (63.5%) declared themselves white.

Regarding the occupational situation, a high percentage of individuals that were unemployed at that time was observed (n = 120; 32.2%). Of those who claimed to work (n = 253; 67.8%), 12 (30.3%) worked in the public service, and the others were distributed in many occupations (Figure 1).

Personal satisfaction and quality of life

Regarding personal satisfaction, on a scale composed of the option very satisfied; satisfied; neither satisfied nor dissatisfied; dissatisfied and very dissatisfied, the data found indicate that 138 (36.9%) residents of the Ferraria District reported being satisfied (Figure 2A).

Table 1 - Distribution of the variables gender, marital status and self-declared skin color of adults living in the Ferraria District, Campo Largo, state of Paraná, Brazil

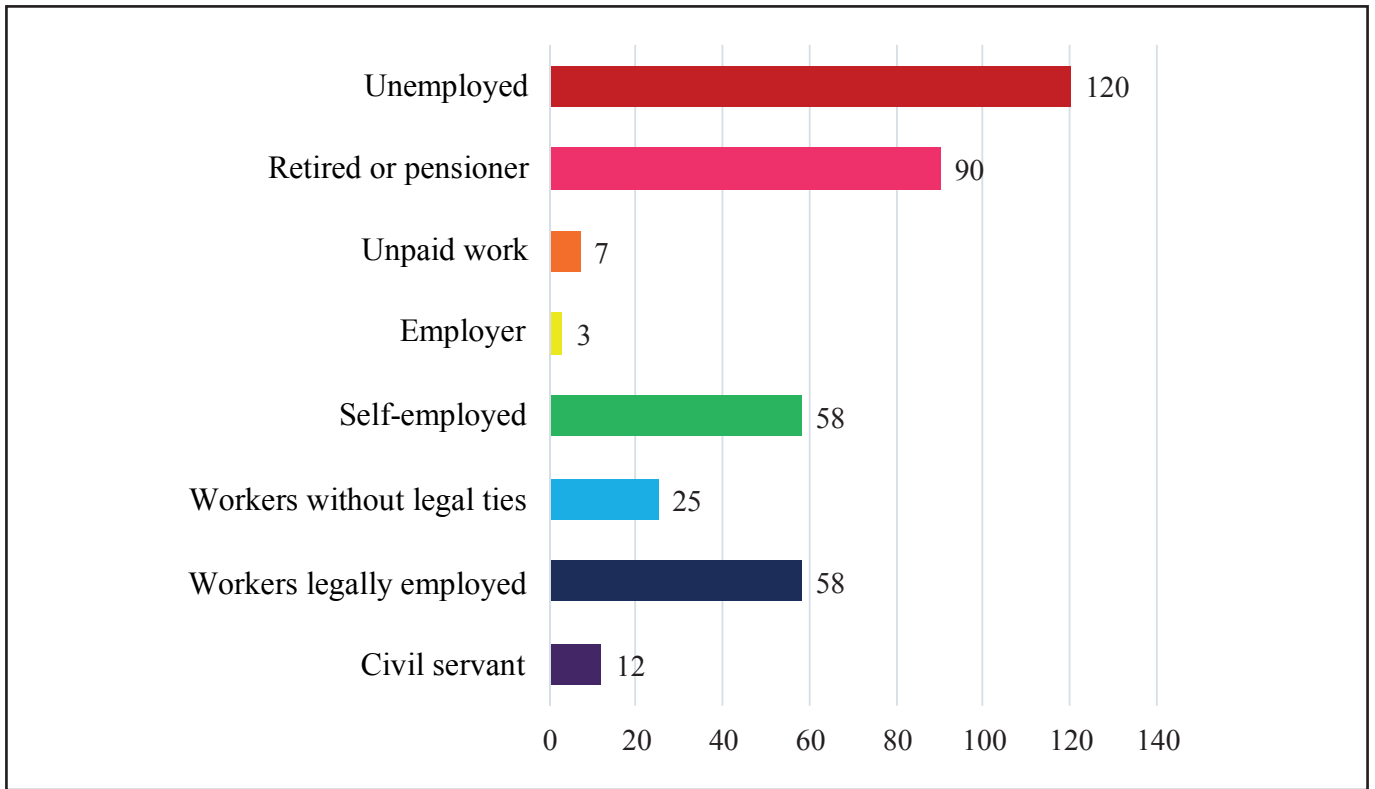| Variables	n (%)
Gender	
Male	100 (26,8)
Female	273 (73,2)
Marital status	
Married/Common-law marriage	233 (62.5)
Single	77 (20.6)
Divorced/Widowed	63 (16.9)
Education level	
High (≥ 12)	159 (42.6)
Moderate (5-11)	97 (26.0)
Low (≤ 4)	116 (31.1)
Skin color	
White	237 (63.5)
Black	35 (9.4)
Mixed-race/Yellow/Indigenous	10 (27.1)

Figure 1 - Occupational situation of adults living in the Ferraria District, Campo Largo, state of Paraná, Brazil.

