

## Dentists' perceptions and attitudes towards emergency care for women in situations of violence: a scope review

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**Abstract** *The purpose of this study was to evaluate, through a scope review, studies that address the perceptions and attitudes of dentists regarding the care of women in situations of violence. Using the descriptors women violence, dentist attendance or dentist care, 473 articles were identified, of which 13 were included at the end of the selection process. Although the need for training was predominant, it was not sufficient. There is a weakness in understanding violence as a health problem, in understanding the role of the professional in solving this problem, and the factors that can contribute to its growth or its control. The results revealed that the dentist had greater difficulty than other professionals in coping with the issue and required extensive training. The recognition of these cases of abuse by the dentist requires the incorporation of educational measures that cause cultural changes, deconstruction of gender norms and the denaturalization of this social phenomenon.*

**Key words** *Violence against women, Dentist, Scope review*

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## Introduction

The Declaration on the Elimination of Violence against Women<sup>1</sup>, proclaimed by the United Nations General Assembly, in article 1, defines violence against women as “any act of violence based on gender that results in, or may result in, physical, sexual or psychological harm or suffering for women, including the threats of such acts, coercion or arbitrary deprivation of liberty, occurring either in public or private life”.

It is a phenomenon that has taken on alarming proportions in the world and is considered an international public health problem and a violation of the human rights. A study led by WHO<sup>2</sup> reviewed data from 80 countries and found that approximately 30% of women experience physical and/or sexual violence by an intimate partner at least once in their lives. In Brazil, according to the Notifiable Diseases Information System (*Sistema de Informação de Agravos de Notificação - SINAN*), of the total number of reports of violence in 2017, 71.8% were made by women<sup>3</sup>. Gender is one of the most significant social determinants of health outcomes; however, the global health community is largely blind to it<sup>4</sup>.

There is a consensus in the literature that women in situations of violence are present in the health system; however, in most cases, violence itself will not be detected by health professionals in their practices<sup>5</sup>. In this sense, both the professional and the health system and the educational institutions that train them are essential in responding to violence against women<sup>6,7</sup>.

In emergency or emergency care hospitals, oral and maxillofacial surgeons are part of the medical team that cares for patients with trauma in the cranial, face and neck region; thus, these professions are confronted daily with women who have experienced violence<sup>8</sup>.

Maxillofacial trauma can lead to facial disfigurement; these injuries are traumatic in the biological, social and emotional dimensions and occur most often in women<sup>9,10</sup>, especially in cases of interpersonal violence. Not infrequently, these professionals lack the knowledge and skills to receive, comprehend and listen to what these women are telling them<sup>11-13</sup>.

The literature shows that among health professionals, the dental surgeon has a good chance of identifying cases of women in situations of violence, since the dental examination involves the evaluation of the oral cavity and adjacent structures, and maxillofacial trauma is one of the main injuries observed in cases of abuse. Howev-

er, these professionals have difficulty identifying and dealing with cases of violence<sup>9-18</sup>.

Women in situations of violence impose an immense burden on the system and health professionals. In the prolonged context observed, with the COVID-19 pandemic, the obstacles may have been even greater. On the one hand, there is an increase in violence caused by the change in lifestyle due to the pandemic, and on the other hand, there is less access to health care services aggravated by the growing demand, which increases the challenges of assisting these women<sup>19-21</sup>.

Considering the role of health care in the recognition and care of women in these situations, it is of fundamental importance to conduct studies that allow the expansion of knowledge about this phenomenon, especially with regard to the performance of the dental surgeon.

In this context, the objective of this scope review was to map what has been produced in the literature on the care provided by the dental surgeon (DC) in emergency health services when assisting women in situations of violence.

## Methods

The scoping review methodology was chosen for this study because it is an approach that aims to map the scientific production that supports an area of knowledge. This mapping should include relevant studies in a field of interest and the purpose of recognizing the evidence produced<sup>22,23</sup>.

