



PROFILE OF STUDENTS ADMITTED TO HEALTH SERVICE AT UNIVERSITY

Perfil de estudantes acolhidos em um serviço de saúde na universidade

Perfil de estudiantes de un servicio de salud de la universidad

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ABSTRACT

Objective: To characterize the sociodemographic and clinical profiles of students admitted to a health service. **Methods:** Descriptive and retrospective study based on the analysis of medical records of students enrolled at the Federal University of São Paulo who used the health services between 2011 and 2015. The following variables were used to identify students' sociodemographic and clinical profiles: sex, gender, age, occupation, type of housing, tobacco consumption, preexisting disease and reason for using the service. **Results:** a total of 457 medical records were eligible; most participants were women (n=318, 69.6%), aged 20 to 29 years, lived with their families (n=304, 66.5%), were cisgender (n=455, 99.5%) and worked. The reasons for seeking the health service included the need to be referred to a specialist, admission and assessment, and psychosocial complaints, although 72% (n=330) of the participants did not have preexisting diseases. **Conclusion:** The students admitted to the health service are mostly women, aged 20 to 29 years old, lived with their families and worked. Although most of the students did not present with preexisting diseases, their health complaints were related to psychosocial issues and chronic and gastrointestinal diseases.

Descriptors: Student Health Service; Health Profile; Health Promotion.

RESUMO

Objetivo: Caracterizar o perfil sociodemográfico e clínico de estudantes universitários acolhidos em um serviço de saúde. **Métodos:** Trata-se de um estudo descritivo e retrospectivo, de abordagem quantitativa, baseado na análise de prontuário de estudantes matriculados na Universidade Federal de São Paulo e que utilizaram os serviços de saúde entre os anos de 2011 e 2015. Foram utilizadas as variáveis: sexo, faixa etária, estado civil, curso, ocupação, tipo de moradia, consumo de tabaco, existência de doença pré-existente e motivo da procura pelo serviço. **Resultados:** Foram elegíveis 457 prontuários, sendo a maioria do sexo feminino (n=318, 69,6%), de 20 a 29 anos, residentes com seus familiares, cisgênero e atuantes no mercado de trabalho. Quanto ao motivo do acolhimento, apesar de 72% (n=330) não possuir doenças preexistentes, metade dos estudantes solicitaram encaminhamento para médico. **Conclusão:** O estudo evidenciou que a maioria dos estudantes que procuraram os serviços de saúde eram do sexo feminino (n=318, 69,6%), cisgênero (n=455, 99,5%), que cursavam Letras ou Pedagogia (n=214, 46,8%), residentes com suas famílias (n=304, 66,5%), sem doença preexistente (n=330, 72,2%) e, quando presentes, as principais queixas estavam relacionadas a questões psicossociais, doenças crônicas e gastrointestinais. O estudo elucidou importantes características desse "novo" estudante universitário, trazendo elementos relacionados à saúde que podem contribuir na elaboração e avaliação das políticas de assistência estudantil vigentes.

Descritores: Serviços de Saúde para Estudantes; Perfil de Saúde; Promoção da Saúde.



RESUMEN

Objetivo: Caracterizar el perfil clínico y sociodemográfico de estudiantes universitarios de un servicio de salud. **Métodos:** Se trata de un estudio descriptivo y retrospectivo basado en el análisis de historiales clínicos de estudiantes matriculados en la Universidad Federal de São Paulo que han utilizado los servicios de salud entre 2011 y 2015. Para identificar el perfil clínico y sociodemográfico de los estudiantes se utilizaron las variables de sexo, género, franja de edad, ocupación, tipo de vivienda, consumo de tabaco, existencia de enfermedad preexistente y el motivo para la busca del servicio. **Resultados:** 457 historiales clínicos fueron elegibles siendo la mayoría del sexo femenino ($n=318$, 69,6%) entre 20 y 29 años, que viven con sus familiares ($n=304$, 66,5%), cisgénero ($n=455$, 99,5%) y que actúan en el mercado de trabajo. El motivo de las consultas se dieron por la necesidad de la indicación para un especialista, la acogida y la evaluación, y quejas psicosociales a pesar del 72% ($n=330$) no tener enfermedades preexistentes. **Conclusión:** En el perfil de los estudiantes asistidos en el servicio de salud predominan mujeres en la franja de edad entre 20 y 29 años, que viven con sus familias y actúan en el mercado de trabajo. A pesar de la mayoría no referir enfermedades preexistentes, habían relaciones de estas con aspectos psicosociales, enfermedades crónicas y gastrointestinales.