The study participants also self-evaluated their quality of life, according to a scale that contemplated the options: very good; good; neither bad nor good; bad and very bad. The results found show that most participants (n = 215; 57.6%) indicated to have a good quality of life.
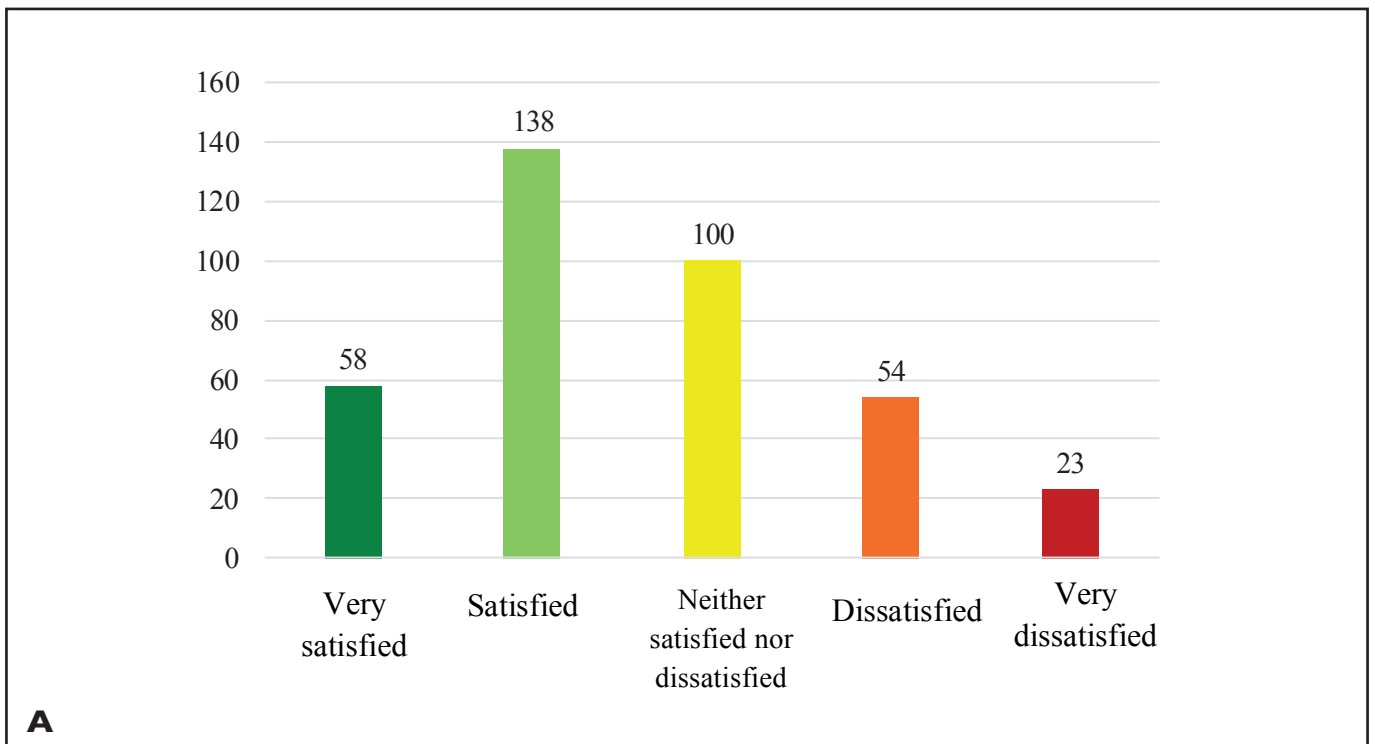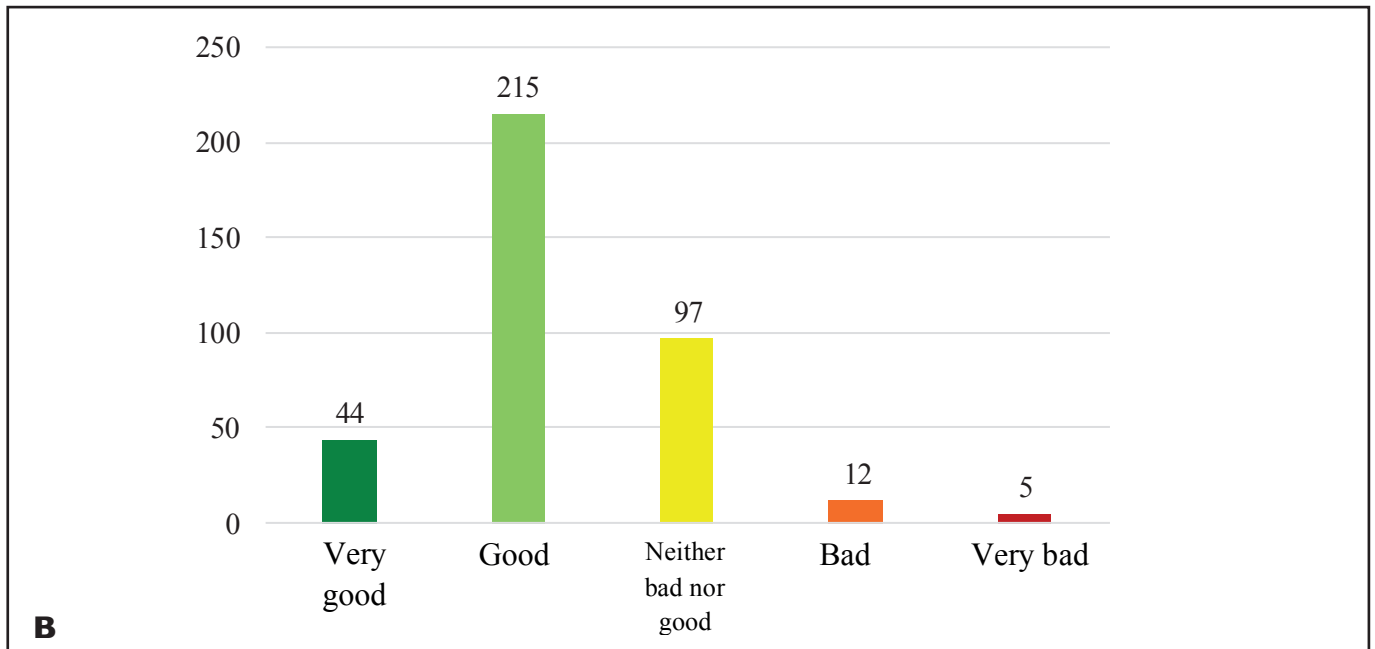
Figure 2 - (A) Personal satisfaction and (B) self-assessment of the quality of life of adults living in the Ferraria District, Campo Largo, state of Paraná, Brazil.