This type of review is appropriate to identify knowledge gaps, to clarify key concepts on a given topic or even, in some cases, to synthesize evidence in a more effective and rigorous manner. It has characteristics similar to a systematic review, such as systematization, transparency and reproducibility, and concomitantly recognizes the nature and extent of the scientific evidence associated with the researched topic<sup>22,23</sup>.

During the investigation, the protocol of the Joanna Brigs Institute for Scope Reviews (JBI)<sup>22</sup> was used, and the studies were selected based on the flowchart recommended by this protocol.

The research question was constructed using the Population, Concept and Context (PCC) strategy, as suggested by the JBI<sup>23</sup> protocol: *P* - population (dental surgeons); *C* - concept (attitude of the dental surgeon when assisting women in situations of violence); *C* - context (care of maxillofacial trauma in emergency hospitals for women in situations of violence).

Based on the PCC, the following research question was researched: “What has been produced in the scientific literature about the attitudes of the dental surgeon in clinical emergency care to women in situations of violence?”

The bibliographic search strategy was constructed by combining the descriptors, based on the elements of the research question (PCC): women violence AND dentist attendance OR dentist care AND dentist attitude, using Boolean operators “AND” and “OR”.

The electronic search was performed in four databases, and the strategy was the same in each: PubMed, Medline Ovid, Web of Science and SCOPUS. The studies were identified in November 2019 and exported using EndNoteX7. Duplicates were excluded with the use of software and manual identification.

No restrictions were established on the design, date of publication or language of the studies, and articles were identified from 1962 onwards.

The first selection considered titles and abstracts. The articles were selected by two reviewers (SGMP e EFF), and there was good agreement between them (Cohen’s Kappa=0.775). Then, the full articles were analysed (SGMP, EFF e AMDV) by three researchers. For the inclusion of the selected texts, the researchers opted for a consensus. The flowchart of the selection process, from the initial search to the inclusion of the selected studies, is shown in Figure 1.

The inclusion criteria that determined the selection of studies were informed by the question and objective of the study. The reviewers discussed each of the criteria agreed upon at the team meetings. The following inclusion criteria were defined: 1. Articles with available abstracts; 2. Sample/population that at least included the dentist; 3. The topic should be care for women in situations of violence, without defining the type of violence; 4. Emphasis on the care and behaviour of the dental surgeon.

To summarize the findings, the following categories were defined: (1) author, country, year of publication; (2) objective; (3) methodological aspects; and (4) results. The included studies were published from 2000 to 2018.

## Results

In this scope review, 13 articles were included. Eight were cross-sectional studies, two were qualitative studies, two were literature reviews

and one was a document analysis. With regard to the country of origin of the studies, the publications were produced in seven countries, with the highest concentration of publications in the United States (seven). Seven articles had dentists or dentistry students as their sole population. The others evaluated health professionals, and all included the dental surgeon. Regarding language, all studies were published in English. Chart 1 shows the summary of the selected articles.

## Discussion

The included studies discussed the perception and attitudes of health professionals caring for women in situations of violence. Among the 13 included, three addressed only issues of care, and the other ten discussed education and training. They encompassed the need to identify the skills and competencies of professionals but did not go far beyond technical-biological knowledge.

The idea of education, clinical experience, training and qualifications is reinforced as a solution to the identification problem, the first challenge to be faced<sup>11,15,24</sup>. The professionals themselves requested more training, especially dentists<sup>25</sup>. More efficient learning methods were tested<sup>25</sup> or the validity of protocols was discussed as a solution to the observed failures<sup>5</sup>.

Only one of the studies was conducted in Brazil<sup>26</sup>, with 111 dental surgeons, and it presents results similar to those already mentioned. The results indicate a lack of knowledge of the existing legislation, the process of identification and notification, and even the existence of forms for the process as a cause of inoperability in the face of violence. While they affirm the need for intervention, they believe they are not responsible for these activities<sup>11</sup>, even though through clinical practice, they have the opportunity to identify and recognize violence.

In one of the evaluated studies, a systematic review<sup>7</sup>, the authors question the fragility of their results, which we also consider in the present study. Some presented unclear methods, undefined sample compositions, and insufficient analyses.

