

Men's feelings and emotions in the Covid-19 framing

Anderson Reis de Sousa (<https://orcid.org/0000-0001-8534-1960>)¹
 Evanilda Souza de Santana Carvalho (<https://orcid.org/0000-0003-4564-0768>)²
 Thiago da Silva Santana (<https://orcid.org/0000-0003-0987-0814>)²
 Álvaro Francisco Lopes Sousa (<https://orcid.org/0000-0003-2710-2122>)³
 Thiago Fonseca Geanizelle Figueiredo (<https://orcid.org/0000-0003-1024-8782>)¹
 Oscar Javier Vergara Escobar (<https://orcid.org/0000-0003-3158-9017>)⁴
 Tilson Nunes Mota (<https://orcid.org/0000-0001-5836-2360>)¹
 Álvaro Pereira (<https://orcid.org/0000-0003-1615-5528>)¹

Abstract *Objective: to understand how men's feelings and emotions contribute to the Covid-19 framing in Brazil. Method: Asocial-historical, qualitative study, carried out with 200 men resident in Brazil, through online search on digital platform. The grasped data were analyzed by the Collective Subject Discourse method in the light of the reference of epidemic disease proposed by Charles Rosemberg. Results: Negative feelings and anxiety prevailed due to the knowledge about the growing number of hospitalized patients and deaths from the pandemic conveyed in the news. For men, the optimism is necessary to encourage attitudes with responsibility and trust that the crisis will be overcome. Subsequently, men present a set of attitudes and behaviors for coping with the pandemic. Moreover, the acceptance signals the emergence of the fourth dramaturgical act of the Covid-19 framing. Conclusion: Men's feelings and emotions, in this historic context, pervade three of the four acts of the Covid-19 framing in Brazil.*

Key words *Pandemics, Coronavirus infections, Men's health, Masculinity, Delivery of health care*

¹ Escola de Enfermagem, Universidade Federal da Bahia. Av. Dr. Augusto Viana s/n, Canela. 40110-060 Salvador BA Brasil. anderson.sousa@ufba.br

² Universidade Estadual de Feira de Santana. Feira de Santana BA Brasil.

³ Global Health and Tropical Medicine, Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa. Lisboa Portugal.

⁴ Fundación Universitaria Juan N. Corpas. Bogotá Colômbia.

Introduction

The COVID-19 pandemic constitutes as the biggest health challenge of the 21st century, with over 6,287,771 cases confirmed across the world and over 375 thousand deaths on June 01¹. As a new virus, with a high rate of transferability, it was not possible to determine effective containment measures and, with this, there was a rapid spread by several countries reaching the status of a pandemic. This situation led to multiple impacts, affecting the world population individually and collectively, being regarded as a Public Health Emergency of International Concern (PHEIC). Thus, concerning the collective dimension, the pandemic has been degrading in the social, political, economic and educational spheres², mobilizing multiple human feelings and emotions.

In the current pandemic context, Brazil has suffered significantly with the impacts caused by the disease, in addition to the political and government crisis³. On May 23, 2020, Brazil occupied the second position in the distribution of cases of Covid-19 among the countries with the highest number of cases. Thus far, Brazil had already recorded over 346,398 cases of the disease. Of this total, 22,013 (6.3%) progressed to death, 182,798 (52.6%) were under research and 142,587 (41.0%) had already presented cure of the disease. When compared to the previous day, the country recorded 965 new deaths, totaling an increase of 4.6% (965/21.048). In only 21 epidemiological weeks, approximately 17,000 people died⁴.

As a social-historical phenomenon of global interest, the pandemic context emerged with the emergence of SARS-CoV-2 has been a factor influencer of structural changes in the human relations and organizations in all countries, in particular in developing countries⁵. This new history has affected the migratory flows, the chains of production, imports and exports, the existing international relations and modes of subsistence, which generate great concern, particularly regarding the scope of Agenda 2030 and the 17 Millennium sustainable development goals, coordinated by the United Nations (UN)⁴.