Table 2 - Self-reported health condition and behavioral habits of adults living in the Ferraria District, Campo Largo, state Paraná, Brazil.

Variables	n (%)
High pressure	
Yes	155 (42.0)
No	204 (55.0)
Don't know/didn't answer	13 (3.0)
Heart diseases	
Yes	48 (13.0)
No	308 (81.0)
Don't know/didn't answer	21 (6.0)
Cholesterol	
Yes	107 (29.0)
No	246 (66.0)
Don't know/didn't answer	20 (5.0)
Osteoporosis	
Yes	106 (29.0)
No	247 (66.0)
Don't know/didn't answer	20 (5.0)
Depression	
Yes	62 (17.0)
No	296 (79.0)
Don't know/didn't answer	15 (4.0)
Stroke	
Yes	112 (30.0)
No	261 (70.0)
Don't know/didn't answer	0 (0.0)

Heart attack	
Yes	9 (2.0)
No	360 (97.0)
Don't know/didn't answer	4 (1.0)
Physical activity	
Yes	260 (70.0)
No	111 (30.0)
Don't know/didn't answer	2 (0.0)
Smoking habit	
Yes	260 (70.0)
No	111 (30.0)
Don't know/didn't answer	2 (0.0)
Habit of consuming alcohol	
Yes	50 (13.0)
No	323 (87.0)
Don't know/didn't answer	0 (0.0)

Self-reported health conditions and behavioral habits

Table 2 shows the self-reported health conditions and behavioral habits of the participants.

