# Life activities and nursing diagnoses of the street population

*Atividades de vida e diagnósticos de enfermagem na população de rua*

*Actividades de vida y diagnósticos de enfermería en la población de la calle*

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**ABSTRACT**
**Objective:** to evaluate performance of activities of daily living (ADLs) and to identify nursing diagnoses for people living on the streets. **Methods:** in this cross-sectional study of 52 people, data were collected between April and July 2017 using an instrument based on the Roper-Logan-Tierney theoretical model. ADLs with frequency of 40% or more were considered to be care-dependent; diagnoses were inferred using a Risner framework. **Results:** dependent ADLs were: working and playing (92.3%), dying (88.5%), expressing sexuality (76.9%), sleeping (71.2%), maintaining a safe environment (71.2 %), breathing (61.5%), eliminating body wastes (53.8%), and eating (51.9%). The most frequent diagnoses were: improved communication disposition (96%), ineffective airway clearance (94%), contamination risk (77%), and ineffective impulse control (73%). **Conclusion:** people living on the streets were found to be dependent on care in physiological, social and emotional ADLs.
**Descriptors:** Nursing Theory; Nursing Diagnosis; Homeless Persons; Activities of Daily Living.

**RESUMO**
**Objetivo:** avaliar o desempenho das atividades de vida diárias e identificar diagnósticos de enfermagem de pessoas em situação de rua. **Métodos:** estudo transversal, realizado de abril a julho de 2017, com 52 pessoas. Para coleta de dados, foi utilizado instrumento fundamentado no modelo teórico de Roper-Logan e Tierney. Foram consideradas dependentes as atividades de vida com frequência igual ou superior a 40%, para inferência dos diagnósticos utilizou-se referencial de Risner. **Resultados:** as atividades de vida dependentes foram: trabalho e distração (92,3%), morte (88,5%), sexualidade (76,9%), sono (71,2%), manter ambiente seguro (71,2%), respirar (61,5%), eliminar (53,8%) e alimentar-se (51,9%). Os diagnósticos mais frequentes: Disposição para comunicação melhorada (96%), Desobstrução ineficaz das vias aéreas (94%), Risco de contaminação (77%) e Controle de impulsos ineficaz (73%). **Conclusão:** evidenciou-se que pessoas em situação de rua possuem dependência de cuidados em atividades de vida diária relacionados a aspectos fisiológicos, sociais e emocionais.
**Descritores:** Teoria de Enfermagem; Diagnóstico de Enfermagem; Pessoas em Situação de Rua; Atividades Cotidianas.

**RESUMEN**
**Objetivo**: evaluar el desempeño de las actividades de la vida diaria e identificar diagnósticos de enfermería para personas que viven en la calle. **Métodos:** estudio transversal, realizado entre abril y julio de 2017, con 52 personas. Para la recolección de datos se utilizó un instrumento basado en el modelo teórico de Roper-Logan y Tierney. Se consideraron como dependientes las actividades de vida con una frecuencia igual o superior al 40%. Para inferir los diagnósticos se utilizó el modelo referencial de Risner. **Resultados:** las actividades de la vida dependientes fueron: trabajo y distracción (92,3%), muerte (88,5%), sexualidad (76,9%), sueño (71,2%), mantener un ambiente seguro (71,2%), respirar (61,5%), eliminar (53,8%) y alimentarse (51,9%). Los diagnósticos más frecuentes: Mejora de la disposición comunicativa (96%), Limpieza ineficaz de la vía aérea (94%), Riesgo de contaminación (77%) y Control ineficaz de los impulsos (73%). **Conclusión:** se evidenció que las personas que viven en la calle son dependientes de cuidados en las actividades de la vida diaria relacionadas con los aspectos fisiológicos, sociales y emocionales.
**Descriptores:** Teoría de Enfermería; Diagnóstico de Enfermería; Personas sin Hogar; Actividades Cotidianas.

## INTRODUCTION

Street People (SP) make up a population segment that has been considerably increasing in recent years, which is characterized by conditions of extreme poverty. It is estimated that, in March 2020, there were 221,869 SP in Brazil, with a higher concentration in large municipalities[1].

Daily, SP face challenging situations such as violence, deprivation of rights, and social stigma. This reality has a direct impact on the health and quality of life of these individuals, as it is more likely to result in chronic conditions, mental ailments, and disorders due to the use of psychoactive substance[2].