Descriptor: Servicios de Salud para Estudiantes; Perfil de Salud; Promoción de la Salud.

INTRODUCTION

Over the last two decades, there have been intense changes in the Brazilian higher education. In public education, the increase in the access was prioritized through the diversification of the forms of entry and the increase in the number of places in higher education, which had an intense impact on the profile of the university student. Higher education, once a stronghold of more favored socioeconomic classes, has been gradually becoming more accessible by several layers of society, which has modified the profile of the Brazilian university student⁽¹⁾.

A survey on the profile of these “new” students showed that 53.5% of them are women, 75% are in the age range of 18 to 24 years, 88.6% are single and 54% are White/Caucasian, despite the gradual increase in the percentage of Blacks and *Pardos* (mixed-race Brazilians) in the university. As for the place of residence, 55.3% live with parents/relatives and one third had a paid job⁽²⁾.

However, increasing the access to the university is not enough to guarantee the student’s permanence and the effective completion of the course. It is necessary to develop student assistance programs for students in situations of socioeconomic vulnerability, such as the National Student Assistance Program (*Programa Nacional de Assistência Estudantil – PNAES*), whose objectives are: to democratize the conditions of permanence of young people in federal public higher education; to minimize the effects of social and regional inequalities on the permanence and completion of higher education; to reduce retention and dropout rates; and to contribute to social inclusion through education⁽³⁾.

The health conditions and quality of life of the student are included in the guidelines of the PNAES. The policy focuses on housing, food, transportation, health care, digital inclusion, culture, sports, day care, pedagogical support and inclusion of students with disabilities⁽³⁾.

The PNAES actions incorporate the health promotion issue as they seek to establish a health paradigm aimed at the well-being and sustainable development by using all the opportunities available in an intersectoral way⁽⁴⁾, thus enhancing the student’s capacities and transforming the academic environment into a space that favors the adoption of healthy habits by the student community.

The Federal Universities Restructuring and Expansion Plans Support Program (*Programa de Apoio a Planos de Reestruturação e Expansão das Universidades Federais – REUNI*) expanded the access to federal public universities, with the PNAES being a tool for such expansion, especially because of the importance of public universities in the Brazilian scientific production and the international visibility of Brazil’s technological development. In this regard, knowing the profile of these students allows a better planning of the actions, making it possible to improve inclusion policies, discuss, expand and improve the distribution of resources for assistance.

Despite the increase in the number of higher education institutions in Brazil in the last decade, little is known about the relationship between the academic environment and the quality of life of the university population⁽⁵⁾. In view of the various areas related to student assistance, there is a lack of studies on the profile of the university student, especially on their entry and insertion in university life and on aspects that may interfere with their permanence⁽⁶⁾.

Further, the university is an environment that favors the implementation of health promotion policies, mainly because the individuals are in a phase of transition to adult life in which the adoption of healthy habits will have a positive impact throughout the whole period of human development. Considering that the university is an environment that integrates learning and development and influences the quality of life of its members⁽⁷⁾, health promotion initiatives in the university context can contribute to the empowerment of individuals to become autonomous in taking care of their own health and offer tools for the

exercise of citizenship and the encouragement of social participation in the formulation and maintenance of health promotion actions⁽⁷⁾. In order to do so, actions focused on health promotion should foster reflection on the way of living and socializing in the academic community envisaging a healthy environment.

Little is known about the relationship between the academic environment and the health of the university population. It is known that university life requires students to have complex cognitive and emotional skills to handle high expectations about the future, labor market pressures and frustrations that may arise in this new phase of life. This situation predisposes the students to a high prevalence of psycho-affective problems, which, in many cases, are identified late and inadequately approached⁽⁸⁾.