The diseases pose the elaboration of social-historical narratives, valid for a specific historical time, and produce depictions and images about the pandemic event usually associated with frightening, tragic and social life-crumbling events. From pandemics such as the Spanish flu (1918) and influenza H1N1 (2009), it was observed that new and dialectical representations

are put at stake and the social-historical an approach presents itself as able to explain the complexity of events historically demarcated as well as the ideas that circulate among the groups and shape their behaviors, in addition to promoting the understanding of the affective dynamics, allowing the analysis of feelings and emotions⁶.

Based on the thought of social constructionism, the social historian of medicine/health Charles Rosenberg theorizes about the pandemic processes. On this premise, the scholar, under a historiographic and multidimensional perspective, develops an analysis of the perception of the social changes generated by diseases, in particular, of the epidemics and pandemics, theorizing what he called framework⁶.

The disease, for this author, is understood as a product socially constructed as schemes that seek to explain it and classify it in an organized manner, like a “frame” or a “picture”, and implies the articulation between the individuality, negotiations, social diagnosis, unity and diversity. The framing process is cyclical and presents itself in characteristic acts that begin by “negotiation”, pervade “signification” and end with “forgetfulness”⁷.

Global data reveal the concerns and feelings experienced by the population before the news, sanitary measures to prevent the spread of the virus that have resulted in changes in daily life and in interactions derived from the pandemic⁸⁻¹⁰. A study shows that there is no selectivity for the contagion of the new Coronavirus, however the disease will impact differently due to gender, race and class markers¹¹, if intersecting as markers of social differentiation permeating the construction of masculinities¹².

The increasing morbidity and mortality in men by Covid-19 has been explained by genetic, lifestyle and behavioral factors¹³⁻¹⁵. Unfavorable situations for men’s health have been observed in scenarios with low demand for health services in primary care¹⁶. In Brazil, the expressive number of deaths, hospitalizations and severe complications caused by Covid-19 in men draw considering masculinities, social behavior and lifestyle in studies on the pandemic framing¹⁷.

We assume that the pandemic provokes, in men, feelings and emotions that are part of the processes of the social-historical framing of the disease. Thus, this article was guided by the following guiding question: How do men express feelings and emotions and contribute to the Covid-19 framing? To answer this question, this study aims to understand men’s feelings and

emotions contribute to the Covid-19 framing in Brazil.

Method

A social-historical^{18,19}, qualitative study, conducted on a virtual environment with men residing in Brazil, of cisgender, transgender and non-binary gender identity. The research was operationalized during the period of quarantine and social distancing determined by health authorities in most parts of the country, due to the Covid-19 pandemic.

Men were recruited by invitation and availability of a link by e-mail, inbox invitations by Facebook, Instagram and WhatsApp. To reach the participants, the strategy adopted was the Snowball 20²⁰ consecutive recruiting and the collection was terminated by convenience upon reaching 200 men who signed the informed consent form.

The data collection was carried out between March and May 2020, and the empirical material produced by means of a semi-structured form was hosted on a digital and free platform, the Google Forms interface, and made available on social networks Facebook, Instagram and WhatsApp linked to the research group. The study adopted the security criteria of data protection and followed the criteria of the Revised Standards for Quality Improvement Reporting Excellence - SQUIRE 2.0 for guarantee of methodological rigor.

The form was composed of blocks of questions: 1 - aspects of sociodemographic, health and labor characterization; 2 - aspects related to attitudes and strategies for coping with the pandemic; and 3 - addressed the emotions and feelings that emerged during the pandemic in Brazil. The results presented in this article explored the responses of the block of questions 3.

To reach the research quality, the Consolidated Criteria for Reporting Qualitative Research - COREQ protocol was adopted. Regarding the training and qualification of the staff, this was composed of four doctors, two MSc and two undergraduate students. The form was self-applied, its fill lasted from 20 to 30 minutes and the responses were extracted and transcribed to Word document.

To determine the data theoretical saturation²¹, the research team held three rounds of discussion of the topics obtained in speeches and reproduced among the participants, observing the figures derived from the triangulation of strate-

gies of analysis, obtained from the NVIVO12 and Iramutec Software.

This study met the recommendations of Resolution 466/2012, which regulates the ethical aspects in researches with human beings, at all stages, and was approved by the Research Ethics Committee.