In this setting, care for SP presents itself as a challenge for health professionals and systems alike, so as to ensure accessibility to the services and equality in actions. Given the above, knowing the context of this population and identifying its particularities and deficits is one of the strategies to expand health promotion in this vulnerable group[3]. With this, Nursing stands out for participating in the provision of direct assistance to these individuals at the various

health care levels, with organized actions and work processes based on the systematization of care. By identifying the health needs of this population from the Nursing process, it is possible to establish the necessary links for the implementation of effective actions for health promotion[4].

Although other studies have addressed issues related to the health of SP, there is scarcity of evidence supported by theoretical frameworks and presenting the most frequent Nursing Diagnoses (NDs). Thus, this study provides clarification about the reality of SP and their care needs, which can directly benefit the assistance provided to this population by the multiprofessional team, since it can support the planning of individual or collective interventions at the various health care levels with the intention of favoring access to health care for these individuals.

When considering that Nursing care is influenced by the degree of dependence for Activities of Daily Living (ADLs) and that it is implemented based on a care plan, the following question arose: What is the performance degree of the activities of daily living and the Nursing diagnoses of the homeless population? Consequently, the objectives of this study were to assess performance in the activities of daily living and to identify Nursing diagnoses in street people.

## THEORETICAL FRAMEWORK

It was decided to work with the theoretical framework of the ADL model proposed by Roper-Logan and Tierney, which infers that it is the specific function of nurses to help individuals avoid, alleviate, solve, or even live with the problem situations or imbalances ( actual or potential) related to their ADLs. The model proposes 12 Life Activities: maintaining a safe environment, breathing, eating and drinking, elimination, communication, washing and dressing, controlling temperature, working and playing, mobility, expressing sexuality, sleeping, and death and dying[5].

Based on the ADL framework, it is possible to identify the most frequent NDs and those with the greatest dependence on Nursing care, which favors an integral view of the individuals and promotes better identification of the possible Nursing phenomena. Thus, using this framework becomes an important tool in directing the care plan and decision-making of the Nursing team.

## METHODS

This is a cross-sectional, exploratory and descriptive study with a quantitative approach, conducted according to the guidelines set forth in the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) tool. It was carried out from April to July 2017, in Sobral-CE, in the Specialized Reference Center for Street People (POP Center), which is a public unit of reference in serving the adult homeless population.

The study population was represented by the SP attending the POP Center, who made up an intentional non-probability sample. For sample calculation, the coordination of the POP Center was asked to inform the number of individuals who actively attended the study locus, totaling 60 participants. Therefore, the sample was calculated based on the formula for finite populations, with the following parameters: N=60; study confidence level of 95% (Zα = 1.96); sampling error of 5%; event prevalence of 50%, through which a final sample of 52 participants was calculated.

The inclusion criteria were being a user of the POP Center and aged 18 years old or over. People who were unable to participate in the interview or under the influence of psychotropic substances were excluded.

Before going to the field, the researchers underwent training guided by a PhD in Nursing professional with expertise in the theme to ensure that everyone applied the data collection instrument in a standardized manner. To conduct the interviews, the researchers relied on the collaboration of the service's employees, who directed the participants to the interview room after the meals offered on site. At this moment, the researchers introduced themselves to the individuals and clarified the research objectives. Upon expressing interest in participating, the inclusion and exclusion criteria were analyzed and, subsequently, the Free and Informed Consent Form (FICF) was signed.

During data collection, the individual interviews lasted a mean of 15 minutes with the application of a semi-structured questionnaire divided into two parts: the first included identification of the participants with socioeconomic data, while the second contained questions about 12 Life Activities, based on the Roper, Logan and Tierney model[5]. Based on the participants' answers, it was possible to assess whether the ADLs were affected or not. Those with a frequency of 40% or more were considered as dependent. Dependence means that the ADL needs supervision, intervention, or help to be performed[5]. The questionnaire also offered a space for the researcher to infer the Nursing Diagnoses (NDs) according to the life activity assessed.

The answers were categorized and tabulated in *Microsoft Excel* and, subsequently, exported to the *Statistical Package for the Social Sciences* (SPSS), version 22.0. The data were presented in the form of absolute and relative frequencies. To infer the NDs, Risner's framework[6] was used, which establishes the analysis and synthesis stages. After

identifying the needs presented by the patients, the diagnoses were listed according to NANDA-I Taxonomy II, considering the definition of the diagnosis, related factors and defining characteristics[7].