Thus, the present study aimed to characterize the sociodemographic and clinical profiles of users of a health service for students of a public university.

METHODS

This is a quantitative descriptive and retrospective study based on the analysis of the medical records of university students attending a health service in the period from 2011 to 2015. This period was determined because it represents the time from students' admission to the university until the completion of the course.

These students were received by the Student Support Center (*Núcleo de Apoio ao Estudante – NAE*), a department located within the university campus that was created in 2010 to meet students' assistance demands described in the PNAES. This service provided by a multidisciplinary team composed of physician, nurse, psychologist, social worker and pedagogue. In addition to working within the logic of Public Health, the service counts on the University Hospital for referring cases of medium and high complexity care and on an outpatient clinic with specialists to serve the students. The NAE works as a space for embracing and listening to students and it is aimed at providing students with a possibility of understanding/solving their socioeconomic, pedagogical, psychosocial or health problems. The students spontaneously seek the service. All cases are initially assessed and then referred to the professional that can meet the needs of the student. In addition to meeting health demands, the service coordinates the campus permanence assistance program, which aims to guarantee the permanence of socially and economically vulnerable undergraduate students through grants from the PNAES.

The service operates at the Federal University of São Paulo – Guarulhos campus, located in the suburbs of the city of São Paulo, Brazil, a region with a high vulnerability rate. The service follows the recommendations of the REUNI with regard to promoting the expansion and decentralization of higher education institutions. The socioeconomic characteristics of the university population point to a high percentage of socially and economically vulnerable students, with a monthly household income of up to two minimum wages⁽⁹⁾. The receipt of the grant allows the permanence of approximately 20% of the total enrolled students in undergraduate courses, which is above the national figure of approximately 11% of students receiving permanence grants⁽²⁾. This fact has repercussions for the health condition of the student, which demands a closer look at their health demands.

The medical records analyzed contained information collected by the professional responsible for the service. The records contained the personal identification of the user (name, address, telephone, sex, gender, age, hometown, place of residence, course and profession) and a brief description of the initial complaint and referral. The study included medical records of undergraduate students and excluded medical records of graduate students.

The following variables were used to determine the sociodemographic and clinical profile of the students: sex (male, female), gender (cisgender, transgender), age, course (Social Sciences, Literature, Pedagogy, History, Art History, Philosophy), occupation, type of housing (family's house, sorority house, others), existence of preexisting diseases, and, finally, the reason for seeking the service. These courses were chosen because they are the undergraduate courses of the campus where the research took place. After collecting the information from the medical records, the material was systematized in a spreadsheet and then underwent descriptive analysis with calculation of prevalence rates. The analysis was performed using the R software.

The research project was submitted to and approved by the Research Ethics Committee of the Federal University of São Paulo under Approval No. 1.388.092. The data were collected through the analysis of medical records; therefore, the signature of the Free and Informed Consent Form was waived.

RESULTS

In all, 457 medical records were eligible for the study. There was a 40.3% rate of loss (n=309), resulting in 766 medical records analyzed. Most of the participants were women, aged 20 to 29 years, lived with their relatives, and were cisgender.

Table I - Description of the sample according to sex, gender, course, age group and place of residence (n=457). Guarulhos, São Paulo, Brazil, 2016.

Variables		n	%
Sex	Female	318	69.6
	Male	139	30.4
Gender	Cisgender	455	99.5
	Transgender	02	0.5
Course	Social Science	96	21
	Phylosophy	58	12.7
	Hisotry	59	12.9
	Art History	30	6.6
	Literature	122	26.7
	Pedagogy	92	20.1
	Age (years)	15 – 19	12
	20 – 29	239	52.3
	30 – 39	125	27.4
	40 – 49	55	12
	50 – 59	23	05
	60 – 69	03	0.7
Place of residence	Family	304	66.5
	Sorority	109	23.9
	Other	44	9.6
Total		457	100

About half of the students do not work (n=257) and thus dedicate their time exclusively to academic activities. Of those who work (n=200), most are trainees (36.5%), followed by education professionals (32.5%) and administration professionals (11.5%).