Housing and safety conditions

Regarding satisfaction with housing conditions, the data found indicate that the most respondents (n = 265; 76.0%) reported being "satisfied" and "very satisfied" (Figure 3). The average number of rooms present in the houses is 5.2, whereas the average number of people per household was 3.3, with a minimum of 01 (one) and a maximum of 10 (ten) people. Figure 4 shows the answers regarding the perception of safety during the day and at night. These results showed that the most (n = 270; 72.4%) remained in the middle ground, with more answers "sometimes", to feel safe both during the day (n = 144; 30.6%) at night (n = 126; 33.8%).
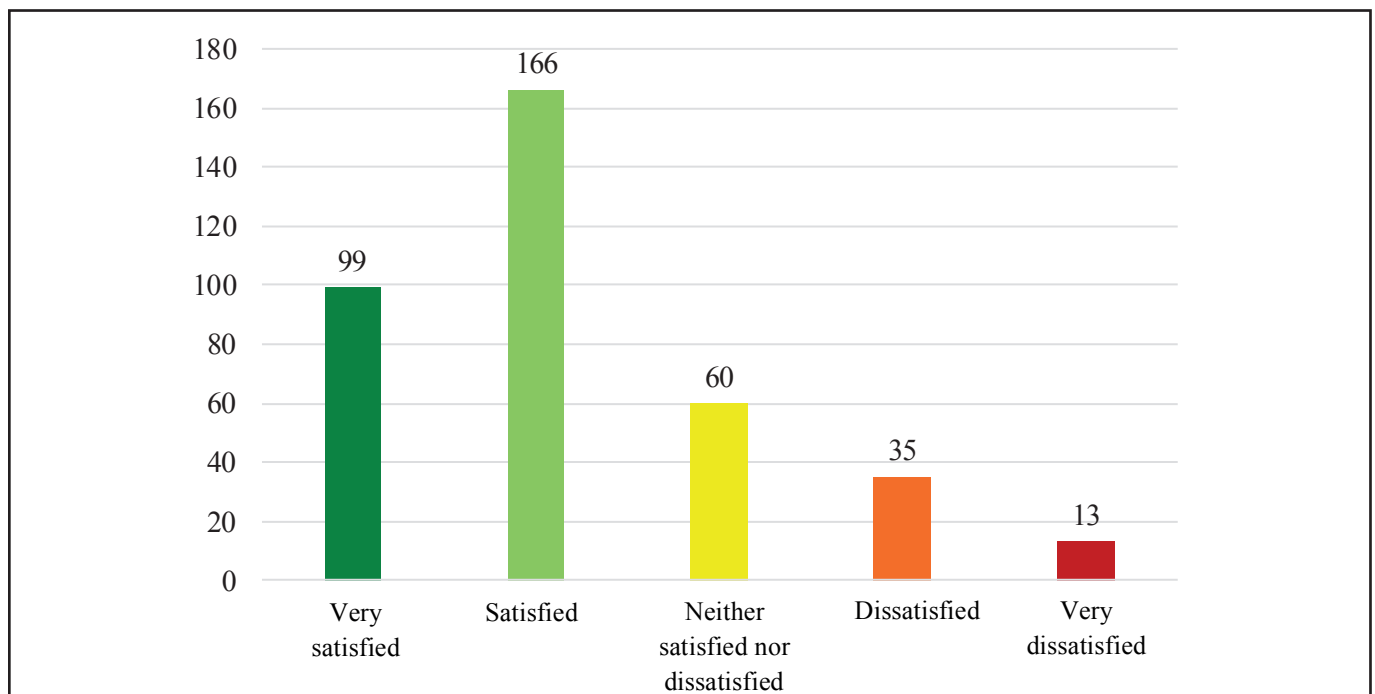