The study was developed according to Resolution 466/2012 of the Brazilian National Health Council, being approved by the Research Ethics Committee of the proposing institution.

## RESULTS

Table 1 shows the sociodemographic profile of the 52 study participants, whose mean age was 37.62 years old (± 9.8).

**TABLE 1:** Sociodemographic profile of the street people. Sobral, CE, Brazil, 2017.

| Variables | N | % |
|---|---|---|
| **Gender** | | |
| Male | 46 | 88.5 |
| Female | 6 | 11.5 |
| **Marital Status** | | |
| Married | 7 | 13.5 |
| Divorced | 13 | 25.0 |
| Stable union | 4 | 7.7 |
| Single | 27 | 51.9 |
| Widowed | 1 | 1.9 |
| **Children** | | |
| Yes | 38 | 73.07 |
| No | 14 | 26.93 |
| **Religion** | | |
| Catholic | 26 | 50.0 |
| Evangelical | 16 | 30.8 |
| Atheist | 9 | 17.3 |
| Jehovah's Witness | 1 | 1.9 |
| **Schooling** | | |
| 0-8 years | 28 | 53.84 |
| 9-11 years | 21 | 40.39 |
| More than 12 years | 3 | 5.77 |
| **Employment contract** | | |
| Active | 10 | 19.2 |
| Inactive | 42 | 80.8 |
| **Income** | | |
| Up to 1 minimum wage | 49 | 94.23 |
| Up to 2 minimum wages | 3 | 5.77 |
| **Origin** | | |
| Fortaleza | 8 | 15.39 |
| Sobral | 19 | 36.54 |
| Macro-region of Sobral | 16 | 30.77 |
| Other states | 9 | 17.30 |

Source: Research data.

The following stand out among the factors that motivated them to live in the street: family conflicts (n=34, 65.39%), abusive use of drugs (n=12, 23.07%) and unemployment (n=6, 11.54%). When assessing how long they had been living in the street, there was predominance of up to six months (38.47%) and over four years (28.84%). It was found that 47 (91.40%) participants wanted to change their socio-economic situation and get off the streets, and the same percentage stated they were satisfied with the assistance from the professionals at the POP Center. Regarding the care provided by the health services, 36 (69.20%) participants assessed it as good and resolute.

Table 2 presents the ADLs according to dependence to perform them.

**TABLE 2:** Classification of the street people's dependent and independent Activities of Daily Living. Sobral, CE, Brazil, 2017.

| Activities | Dependent n(%) | Independent n(%) |
|---|---|---|
| **Maintaining a safe environment** | 37 (71.2) | 15 (28.8) |
| **Communication** | 22 (42.3) | 30 (57.7) |
| **Breathing** | 32 (61.5) | 20 (38.5) |
| **Eating and drinking** | 27 (51.9) | 25 (48.1) |
| **Elimination** | 28 (53.8) | 24 (46.2) |
| **Washing and dressing** | 19 (36.5) | 33 (63.5) |
| **Temperature** | 10 (19.2) | 42 (80.8) |
| **Mobility** | 17 (32.7) | 35 (67.3) |
| **Working and playing** | 48 (92.3) | 04 (7.7) |
| **Expressing sexuality** | 40 (76.9) | 12 (23.1) |
| **Sleep** | 37 (71.2) | 15 (28.8) |
| **Death and dying** | 46 (88.5) | 06 (11.5) |

Source: Research data.

The ADLs that showed the greatest dependence were as follows: working and playing, death and dying, maintaining a safe environment, sleeping, expressing sexuality, eating and drinking, elimination, and breathing. The NDs are presented in Table 3, divided according to the ADLs.