Table II - Description of the professions of the working students (n=200). Guarulhos, São Paulo, Brazil, 2016.

Profession	n	%
Retired	01	0.5
Actress	01	0.5
Self-employed	14	7
Merchant	05	2.5
Homemaker	01	0.5
Education	65	32.5
Businessperson	01	0.5
Trainee	73	36.5
Administration	23	11.5
Informatics	02	1
Marketing/Publicity	05	2.5
Military	02	1
Musician	01	0.5
Health	04	2
Civil Servant	02	1
Total	200	100

The students reported whether they had any preexisting disease at admission. Most of them (72.2%) reported no preexisting diseases. The most reported diseases were psychosocial diseases (23%), such as depression, anxiety and panic syndrome, followed by noncommunicable diseases (NCDs), such as hypertension and diabetes (11%), and gastrointestinal diseases (10.2%), such as gastritis and irritable bowel syndrome.

Table III - Description of preexisting diseases reported by the students (n=127). Guarulhos, São Paulo, Brazil, 2016.

Preexisting Disease	n	%
Cancer	02	1.6
NCD	14	11
Skin	08	6.3
Gynecologic	11	8.7
Psychosocial	29	22.8
Heart	04	3.2
Congenital	09	7
Thyroid	06	4.7
Gastrointestinal	13	10.2
Neurologic	04	3.2
Eye	04	3.2
Musculoskeletal	11	8.7
Urologic	03	2.4
STD	09	7
Total	127	100

With regard to the reason for seeking the health service, most of the students wanted to be referred to a medical specialist (n=225) for routine consultations and/or follow-up of health treatment. Other students sought the service due to psychosocial issues (n=68) and for admission and assessment (n=68). The “admission and assessment” category included students who sought the service for admission and listening of their problems without a specific complaint.

Table IV - Description of the initial health complaint that motivated the search for the service (n=457). Guarulhos, São Paulo, Brazil, 2016.

Reason for Seeking the Service	n	%
Admission and Assessment	68	14.9
Headache	07	1.5
Smoking cessation	02	0.5
Musculoskeletal pain/injury	20	4.4
Weight loss	05	1.1
Referral	225	49.2
Stress/Fatigue	03	0.6
Pregnancy	05	1.1
Hypertension	01	0.2
Gastrointestinal complaint	10	2.2
Gynecologic complaint	09	2
Dental complaint	02	0.5
Eye complaint	03	0.6
Respiratory complaint	01	0.2
Skin complaint/lesion	17	3.7
Urologic/sexual complaint	05	1.1
Vocal complaint	03	0.6
Psychosocial issues	68	14.9
Drug use/abuse	01	0.2
Sexual violence	02	0.5
Total	457	100

DISCUSSION

Most of the students who used the service were women. The predominance of women may have occurred because the Literature and Pedagogy courses, in addition to concentrating the largest number of places, are predominantly undertaken by women. Other studies carried out with university students have also pointed out a female predominance in the search for health care^(2,10). Importantly, Brazilian sociocultural factors lead women to take better care of their health and adopt preventive habits, such as regular medical appointments.

Despite the small number of self-declared transgender students, their presence in the university raises the debate about their inclusion and respect for gender diversity. Recently, several universities have been recognizing the basic right of members of the academic community to use a social name, which is in line with the affirmative action policy recently implemented in higher education.

Work is also an important component in the analysis of a student's health. The different forms of interactions between the student and work have been classified into: the full-time student, the one who is financially supported by the family and dedicated exclusively to the studies; the student/worker, who works but is still financially dependent on the family; and the worker/student, who, in addition to not depending on the family, still contributes with the household budget⁽¹¹⁾. The overload of daily tasks has an impact on health, which triggers a number of stress-related symptoms.

A study that assessed the impact of inclusion policies adopted by the government in all the undergraduate courses showed that the number of rich students entering higher education has been decreasing, especially in courses with high demands, such as Medicine. The average household income of students enrolled in courses such as History and Pedagogy is up to 03 minimum wages, which explains the high percentage of students who need to work to stay in university or help with household expenses⁽¹²⁾. In this regard, student assistance policies provide for the permanence of the low-income student in higher education.