The analysis followed the steps of the Collective Subject Discourse (CSD) method: full transcription of the statements; separation of the fragments endowed with sense; organization of sets of fragments; identification of Key Expressions (KE) or figurative elements; junction of KE, seeking the reconfiguration of a single speech, composed of individual thoughts of subjects in the same group. Subsequently, the researchers evaluate and validate the central ideas (CI), draft and construct the speeches-summaries, naming them, i.e., assigning them the title of Collective Subject Discourse²².

According to Lefevre, the speeches-summaries, which express the social thinking, are represented by four CI, presented in the results of this study. In close articulation, the CSD interfaces with the social-historical prospect in qualitative research, as it dedicates itself to express opinions of a collectivity, in addition to observing and analyzing different verbal and gestural discourses²². In this sense, the social-historical focus and direction and of the epistemic bases of the CSD are directed to the unique understanding of the relationship of individuals and whole, enabling reflecting and refract the reality and fabric of social life^{18,23}.

Considering the need to analyze theoretically the findings in the light of the social-historical perspective, and recognizing the vast contribution presented by Charles Rosenberg in this field of knowledge, the corpus was submitted to interpretation supported by the work: Explaining epidemics and other studies in the history of medicine, which allowed framing the epidemic disease in four representative acts, namely: progressive revelation, management of randomness, negotiation of public response and subsidence and retrospection, in order to highlight the emergence of defining characteristics and elements in contexts of epidemics and pandemics⁶.

Results

The participants were in the range from 18 to 67 years, of whom 93.6% self-reported as cisgender, 47.7% gays, 38.7% *pardos*, and 22.1% black,

66.7% attended complete higher education, 72.3% lived in Northeastern states, 21.95% lived with non-elderly relatives, 67.45% of the respondents lived in brick houses, and 33.2% lived with income of approximately five minimum wages.

The feelings and emotions triggered in greater expressiveness by men during the experience of the pandemic are evidenced in the Similarity Tree in Figure 1.

The tree above has four ramifications more salient and with strong connections with its branches. These show “anxiety” in the center, mobilized by “apprehension”, “insecurity”, “restlessness”, “instability” and “fear”, which connect with all the branches ramifications in the upper right branch by “concern”, and demarcate the first and second act.

The graph leads to infer that the Covid-19 framing from the male discourse is focused on the second act, while the “anxiety” is a consequence of the knowledge about the growing number of the hospitalized and killed by the pandemic conveyed in the news.

In the upper left branch, there appear words that represent positive feelings, attitudes and coping strategies against the pandemic. For men, being “optimistic” is necessary to “encourage”-standing up with “responsibility”, in order to obtain the “confidence” to be able to overcome the crisis. This branch approaches the third framing act of the pandemic disease, while stage in which men present society with a set of attitudes and behaviors to cope with it.

The “acceptance” emerges discreetly, in a single branch, which signals the emergence of a small move to the appearance of the fourth dramaturgical act of the Covid-19 framing from the male experience in Brazil.

The gathering of speeches-summaries by men discloses similar and/or complementary senses about the feelings and emotions facing the pandemic in their country of residence. The appearance of these feelings is organized by means of four central ideas of analysis, described below.

Central idea A: act 1 – from denial to the progressive recognition

The first act characteristic of the Covid-19 framing is permeated by the fear generated by the State’s inability to manage the coping process of the pandemic in Brazil. The male discourse also stressed the concern and fear of a collapse in the Brazilian health system resulting from the pandemic of the new Coronavirus.

In the very beginning of the pandemic, I did not believe much and did not execute the actions that were being recommended, because I imagined that it was not serious and that it would not reach here nor reach me. But later on, I started to worry and fear external aspects, such as the government’s fragility in facing the pandemic in the country. I am apprehensive about the lack of rapid tests, the kind of attention provided to health professionals so that they can act safely and the ability to deal with problems that may arise during and after the pandemic. One of my biggest concerns is that there are no public health services available to assist people with COVID-19, but sometimes, as I witness so many political and governmental differences presented in the media, I start to have doubts as to whether the disease really is so serious indeed. I am afraid that the situation that Italy is going through and knowing that we already have a gigantic country, unequal and with many problems that affect the UHS, I start to worry about a possible collapse in the health system. (CSD of men residing in Brazil during the Covid-19 pandemic).