**TABLE 3:** NANDA Nursing diagnoses present in street people. Sobral, CE, Brazil, 2017.

| | Nursing Diagnoses | n | % |
|---|---|---|---|
| **Maintenance of a safe environment** | (00174) Risk for compromised human dignity | 28 | 53 |
| | (00043) Ineffective protection | 17 | 32 |
| | (00171) Readiness for enhanced religiosity | 4 | 7 |
| | (00138) Risk for other-directed violence | 2 | 3 |
| **Communication** | (00157) Readiness for enhanced communication | 50 | 96 |
| | (00058) Risk for impaired attachment | 31 | 59 |
| | (00052) Impaired social interaction | 15 | 28 |
| **Breathing** | (00031) Ineffective airway clearance | 49 | 94 |
| | (00032) Ineffective breathing pattern | 15 | 28 |
| **Eating and drinking** | (00180) Risk for contamination | 40 | 77 |
| | (00002) Imbalanced nutrition: less than body requirements | 31 | 60 |
| | (00163) Readiness for enhanced nutrition | 15 | 29 |
| **Elimination** | (00016) Impaired urinary elimination | 24 | 46 |
| | (00011) Constipation | 25 | 48 |
| **Washing and dressing** | (00247) Risk for impaired oral mucous membrane integrity | 13 | 25 |
| | (00214) Impaired comfort | 10 | 19 |
| **Mobility Working and playing** | (00085) Impaired physical mobility | 13 | 25 |
| | (00222) Ineffective impulse control | 38 | 73 |
| | (00052) Impaired social interaction | 29 | 56 |
| | (00188) Risk-prone health behavior | 22 | 42 |
| | (00097) Decreased diversional activity engagement | 18 | 35 |
| | (00207) Readiness for enhanced relationship | 17 | 33 |
| | (00054) Risk for loneliness | 6 | 11 |
| **Expressing sexuality** | (00065) Ineffective sexuality pattern | 29 | 69 |
| | (00059) Sexual dysfunction | 18 | 35 |
| **Sleep** | (00198) Disturbed sleep pattern | 28 | 54 |
| | (00214) Impaired comfort | 26 | 50 |
| | (00136) Grieving | 27 | 52 |
| | (00147) Death anxiety | 21 | 40 |
| | (00150) Risk for suicide | 19 | 36 |

Source: Research data.

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As frequent NDs, it was possible to identify the following actual problems: Readiness for enhanced communication (96%), Ineffective airway clearance (94%) and Ineffective impulse control (73%). Among the risk NDs, Risk for contamination (77%) stood out. Seven NDs were of risk, 19 represented actual problems, and four were related to health promotion.

## DISCUSSION

In this study, it was possible to identify a predominant profile of single men with a mean age of 37.62 (±9.8) years old and with zero to eight years of study. These data are similar to the results of studies conducted in Pernambuco, São Paulo and Porto Alegre, as well as in other countries such as the United States and Ethiopia, whose samples were represented mostly by single men with low schooling who live in urban centers and in extreme poverty[2,4,8,9,10]. Thus, it is up to Nursing to pay attention to issues that permeate the men's health among SP, since SP is mostly made up of men.

Most of the individuals reported spiritual beliefs with attachment to faith and to a higher being to cope with the adversities encountered in daily life. Attachment to faith generates strength, hope, and happiness because this action reinforces the positive feelings that people have about themselves. Spiritual beliefs and hope are fundamentally important coping mechanisms that can contribute to the self-care of SP[4]. These data also reveal the importance of evaluating spiritual components in future research studies, in order to assess the influence of these factors on coping with the process of living in the street.

It was also verified that the mean time living in the street was between six months and four years, and that the main motivating factors were family conflicts, drug abuse and unemployment. A study conducted in Colombia with 60 SP evidenced that the main causes of this condition are related to economic problems and vulnerable contexts such as family conflicts, situations of abuse, mistreatment, abandonment, addictions and violence[11], which corroborates the findings of this study. Thus, health professionals must be aware of the social determinants that permeate the reality of each SP, to seek to ensure intersectoral, interprofessional and comprehensive assistance in order to facilitate the implementation of effective interventions that favor the mitigation of possible conflicts in the lives of these individuals and promote health and well-being.

Drug use was also one of the main reasons why the individuals were living in the street. This practice is directly associated with violence, since the need to feed the addiction leads to several problems such as robbery and prostitution. A study conducted in Uganda with 346 young drug users, including SP, identified that 46% of them were involved in violent situations where they either suffered or perpetrated the violent actions[12].

With this, it is highlighted that involvement with drugs and violence exposes the individual to situations of vulnerability and increases the risk of death. It is pertinent to implement educational actions aimed at harm reduction and at providing guidance on the risks related to the abuse of alcohol and other drugs, as well as self-care strategies that can reduce the physical and psychological impacts of these substances.

It is also noteworthy that drug use favors suicidal behavior among SP[13]. Thus, the aspects that involve mental health and the situation of chemical dependence are relevant in the Nursing care plan, in which attention must be paid to the detection of common mental disorders and to assistance in the monitoring of the affected people through support groups that can be implemented in Basic Health Units or in Psychosocial Support Centers[14].