It is important to note that part of the students enter the university with health problems, mainly psychosocial issues, noncommunicable diseases and gastrointestinal diseases. The university admission coincides with periods of questioning about values, beliefs, autonomy, family relationships and society. Therefore, students may engage in health-risk behaviors, such as: drinking, suicide attempt, excess weight and poor eating habits, which may exacerbate preexisting conditions⁽¹³⁾. In addition, these pathologies are closely related to stress⁽¹⁴⁾, physical inactivity⁽¹⁵⁾ and the psychic suffering⁽⁸⁾ experienced at university admission.

The analysis of the health complaints that motivated the search for the service showed that most of the students sought the service requesting referral to a medical specialist. They may have done so because the public health system takes a long time to refer users to specialists. Thus, the students see the university hospital as an opportunity for faster and quality service.

Psychosocial complaints and the need for admission and assessment were also the most prevalent reasons. Regarding psychosocial issues, the students present health demands that if not met can evolve to more complex issues and impact on their quality of life and permanence in the university. A study on the profile of a psychology service targeted at university students showed that the initial complaints were related to situations experienced at the university, such as: anxiety about exams; being far from the family and establishing new relationships; problems related to the abuse of alcohol and other drugs; and depression⁽¹⁰⁾.

An analysis of indicators of vulnerability and psychological well-being in university students showed that the signs of stress, burnout, anxiety and depression in the population studied were common and more prevalent among women. Actions to minimize difficulties in the process of adjusting to university life should be carried out, such as: encouraging students to live with the family, increasing the number of psychosocial care professionals and policies aimed at women's health⁽⁸⁾.

Psychic suffering permeates all academic life and is more intense at admission and completion. In these situations, the student is faced with an unknown context full of uncertainties that are intensified at the moment they enter the labor market⁽¹⁶⁾. Given that, the health service for students is a privileged space for listening to students' demands, which favors a good relationship with the institution and the resolution of students' conditions in a personalized and individualized way.

Care is about embracing a person's demand, accompanying the person and empowering him/her to be free to choose and accountable for the treatment⁽¹⁷⁾. Health practices aimed at health promotion are based on the assumption that knowledge is built through the partnership between users and professionals and that the pursuit of health is centered on the healthy human being, both individually and collectively. Empowering people allows for greater interaction with their health status, greater awareness for decision making, and autonomy to make choices⁽¹⁸⁾.

One imitation of the present study is the fact that it was carried out with a student population from one single campus and from courses with similar characteristics, which lead to a homogenous profile of students. Another limitation was the significant loss of information due to the high number of incompletely filled records, which reduced the sample size.

CONCLUSION

The study presented the profile of students attending the health service. The students were predominantly women, aged 20 to 29 years, lived with their families and worked. Although the majority did not report preexisting diseases (n=330, 72.2%), the most common were psychosocial issues, chronic diseases and gastrointestinal diseases. The search for health care services was motivated by the need to be referred to a specialist, admission and assessment, and psychosocial complaints.

The results demonstrate that the students need a multidisciplinary health care service in which their demands can be embraced and referred when necessary. It is important to point out that the students' complaints are directly or indirectly related to the situation of stress experienced in large urban centers, such as long distances traveled by public transportation, overloading of tasks and socioeconomic difficulties. These issues have a direct impact on health and trigger or aggravate pathologies reported by the students.

This fact requires actions aimed at promoting health, such as the implementation of a healthy eating policy on campus, actions to encourage regular physical activity and cultural leisure and relaxation activities. The health team should be responsible to embrace the students' demands and be aware of environmental issues in the university and surrounding areas that can negatively impact the health of the students. Given the results found, further research on students' psychosocial complaints should be carried out. In addition, further research should focus mainly on working students, particularly those in the night shift, addressing income and living conditions.

The study elucidated important characteristics of this "new" university student and has shed light on elements related to their health that can contribute to the elaboration and evaluation of current student assistance policies.

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