Central idea B: act 2 – perception of the problem, acceptance, explication based on the values

Due to the concern with the increased mortality from Covid-19 in Brazil, the men’s collective discourse expressed tension, fear and pain before the pandemic context, moment in which it is possible to observe the presence of the disease installed, representing the second framing act. It is observed the exercise of understanding the phenomenon and the commotion outside the witnessed scenario.

Another factor that has increased my tension and fear is the appearance of the first deaths of people caused by COVID-19 in my state. Before, I only watched it on television and now I realize that the situation is a real problem and is already affecting my locality, just as it has happened in other states. At all times, I have been informed about studies carried out by scientists and this has led me to a process of reflection in order to be able to preserve myself against the virus. Watching this scenario makes me apprehensive, and sometimes terrified, because I fear that the worst could happen and that there could be many deaths in the country. In addition, it also makes me sad that I have to witness others’ pain and not be able to help. (CSD of men residing in Brazil during the Covid-19 pandemic).

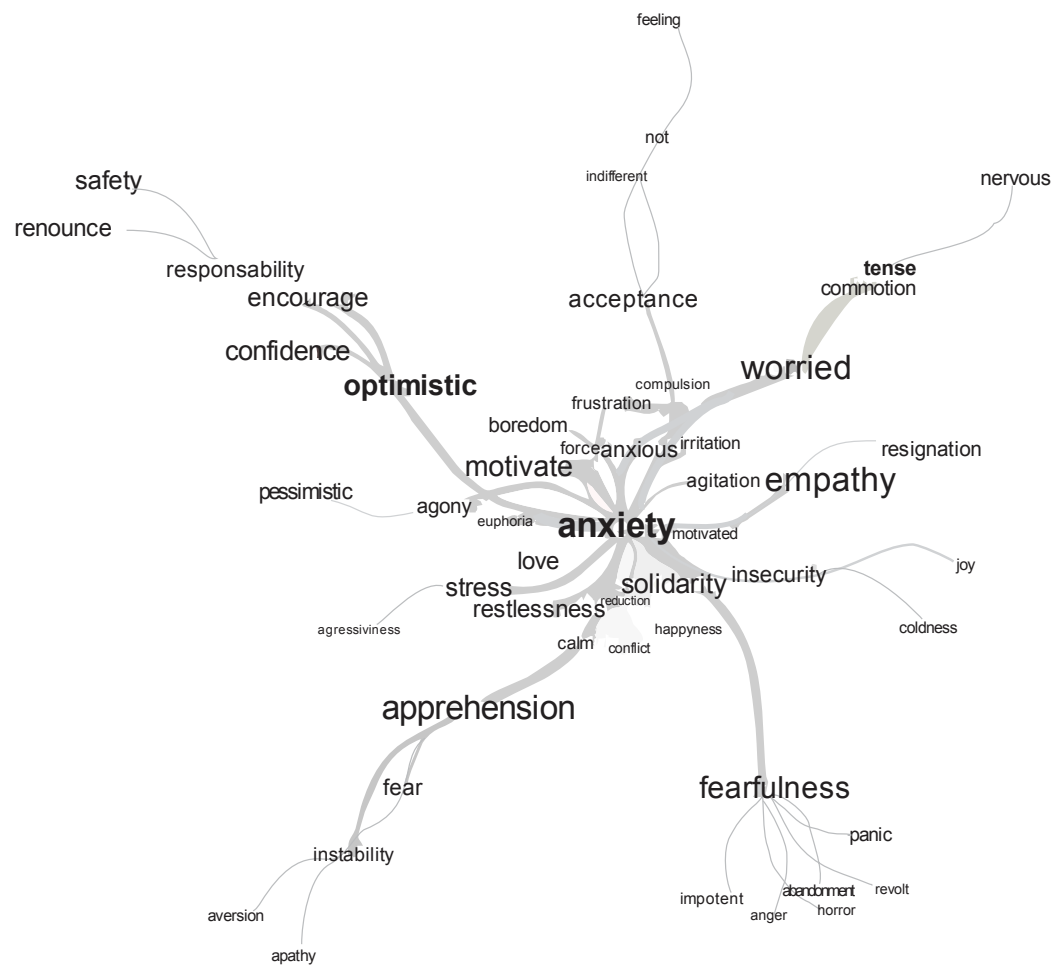


Figure 1. Similarity Tree about the feelings and emotions triggered in men before the pandemic, Salvador, Bahia, Brazil, 2020.