When analyzing the performance degree of the ADLs, it was verified that the greatest need for Nursing care related to the actual NDs was linked to the interventions that improve the performance of physiological functions such as eating and drinking, elimination, breathing and sleeping, in addition to basic activities such as maintaining a safe environment, expressing sexuality, and working and playing.

In the eating and drinking life activity, the Imbalanced nutrition: less than body requirements ND was found, which is defined as insufficient intake of nutrients to meet the metabolic needs[7]. In this study, it was identified that food consumption is restricted to the meals offered at the POP Center or through donations, which do not occur frequently. Associated with this reality, SP present risk factors that potentiate malnutrition, such as alcoholism, drug use, and physical and mental illnesses, which warns as to the need for public policies to improve the nutrition of this vulnerable population[15].

A qualitative research study conducted with 122 SP in Bahia corroborates these findings by inferring that SP do not have adequate access to healthy food to ensure their basic daily need to eat. The meals provided in institutions like the POP Center are offered only from Monday to Friday. Thus, during the weekends, there is no food supply for these individuals, which leads to hunger, malnutrition, hopelessness and sadness in the face of this life situation[16]. Therefore,

it is relevant to ensure that street people have access to healthy food, since this will enable these individuals to maintain a nutrient-rich daily diet.

It is also worth noting that the life activity of eating and drinking is also influenced by oral health. A study conducted in Goiânia-GO with 120 individuals living in the street showed that 59.5% of the participants revealed difficulty to eat due to the absence of teeth or to the presence of dental problems[17]. It is up to the nurse, as a health educator, to guide the search for primary care services for dental treatment and provide guidelines on oral hygiene.

Regarding the elimination activity, one of the most prevalent NDs was Constipation, which is defined by a reduction in the normal evacuation frequency, accompanied by difficult or incomplete elimination of feces and/or elimination of excessively hard and dry feces[7]. In this study, the main related factors are lack of privacy to evacuate or inappropriate place, inadequate water intake, and irregular meals.

A study conducted in Sobral-CE with 52 SP showed that the participants spent nearly five days without evacuating, and the authors associated constipation with a deficient diet and low availability of public toilets[18]. Thus, it is necessary to ensure that SP have access to public places where they can meet their elimination needs properly, either through Reference Centers or public toilets, intended for this purpose. For this, joint action between the health and governmental sectors becomes necessary for an urban development aimed at the street population.

Regarding breathing, it was verified that most of the participants presented the Ineffective airway clearance ND, which is related to the inability to eliminate secretions or obstructions from the respiratory tract to maintain the airway clear, evidenced by the report of ineffective coughing, dyspnea, and snoring[7].

A study conducted in Boston analyzed the factors related to respiratory problems in SP and identified that behavioral factors such as drinking five or more times a week is associated with a higher risk of contracting respiratory infections. In addition, it was noted that increased transience in sleep location, defined as sleeping in more than one place in the past week, was associated with a 40% increase in the chance of nasal colonization. Daily bathing was associated with a 70% reduction in the chance of developing respiratory problems[19].

It is evidenced that public policies that enable the availability of community shelters with bathrooms would have a direct impact on the reduction of respiratory problems among people living in the street, in addition to contributing to reducing marginalization and stigmatization of this population by ensuring a healthy environment for basic life activities such as sleep maintenance and hygiene.

Regarding the sleeping activity, in this study it was observed that there is dependence on Nursing care, since many participants reported excessive use of alcohol to promote sleep, in addition to complaints such as low sleep quality related to the environment, fatigue, and daytime sleepiness. Thus, among the participants in this study, there was predominance of the Disturbed sleep pattern ND, which is defined as: awakenings for limited time due to external factors[7].

Inadequate sleep can be associated with negative effects on health status with a reflection on mood, cognition and energy. A study conducted in João Pessoa-PB with 49 street people showed that 61.2% of the participants sleep poorly due to the lack of environments that favor sleep. The participants asserted that they often slept in squares and on sidewalks under the effects of cold, wind and rain[14].

 For this population, sleep can be interrupted by several factors such as environmental conditions related to adverse weather, since they usually sleep in open public areas, in addition to the need to be vigilant while sleeping to protect themselves against theft and lack of privacy, apart from the uncomfortable sleeping conditions[20].