Figure 3 - Satisfaction with the housing conditions of adults living in the Ferraria District, Campo Largo, state of Paraná, Brazil.
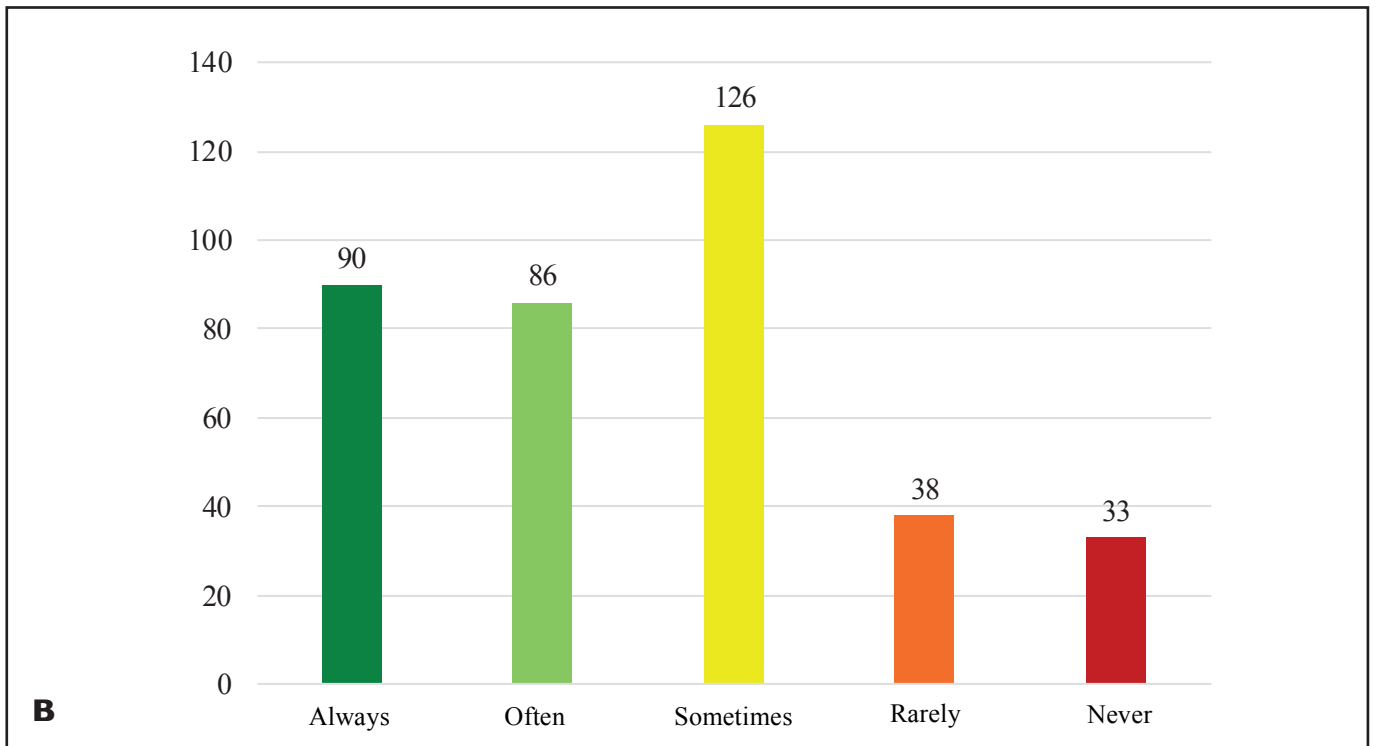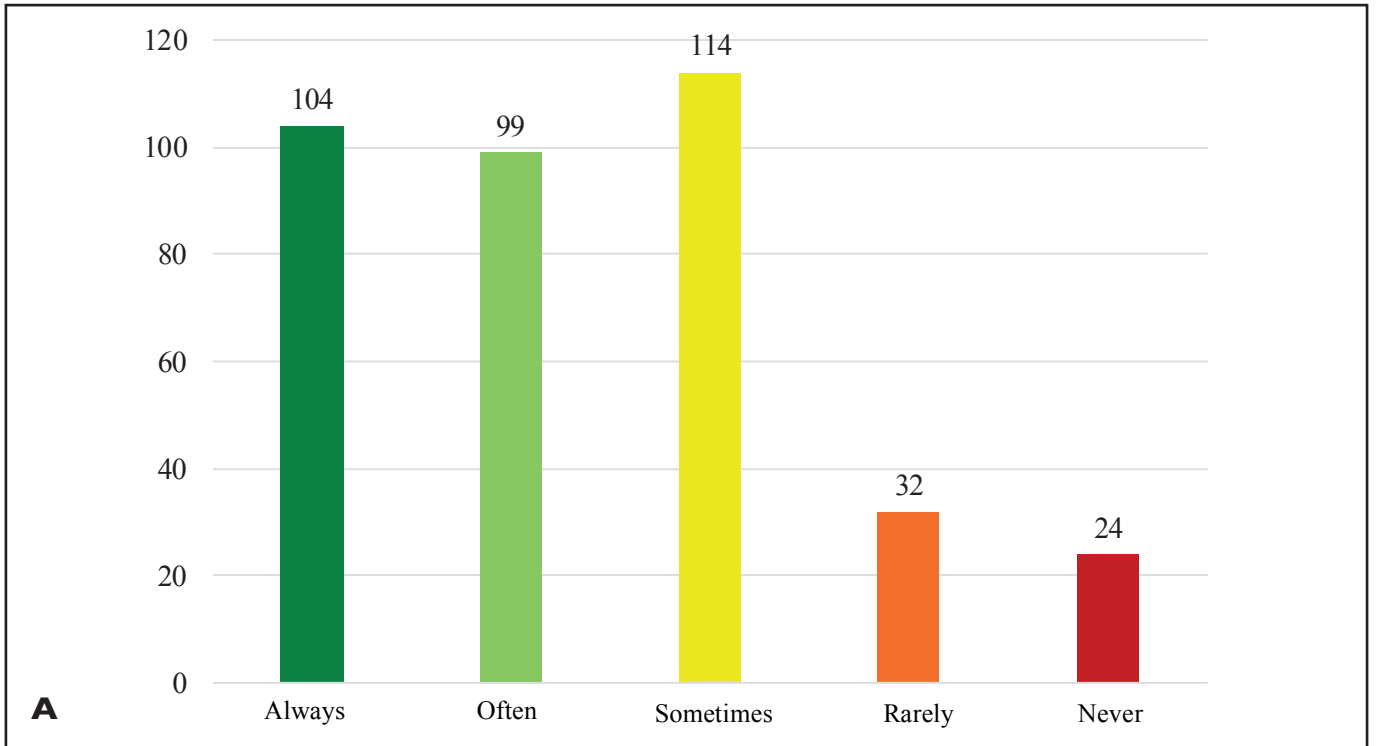
Figure 4 - Feeling of security during the day (A) and at night (B) in the place where adults in the Ferraria District, Campo Largo, state Paraná, Brazil live.