Source. Research data. Salvador, Bahia, Brazil, 2020.

Central idea C: act 3 – negotiation with responses, adherence and non-adherence to measures

Motivated by insecurity, fears and uncertainties in the rupture of social interactions, there emerged expressive concerns that are reflected in the attitudes in an attempt to cope with the impacts caused by the Covid-19 in the country.

I have been very concerned about the fact that I have to be isolated and unable to go out, which has

been difficult to face, after all, like other Brazilians, I really feel like doing my normal activities and being outside. I get insecure of not knowing how long I will have to be in isolation. In addition, due to the prolongation of the quarantine, I am afraid that there will be a loss in social relations, such as the increased marital conflicts, separation of couples, distancing of friends and social life, thereby affecting the Brazilian society. As a consequence of all these situations I have been living, I have tried to follow the recommendations of the Ministry of

Health and health professionals and scientists who are always pointing on television programs and on the internet and I have also tried to carry out activities that reduce stress, anxiety, loneliness, uncertainty and fear. (CSD of men residing in Brazil during the Covid-19 pandemic).

Central idea D: act 4 – retrospection/ reflection built from the experience

Considering that the research took place in the course of the epidemic progression of Covid-19 in Brazil, the process of framing the Covid-19 from men's discourses was not so consolidated. Such a scenario can occur because of a failure of this group to accept the disease. However, in some speeches, there is evidence of this act, such as the expression "acceptance", pointing to a new branch of the similarity tree, which means that this act may be reached, which constitutes the basis of the experience and the search to extract lessons to be seized by the phenomenon.

I have tried to learn from this situation and understand that it is a passing thing. I seek to carry out new activities and develop new learnings, trying to take advantage of this difficult moment. It is a moment in which I have reflected on myself, on certain social groups and on humanity, recognizing how vulnerable and fragile we are. (CSD of men residing in Brazil during the Covid-19 pandemic).

Discussion

Collecting, reporting and analyzing Covid-19 data in a disaggregated manner by gender and gender-responsive is a goal of the World Health Organization to ensure that the responses of countries are gender-sensitive. Nevertheless, the Latin American literature has no publications thus far, although epidemiological data estimate, in the near future, the Americas as the new epicenter of the pandemic. In this sense, this manuscript is a pioneer in addressing the feelings experienced by Brazilian men facing the Covid-19 pandemic.

Coping with a pandemic depends, among other aspects, on the State's action to manage the best and most consistent strategies to reduce new cases and/or eliminate the transmission. On the other hand, problems of governmental character have been evidenced countries permeated by partisan conflicts, disagreements, ministerial opposition or denial to scientific knowledge and the

distancing from sanitary measures recommended by national and international authorities. This model of masculinity expressed by the presidential figure that inspires the invincibility against the virus, the minimization of complications, violation of sanitary and prevention measures, in a certain way, can influence the understanding, acceptance and decision-making of men in coping with the pandemic, deserving to be taken into consideration.

This scenario has been identified socially and historically, as has been observed with the emergence of HIV, during the Spanish flu, yellow fever and the H1N1 epidemics⁶. In the contemporary world, in countries such as Brazil, it is possible to observe the party-political and ideological polarization in the centrality of information about the pandemic context. This behavior generates social repercussions that undermine the social and psychological well-being of the population, as occurs in the male audience. Furthermore, the previous pandemics were framed in order to observe the similarities, differences and updates evidenced in the male discourse on Covid-19, in order to enhance the understanding of the disease in the social-historical contemporaneity⁷.

Under this aspect, this study reveals, through the discourse, that men suffer negative repercussions arising from the fear experienced by the perception of the government's inability to cope with the pandemic in Brazil²⁴. The discursive fragments are more apparent in the first and second framing acts of the Covid-19 in Brazil. It is important to highlight that the concerns expressed in the speeches pervade a process of social construction of a diagnosis that is established from the social inclusion of these subjects, who are articulated in given unity and diversity, as a way of reacting to the phenomenon, of thinking and of commenting on the same and making decisions⁶.