However, the aspects mentioned in the present study, even as hypotheses, should be considered. In other studies<sup>11,12,17</sup>, with goals that removed them from the present study, these problems are pointed out. In contrast, in one of the studies<sup>14</sup>, 20% of the participants (n=309) reported their own experience with interpersonal

violence, and in another<sup>24</sup>, the violence was considered justifiable.

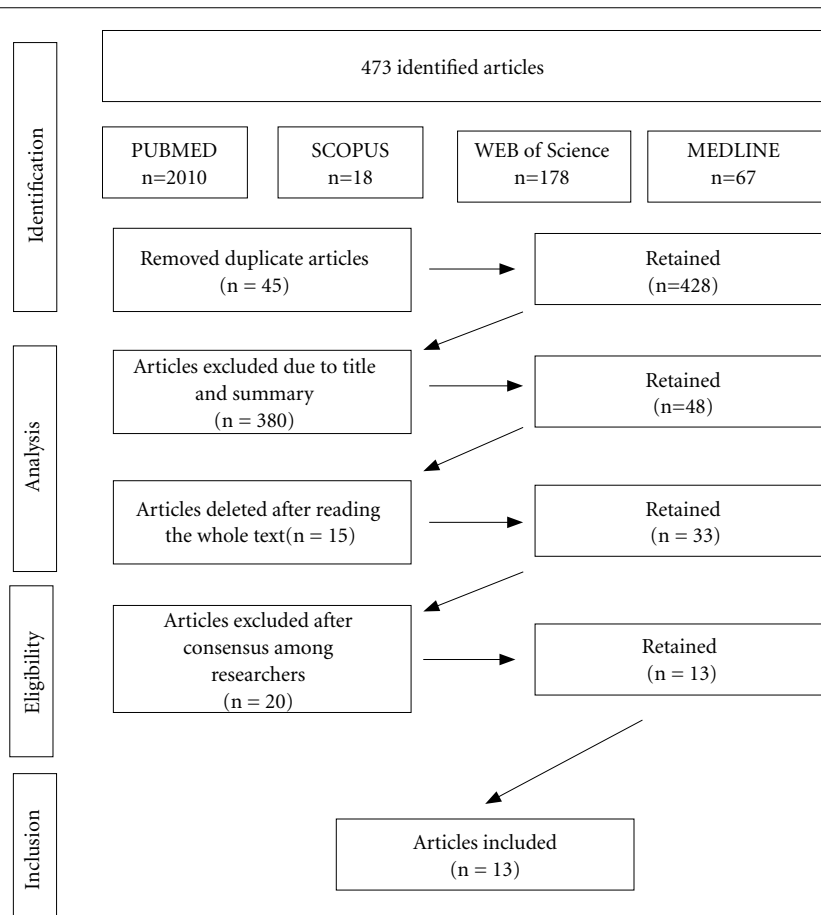
The scope review allowed us to reflect on the construction of the DCs' perception of violence against women, that it does not occur in isolation and that it should be incorporated into all aspects of the human and academic experience of this professional. Good results in the care of these women can lead to better recognition and coping with the phenomenon.

Training is necessary and urgent. This finding validates the first worldwide document of the World Health Organization<sup>26</sup> on the subject, recommending that gender issues be included in the curriculum of health professionals to ensure comprehensive health care. However, other as-

pects could, if understood, facilitate recognition of violence and confronting the problem.

The first point to be considered, which was not mentioned in any of the studies, refers to gender norms. Global data indicate associations between gender norms and health<sup>27-29</sup>. Gender norms are the spoken and unspoken rules of societies about the acceptable behaviours of girls and boys, women and men: how they should act, appear and even think or feel. How this social environment determines and/or influences the subjects may contribute to health inequities throughout life.