DISCUSSION

In our study, we analyzed data from a sample of 373 adults living in the Ferraria District, in Campo Largo, state of Paraná. The characterization of the epidemiological profile revealed a predominantly composition of women, of which most are the main responsible for their families. This data reflects the multiplicity of family arrangements that go on the rise, with processes that have strengthened modernization and result in new work structures that drive this family configuration (9).

Regarding the income, according to Afonso

et al., more than 20% of Brazilian families had, at the time, a monthly family income close to or equal to a half minimum wage, which is similar to the value identified in our study (R$ 1,928.25), considering the average of 3.3 residents per household (10). Despite the process of growth of the minimum wage in Brazil, this allows a reflection on what this value represents for families with more than three people living in the same house, as showed here, a value that is similar to that found in Brazilian territory in terms of the average number of residents per household, of 3.3, according to the last Demographic Census of 2010 (11,12).

Despite the extreme unemployment situation, a low salary is not desirable, since it can guarantee survival, but not quality of life, although 57.6% of those surveyed have classified it as "good". In our study, 32.2% of the participants were unemployed. Campo Largo has 25.3% of the population employed, according to government data from 2010 (6). Pochmann, in an analysis of economic performance and the work situation in Brazil from 2014 to the beginning of 2018, showed that the number of unemployed people increased 101.5% and the total number of employees decreased by 1.5%, when compared with the second quarter of 2014 and the first quarter of 2018 (13). These values change in several locations in the country (14). For example, workers in the Northeast, in the cities of Salvador and Recife, suffer more from unemployment; whereas in capitals of the South region, such as Curitiba and Porto Alegre, these values are lower (15).

Unemployment ends up following a certain pattern, that is, it affects more and more women, young people and citizens without complete high school (15). For Hirata, there is an intersection between the precariousness of work and the family, which are inseparable topics, and the harshest consequences lead families to undignified conditions, without housing and food (16). Consequently, violence only tends to increase in its various facets.

Regarding education, the levels identified in the our study were considered low, which is in line with the inequalities present in the country, since completing high school is a privilege for those who do not need to work during their youth as a guarantee of sustenance (18).

According to data from the National Continuous Household Sample Survey (Continuous PNAD), in 2018, 48.1% of the population aged 25 years or older was concentrated in education levels up to complete or equivalent middle school, 27.0% had completed or equivalent high school, and 16.5% had completed higher education (19). Compared to other regions of the country, the Northeast has the highest illiteracy rate, around four times higher than that estimated for the Southern region (3.6%), where the Ferraria District is located. On the other hand, the years of study for these same regions are, respectively, 7.6 and 9.2 (19).

In a study on schooling and income distribution among those who were employed in Brazil, between 2001 and 2013, there was an increase in the concentration ratio in the income of public employees (minority sector in the our study), and in the fact that women, despite having more years of studies than men (on average 1.3 years more), have an average income 22.0% lower than that of men (20). Since our sample had a female prevalence, it is important to address the theme gender versus schooling, because some factors seem to interfere in access and search for education. However, national data show that women have on average more years of study than men (19) and that for most female figures inserted in the family, the level of education of the husband can negatively influence their education, since the structure created is the intermediation of the directions of financial income. Furthermore, dependents between 3 and 10 years of age end up preventing many women from entering the labor market precisely at this stage of life, in which they are still young and, therefore, it is observed that mothers aged 30 years or more are more easily employed, given the aging of their children and greater family stability (21).

Regarding skin color, those who declare themselves "white" (63.5%) prevailed in our study. That fact, despite the limitation stemming from self-declaration, is somewhat predictable by virtue of the strong European descent in the south region of the country, in general. Several studies seek to analyze the association between skin color/race and varied outcomes, such as income and education, for example. Despite the low schooling and income found here, these

findings are commonly attributed to brown or black population (23).

In the context of health status, what drew attention in the collected data was the high prevalence of hypertensive individuals (42.0%). Even though untreated hypertension may aggravate heart diseases, most individuals did not report having heart conditions (81.0%) (24). Regarding the occurrence of stroke, 30.0% of the answers were affirmative, which may be another indication of association with reported hypertension. Interestingly, despite the proven contribution of bad life habits in this process, the only explanatory variable was the high frequency of cigarette smoke (70.0%), considered as one of the most serious public health problems in the world, mainly affecting the low- and middle-income population (25). The practice of physical activity, which is a protective factor (26), was reported by 70.0% of the sample, which generates some controversies regarding the findings and leads to escape from the sedentary condition. In the research conducted by Gualano and Tinucci (27), modernity is the pivot of food and everyday changes, especially due to the technological rise, which corroborated so that physical activity would become less and less practiced.

In a study by Silva et al. (28), in which a socioepidemiological profile of families assisted by the family health strategy was identified, and a high prevalence of hypertensive patients was also identified, the authors concluded that this condition was associated with bad lifestyle habits, such as poor diet and sedentary lifestyle. Galvão and Soares (29), in a literature review, analyzed the prevalence of hypertension and associated factors in adults and pointed out that a sedentary lifestyle and lower schooling were related to hypertension. When considered that part of the residents of Ferraria are more vulnerable financially and in terms of schooling, it is assumed that they may be more likely to develop hypertension.