Regarding the maintaining a safe environment activity, the participants reported episodes of violence and restriction of a home and, from these complaints of the interviewees, it was possible to infer the presence of NDs such as Death anxiety, Grieving, and Impaired comfort related to the sensation of insecurity they experience.

A qualitative study conducted with five SP in the Federal District revealed that these individuals have a constant feeling of fear when living in the street for not knowing what the next day will be like, if they will be alive, and if they will have something to eat, in addition to the fear of daily violent situations[21]. In this perspective, the need for social and therapeutic support for these individuals is evidenced, so as to promote adequate comfort and relief from negative feelings related to living in the street. For this moment, it becomes pertinent for the nurse to make use of the Nursing process to identify the basic care needs of each individual.

In relation to the expressing sexuality life activity, the main ND was Ineffective sexuality pattern, defined by expressions of concern about their own sexuality[7]. Although almost all the participants reported maintaining an active

sex life, with many stating they did not use condoms. Among the SP who used contraceptive methods, the male condom was reported as the main method chosen to prevent Sexually Transmitted Infections (STIs).

In contrast to these findings, a study reveals that self-care based on preventive actions was in the discourse of SP interviewed in Bahia, who asserted that it is important to use condoms and undergo routine tests for STIs[16]. Furthermore, a study conducted in Brazil with 209 street people identified a 27.8% prevalence of infection by the Human Immunodeficiency Virus, 24.9% of syphilis and 1% of Hepatitis B, which indicates the importance of providing consultations and performing preventive tests annually for this population, as well as the dissemination of knowledge about STIs through educational activities[22].

In the working and playing life activity, the Ineffective impulse control ND was identified, which is defined as a pattern of rapid and unplanned reactions to internal or external stimuli, without considering the negative consequences of these reactions to the impulsive individual or to others[7]. The situation of living in the street contributes to stigmatization of these individuals as aggressive and drug users[23], which hinders participation and social interaction, as well as inclusion in work environments.

The social stigma and the marginalized identity by the condition of living in the street can contribute to the feeling of inability of these individuals, which directly affects their relationship with work and socialization[24]. Thus, the difficulties of socializing related to work, unemployment, or weak bonds make up the set of factors that lead them to and keep them in the street.

There are almost no formal job opportunities for people with no fixed address, even if they are competent for the job. A Systematic Review pointed out that it is common for SP to survive by watching cars, collecting garbage, or begging for money in the street[25]. Therefore, the need to involve governmental, legal and industrial sectors to create employment and income opportunities for SP is highlighted, which will contribute to reducing the number of individuals living in the street due to the increase in the possibilities of better living conditions.

It is also necessary to promote and expand access to care, treatment, rehabilitation and support centers for mental disorders and substance use, with greater integration across the various levels of mental health care, so as to provide opportunities to meet the needs of street people to promote harm reduction and facilitate their social reintegration[10].

Thus, it is believed that this study provides substantiated support for the Nursing practice and for other professionals and researchers with an interest in the topic proposed. In addition to that, it brings with it the application of a theoretical model unique to Nursing in SP and proposes results that represent this population group. Thus, it can serve as a basis for interventions that seek to provide effective, humanized, and qualified care that contemplates the particularities of this vulnerable population.

**Study limitations**

As a study limitation, the sample composition stands out for having comprised only street people who attended the POP Center. Therefore, the findings may not correspond to the reality of the people not treated in these services. The scarcity of productions grounded on theoretical frameworks and aimed at this population group was also a limitation.

**CONCLUSION**

This study highlights that SP have care dependence in activities of daily living that relate to actual Nursing diagnoses, which reflect physiological, social, and emotional problems. These findings translate the need for immediate and long-term interventions, aimed at ensuring access to health services and multiprofessional assistance.

As case managers, Nursing professionals must explore new ways to ensure basic and preventive care for SP. Therefore, there is a need for integration between health services and support programs available in the community. Strategies aimed at devising an individualized care plan and longitudinal monitoring can benefit the provision of information, adherence to treatment, and improvement in the quality of life of this population.

The results indicate that, although there are public policies for SP, access to the services and adherence to health practices remain limited. Therefore, the importance of strengthening and integrating assistance, management, teaching and research services is emphasized, so as to expand spaces for discussion on effective ways to reduce social inequalities in this population group and to identify effective ways of social reintegration and permanent reconstruction of these individuals' lives.

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