Upon realizing the conflicts between political and health authorities of Brazil, for controlling the spread of the epidemic disease in the country, men feel worried, anxious, unhappy and hopeless, which can hinder the acceptance of the pandemic, which is expected to occur in the second act, thus preventing its progress for the subsequent acts.

The existence of uncertainty and insecurity on the part of the action of the State on the governability of actions provides the elevation of stress, anxiety and fear, these being expressive complicating factors in coping with the problem^{24,25}. Furthermore, the male discourse reveals concern with the human integrity of health pro-

professionals in the attention before the COVID-19, a situation that reflects the national panorama, which expresses a high number of professionals deceased, sick and on medical leave due to the disease in the country. Moreover, the male discourse from the first act unveils the presence of individualistic narratives, in which men little mention the collective. They explain concerns of personal and professional nature, related to work, keeping them active, social projections and, in a discreet manner, family and affection networks, which can be rooted in the construction of masculinities.

This social repercussion arising from the emergence of the Covid-19 pandemic in Brazil, in association with the government's inability to cope with the situation, is believed to be also motivated by the process of degradation of the Unified Health System, the dismantling of the public apparatus, the setback for the advancement of science and technology and the corruption that has been ravaging the country also during the pandemic period²⁶.

In this way, the act of being worried with this aspect emerged with the pandemic of the new Coronavirus has a relationship with the understanding of the surveyed men about the experience in relation to the disease. In this sense, aspects related to culture, behaviors, attitudes and responses are included, as well as how the medical organization and the institutional health assistance occur in their locus as pointed by Rosemberg in his framework⁶.

Such complicating factors has placed Brazil close to be the new epicenter of the disease²⁷ in which we experience, during the peak of the pandemic context, the presence of fraudulent and corrupt acts in bidding processes for construction of field hospitals, in purchases of medical and hospital materials, in transfer of financial resource for hiring professional health staff and the provision of emergency assistance for people in situations of high vulnerability, and who were severely impacted by the determination of quarantine and social distancing²⁸⁻³¹.

In addition to these obstacles, other challenges with focus on the subsidization of policies for coping with the pandemic and of the impacts generated by the COVID-19 in Brazil are highlighted, such as increasing the capacity of the systems of information and testing of population sample, proper formulation of health indicators and execution and gradual abolition of isolation¹.

The pandemic currently requires authorities' responsibility, commitment and transparency in

the resolution of the problems that arise daily. The discourse revealed growing concerns regarding a possible collapse in the health system unable to offer suitable conditions for a support to people affected by the COVID-19. Men fear that Brazil experience an unfavorable scenario as seen in other countries. This is a concern of almost all the countries affected by the disease, in particular those with greater fragility in the health system. In Brazil, the male discourse reveals even greater concern when considering the inequalities and the great demographic and territorial expansion of the country, which can constitute complicating factors.

Countries like Italy, Spain, United Kingdom and the USA are being devastated by the disease, whose health system does not respond satisfactorily. On the other hand, Germany featured a favorable scenario, evidenced by the flattening of the curve through preventive measures undertaken collectively. In Brazil, states like Amapá, Ceará, Manaus, Pará, Rio de Janeiro and São Paulo already suffer with the collapse of the health system⁵.

As a consequence of quarantine and social distancing determined in the country, the concerns generated in men are grounded in insecurity and fear of breakage of the interactions of affective and family sociability previously established. The discourses also uncovered concerns in the subsistence and in fulfilling their role of provider. With the breaking of bonds, the close relationship provided by the physical contact, and the network of social interaction and/or support are jeopardized. In previous pandemics, the disease framing is socially negotiated in order to ensure coping with and overcoming the epidemic disease, which includes the pandemic in an interactive system, invading various spheres of manifestations of human life⁶.

The rupture of men's everyday life in Brazil generates loss of spontaneity, discomfort, insecurity and instability, intensifies the uncertainties and perception of the inability to predict the progression of the disease and resumption of their activities. In this way, upon considering the prolongation of time of social distancing, men expose their affective, marital conflicts and difficulty to maintain the ties. The negotiations for adherence to new habits, in particular the distancing from people from their conviviality, are reflected in the significant increase of psycho-emotional disorders, self-inflicted damage, abusive use of substances and intra-family violence³²⁻³⁶.