The prevalence of women in our sample may also be associated with the rate of positive responses to the presence of osteoporosis (29.0%). Therefore, we consider essential to target strategies aimed at improving the health condition of this part of the population.

Considering housing conditions, it is neces-sary to reflect on the heterogeneous character of the locality, since 166 (44.5%) individuals indicated that they were "satisfied" and 99 (26.5%) "very satisfied." Data indicate that sanitary sewage is present in 64.0% of households in Campo Largo (6), however, this value is lower when compared with neighboring cities, such as Araucaria, which has 83.3% (30), which can be considered when analyzing the level of satisfaction with housing. São José dos Pinhais, a municipality in the metropolitan region of Curitiba, has 90.1% sewage (31).

Another interesting aspect refers to the expansion of the urbanization of public roads, which would guarantee a certain quality of life on the part of residents and visitors in the area of displacement, especially Ferraria, a place with very rough terrain. Campo Largo has a 31.0% urbanization rate, a value that is close to Araucaria (37.8%) (30).

However, there are some reasons why residents reported satisfaction despite some precariousness. For example, good safety is a prominent factor, since the higher concentration of responses was between "always" and "sometimes", both during the day and at night.

The limitations of our study are related to the self-application of the questionnaires. The failures, in this case, result from problems during filling out, doubts that the researchers did not report during the conference at home by the researchers, and to memory bias and diagnostic suspicion, which may have had some influence on the results.

CONCLUSION

The sample analyzed has a profile very similar to that of other Brazilian locations, in which there is a certain degree of satisfaction with the conditions that are presented, but there are a number of necessary improvements, such as policies to encourage employment, increased education, infrastructure improvements, and security, among others. It is noteworthy the proportion of women that are heads of family, and this fact has repercussions on family and social issues, therefore, a greater visibility in terms of attention should be given to these people.

Our study may be useful for the construction of public policies and for the definition of

strategies and actions that give priority to the most urgent demands of this community, according to the needs of citizens and influence on their quality of life.

The authors declare no conflict of interest.

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REFERENCES

1. Andersen RM. National health surveys and the behavioral model of health services use. Med Care. 2008; 46(7): 647-53.

2. Barros DS. Escolaridade e distribuição de renda entre os empregados na economia brasileira: uma análise comparativa dos setores público e privado nos anos 2001 e 2013. Rev Econ Contemp. 2017; 21(3): 1-26.

3. Malta DC, Leal MC, Costa MFL, Morais Neto OL. Inquéritos Nacionais de Saúde: experiência acumulada e proposta para o inquérito de saúde brasileiro. Rev Bras Epidemiol. 2008; 11(Sup. 1): 159-67.

4. Teixeira CF. Planejamento em saúde: Conceitos, Métodos e Experiências. Salvador: EDUFBA; 2010.

5. Viacava F. Informações em saúde: a importância dos inquéritos populacionais. Ciênc Saúde Coletiva. 2002; 7(4): 607-21.

6. Instituto Brasileiro de Geografia e Estatística (IBGE). Censo Demográfico. Campo Largo [Internet]. Rio de Janeiro: IBGE; 2010 [Acesso em 06 maio 2020]. Disponível em: https://cidades.ibge.gov.br/brasil/pr/campo-largo/panorama

7. Prefeitura Municipal de Campo Largo. Conselho Municipal de Desenvolvimento Urbano e Meio Ambiente. Secretaria Municipal de Desenvolvimento Urbano. Plano Diretor do Município de Campo Largo 2016-2026. Processo de Revisão 2015 [Internet]. Campo Largo; 2015 [Acesso em 10 jul 2019]. Disponível em: http://planodiretor.campolargo.pr.gov.br

8. Roncalli AG, Silva NN, Nascimento AC, Freitas CHSM, Casotti E, Peres KG, et al. Aspectos metodológicos do Projeto SBBrasil 2010 de interesse para inquéritos nacionais de saúde. Cad Saúde Pública. 2012; 28(Supl): s40-s57.

9. Cavenaghi S, Alves JED. Mulheres chefes de família no Brasil: Avanços e desafios [Internet]. Rio de Janeiro: Escola Nacional de Seguros; 2018 [Acesso em 27 mar 2020]. Disponível em: https://www.ens.edu.br/arquivos/mulheres-chefes-de-familia-no-brasil-estudo-sobre-seguro-edicao-32_1.pdf

10. Afonso LE, Pereda PC, Franco S. O salário mínimo como instrumento de combate à pobreza extrema: estariam esgotados seus efeitos? Econ Apl Ribeirão Preto. 2011; 15(4): 559-93.