Women in situations of violence usually experience gender-based violence, and patriarchal and sexist norms favour gender-based violence,



**Figure 1.** Flowchart of article selection. Identification of the study and inclusion process-(PRISMA-ScR).

**Chart 1.** Summary of the articles selected in the scope review.

Author/ Country/Year	Objective	Methodological aspects	Results
Love <i>et al.</i> USA (2003) <sup>11</sup>	To examine the attitudes and behaviours of a national sample of dentists in relation to domestic violence and the barriers that DCs face in intervening and helping women in situations of violence.	Cross-sectional study, online questionnaire, random sample, population 321 CD, (11/1997 to 11/1998). Containing 60 items based on the literature about domestic violence and health care; addressed four areas: identification/protocol, evaluation, barriers to identification and reference. Response rate: 56%.	87% of the DCs never identified violence. Overall, the interventions were minimal, and 94% of the participants reported not having a printed protocol for care. Barriers to identification: presence of partner or children (77%), lack of training (68%), fear of offending patients (66%), embarrassment in bringing violence into the discussion (51%). Education/training on violence facilitated the identification and intervention of cases.
Goff <i>et al.</i> USA (2001) <sup>24</sup>	To verify whether professional training and continuing education on domestic violence is associated with the identification, treatment of cases and professional attitudes.	Cross-sectional Study. Interview by direct mail conducted with 177 dentists, 345 doctors and 84 nurses. Overall response rate was 34.4%. To characterize the population (demographic data and educational history) and evaluate the knowledge, expectations and beliefs about case identification of women in situations of violence. Analysis of the data by SPSS.	Education on domestic violence had a positive association with knowledge and about when to identify and expect results, and a negative association with beliefs. It is possible to train health professionals and increase their skills in dealing with cases of violence.
Goff <i>et al.</i> USA (2003) <sup>23</sup>	To investigate personal skills and beliefs about the identification of domestic violence by doctors, dentists and nurses.	Qualitative Study. Individual interviews (May-June/1999), with open questions about the clinician's educational experiences, practices and beliefs about how and when to make the identification, and the expectations of results in cases of domestic violence Population: 15 individuals, equally divided between doctors, dentists and nurses.	The results suggest that there is a relationship between the formal education of the clinician and his or her preparation. Need for improvement of the subject in health curricula to promote awareness, identification and change in personal beliefs about the subject. Of the three groups, dentists reported a greater need for more information on the subject.
Hendler and Sutherland Canada (2007) <sup>12</sup>	The objective of this review is to examine the prevalence and impact of domestic violence, the role of health professionals in dealing with this problem and useful interventions that can be employed to provide assistance to victims.	Literature review, dentist population. Methodology not specified.	The DC is in a strategic position to identify and intervene in cases of violence; however, they are not well trained. Among the health professionals, the DC is the one who feels less responsible to intervene in cases of domestic violence and when they do, they face several barriers, and the intervention is minimal. There is a need for interventions in continuing education in order to foster positive change in the behaviour of the DC.

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which is constructed from the inequality between men and women in interpersonal relationships, naturalized and reproduced for generations<sup>29,30</sup>.

Women often face institutional violence by health professionals, who reproduce the existing discrimination in health services. Likewise, inad-

equately information and nonwelcoming attitudes full of moral judgement are frequently reported in domestic violence investigations<sup>27,31</sup>.

In this context, this review demonstrated that the training of human resources and the professional practices of DCs are still limited and that