The denial of the severity of the disease and its impacts is a pattern that repeats in the construction of the explanation of the disease by men in this study, and collaborates to enlarge the problem and prevent the process from proceeding to the second act, where an approach of the phenomenon is expected, with new representations and perceptions formulated around these experiences in order to deal with the challenges arising out of the pandemic⁶.

The acceptance, element of the second act, is forged in approximation and in the knowledge of deaths of known people or near where they reside. Nevertheless, those deaths seen in the news are part of the first act, allowing for the progressive revelation and grasp of knowledge about the disease. In this sense, upon noting the increase in mortality in Brazil, men perceive themselves affected mentally, threats to their psychological well-being, fear the mental illness, mostly motivated by confinement, restlessness, anxiety, anguish and post-traumatic stress³⁷⁻⁴⁰.

Upon being unable to travel freely across spaces of sociability, men collaborate to the disease framing, developing representations that also anchor in the feeling of powerlessness, and perception of their own inability to help people who are affected by the COVID-19, in particular those in vulnerability that live in their surroundings. This feeling of powerlessness is also associated with fear and panic before the unknown, and consequently paralyzes the subject, reducing the capacity to cope³⁹.

The fourth act described by Rosemberg consists in achieving the reflection, the recognition of the own vulnerability and changing the care culture, thus acquiring a sanitary consciousness. The difficulty of achieving this change from awareness and their own experience is related to the limitations of the scenarios of life, experiences at work, access to health care and assistance, and difficulties imposed by the overlap of iniquities, annihilations, mainly in black and poor populations⁶, based on necropolitics⁴¹ and in the political and social-historical context of pandemics⁶.

It is worth noting that, in Brazil, as well as in other countries, the most vulnerable populations have been damaged by the destructive effects of the pandemic, which, in turn, potentiate inequality, exclusion and social inequalities, this being a challenge to global security⁷. The elevation of hunger and poverty is also feared, as in the case of men in the streets, homeless, in prison situation, refugees and immigrants. For these reasons, it is crucial to establish post-pandemic remedial

measures^{42,43}, as well as review models of hegemonic masculinities compromising men's understanding about the health and disease processes, the adoption of practices of health care and the reduction of vulnerabilities by this public^{12,44}, once the masculinities have shown as a relevant marker of analysis in social-historical health phenomena as they present in an intersected way, making men vulnerable and most affected by the conditions imposed by the pandemic.

In the light of the experiences lived by men in the course of the pandemic in Brazil, in which there is a transition of the pandemic phenomenon, the emergence of new elements might be able to frame the Covid-19 from the own characteristic acts. In this sense, it is recommended to deepen the investigations on the acts at the end of the pandemic as well as in the post-pandemic phase.

Finally, the men's discourses expressed incipiently elements of acceptance, which would be directly linked to the perception of vulnerability and justification for self-care practices. The non-acceptance of the disease can be related to "not feeling vulnerable". Significant differences in beliefs and attitudes regarding gender in the Covid-19 pandemic have already been raised in a Brazilian study that shows that women perceive themselves more vulnerable to the coronavirus, thereby expressing a greater sense of self-care²⁵. In this sense, the disease framing may reveal significant differences in gender still little explored.

We recognize limitations in this research. The main one lies in the method of data production that restricts the construction of narrative about the disease and does not allow deepening aspects such as in face-to-face meetings.

Conclusion

The feelings of men surveyed in this study unveiled that the Covid-19 framing in Brazil is in evolution and bounded in three acts, its full framing is still in incipient regarding the fourth act.

The findings imply the dissemination of subsidies essential for the advance in knowledge about the disease in the country, as a way to implement health actions and public policies, which are compatible with the demarcations socially and historically presented by the population, mainly ensuring consistency, resolvability, specificity and uniqueness.

Collaborations

AR Sousa: study design, data collection, analysis and interpretation, writing and final correction; ESS Carvalho and TS Santana: data analysis and interpretation, writing and final correction; AFL Sousa: data interpretation and critical writing; TFG Figueiredo: data collection and writing; OJV Escobar and TN Mota: data interpretation and critical writing and A Pereira: data interpretation, final writing.

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