11. Saboia J, Hallak Neto J. Salário mínimo e distribuição de renda no Brasil a partir dos anos 2000. Econ Soc. 2018; 27(1): 265-85.

12. Instituto Brasileiro de Geografia e Estatística (IBGE). Censo Demográfico. Família e Domicílios [Internet]. Rio de Janeiro: IBGE; 2010 [Acesso em 05 jun 2020]. Disponível em: https://www.ibge.gov.br/estatisticas/sociais/populacao/9662-censo-demografico-2010.html?edicao=14881&t=sobre

13. Pochmann M. Desempenho econômico e conjuntural e a situação recente do trabalho no Brasil. Rev NECAT. 2018; 7(13): 11-27.

14. Carvalho IMM, Fernandes CM. Vulnerabilidade ocupacional e social nasgrandes metrópoles brasileiras. Cad Metrop. 2018; 20(43): 797-822.

15. Moretto AJ, Proni MW. O desemprego no Brasil: Análise da trajetória recente. Revista Economia e Desenvolvimento. 2011; 10(1): 7-29.

16. Hirata H. Tendências recentes da precarização social e do trabalho: Brasil, França, Japão. Cad CRH. 2011; 24: 15-22.

17. Chesnais JC. A violência no Brasil: causas e recomendações políticas para a sua prevenção. Ciênc Saúde Coletiva. 1999; 4(1): 53-69.

18. Instituto de Pesquisa Econômica Aplicada. Atlas do Desenvolvimento Humano no Brasil [Internet]. Rio de Janeiro: PNUD, IPEA; 2013 [Acesso em 23 mar 2020]. Disponível em: http://www.atlasbrasil.org.br/2013/pt/perfil_m/4499

19. Instituto Brasileiro de Geografia e Estatística (IBGE). Pesquisa Nacional por Amostra de Domicílios Contínua – PNAD Contínua [Internet]. Rio de Janeiro: IBGE; 2018 [Acesso em 20 maio 2020]. Disponível em: https://www.ibge.gov.br/estatisticas/sociais/trabalho/9171-pesquisa-nacional-por-amostra-de-domicilios-continua-mensal.html?=&t=downloads

20. Barros MBA. Inquéritos domiciliares de saúde: potencialidades e desafios. Rev Bras Epidemiol. 2008; 11(Sup. 1): 6-19.

21. Ramos L, Águas MFF, Furtado LMS. Participação feminina na força de trabalho metropolitano: o papel do status socioeconômico das famílias [tese]. Ribeirão Preto: IPEA, 2011. 17 p.

22. Santos MO. Reescrevendo a história: imigrantes italianos, colonos alemães, portugueses e a população brasileira no sul do Brasil. Revista Tempo e Argumento. 2017; 9(20): 230-46.

23. Abramowicz A, Gomes NL. Educação e raça - Perspectivas políticas, pedagógicas e estéticas. Belo Horizonte: Autêntica; 2017.

24. Luo D, Cheng Y, Zhang H, Ba M, Chen P, Li H, et al. Association between high blood pressure and long term cardiovascular events in young adults: systematic review and meta-analysis. BMJ. 2020; 370: m3222.

25. World Health Organization (WHO). Tobacco [Internet]. Geneva: WHO; 2019 [Acesso em 21 abr 2020]. Disponível em: https://www.who.int/news-room/fact-sheets/detail/tobacco

26. Bricca A, Harris LK, Jäger M, Smith SM, Juhl CB, Skou ST. Benefits and harms of exercise therapy in people with multimorbidity: A systematic review and meta-analysis of randomised

controlled trials. Ageing Res Rev. 2020; 63: 101166.

27. Gualano B, Tinucci T. Sedentarismo, exercício físico e doenças crônicas. Rev Bras Educ Fís Esporte. 2011; 25: 37-43.

28. Silva Junior MG, Pinheiro DN, Rodrigues HDI. Perfil socioepidemiológicodas famílias atendidas em uma Estratégia de Saúde da Família. Rev G&S.2015; 6(3): 2525-37.

29. Galvão RRS, Soares DA. Prevalência de hipertensão arterial e fatores associados em adultos: Uma revisão na literatura brasileira. Rev APS. 2016;19(1): 139-49.

30. Instituto Brasileiro de Geografia e Estatística (IBGE). Censo Demográfico, 2010. Araucária [Internet]. Rio de Janeiro: IBGE; 2010 [Acesso em 06 maio 2020]. Disponível em: https://cidades.ibge.gov.br/brasil/pr/araucaria/panorama

31. Instituto Brasileiro de Geografia e Estatística (IBGE). Censo Demográfico, 2010. São José dos Pinhais [Internet]. Rio de Janeiro: IBGE; 2010 [Acesso em 06 maio 2020]. Disponível em: https://cidades.ibge.gov.br/brasil/pr/sao-jose-dos-pinhais/pesquisa/23/24304