**Chart 1.** Summary of the articles selected in the scope review.

Author/ Country/Year	Objective	Methodological aspects	Results
Plichta USA (2007) <sup>5</sup>	Analysis of the results of research in official databases conducted in 1996-2006 on the relationship and response of the health system to women in situations of violence.	Document analysis. Population, health professionals. Analyses the results of the survey in the past decade (1996-2006) in relation to victims of intimate partner violence against women.	There is ample evidence that women in situations of intimate partner violence often use the health system. However, they are not identified by health professionals and do not receive the necessary services. Most institutions and health professionals are not prepared to assist women in situations of violence. Almost all studies based on health care environments report much higher identification rates when identification protocols are in place. There have been some pioneering efforts to change the entire system and most seem to be successful in changing knowledge and attitudes; however, studies are limited in scope and quality.
Connor <i>et al.</i> USA (2011) <sup>14</sup>	To evaluate the knowledge and attitudes of health students about interpersonal violence, as well as the extent, content and sufficiency of training to change the institution's curriculum.	Cross-sectional study, validated instrument, 77 items, (between 2007-2008), evaluating self-reported knowledge, attitudes, beliefs and behaviours. Population: 233 dentistry students and 76 dental hygiene students (University of Michigan).	Violence against women was not addressed in undergraduate programs. Graduate students received some type of training on women in situations of violence. It was found that training, exposure or personal experience before or during dental school was effective in increasing confidence and perception. Recommend changes in the undergraduate curriculum to improve the content on the subject and overcome knowledge gaps and improve skills. Note: 20% reported their own experience with interpersonal violence.
McAndrew <i>et al.</i> USA (2014) <sup>18</sup>	To test the effectiveness of an online tutorial on domestic violence in the teaching of dentistry students.	Qualitative Study, one-hour online tutorial divided into 10 modules. Recruitment conducted in 2012 enrolled 25 dentistry students in the past year (7% of a class of 358 students) who had not received didactic instruction on domestic violence for more than two years. The modules included an overview of the scope of domestic violence. An objective and validated measure (PREMIS) before and after the tutorial to determine the impact on knowledge, attitudes, beliefs and behaviours of dental students. Statistical analysis of the data.	The tutorial on domestic violence was more effective in causing significant changes in knowledge with short courses than in changing beliefs and attitudes. It was not enough. The perceptions and attitudes of the DCs are flawed in relation to the notification of intrafamilial violence, which hinders the early diagnosis of victims of this type of violence.
Garbin Brazil (2016) <sup>26</sup>	To describe the perception and attitude towards intrafamily violence among dental surgeons working in basic health units in 24 municipalities, São Paulo.	Cross-sectional, descriptive study (July/2013 to July/2014); questionnaire, semi-structured, composed of 16 subjective and 14 objective questions. Sample, 111 DCs (response rate of 37.8%). Data analysis using the statistical software Epi Info version 3.5.1.	67.5% were unaware of the existing legislation for cases of interpersonal violence; 70.0% did not know how to notify; 55.0% reported not having responsibility for the notification; 85.0% were unaware of the notification form; and 60.0% stated the need to intervene in interpersonal violence. The perceptions and attitudes of dental surgeons are flawed, which hinders the early diagnosis of victims of this type of violence.

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**Chart 1.** Summary of the articles selected in the scope review.

Author/ Country/Year	Objective	Methodological aspects	Results
Sawyer <i>et al.</i> Australia (2016) <sup>7</sup>	To evaluate the effects of educational interventions on domestic violence on the knowledge, attitudes, skills and behaviours of health professionals (AHCPs).	Study, Systematic Review. Systematic search of multiple databases until the end of May 2015. We selected studies that included educational interventions on interpersonal violence, measuring knowledge, attitudes, skills or behavioural outcomes. Studies were evaluated based on methodological quality, education, context measurement and outcome. Of the 2,757 articles, 18 were included. Population: nurses, dentists, social workers and paramedics.	The results indicate that improvements in some knowledge, attitudes, skills and behaviours are associated with education, although the lack of high quality studies indicates that the conclusions should be treated with caution.
Alalyani and Alshouib Saudi Arabia (2017) <sup>15</sup>	Identify the potential factors that influence the action of DCs in the face of domestic violence.	Cross-sectional Study-151 DCs. Self-administered and structured questionnaire using a random sample. (January/2016 to February/2016). Data analysis using SPSS22.	The result indicated that the chances of dentists' awareness and actions to care for women in situations of violence were influenced by their education, clinical experience, gender, sector of activity and qualification. The lack of training in the identification of domestic violence and embarrassment in dealing with the issue were the most common barriers. The need for continuing education promotes a change in the personal attitudes of health professionals regarding the cases.
Lea United Kingdom (2016) <sup>16</sup>	Verify the need to introduce domestic violence education into the dentistry curriculum.	Cross-sectional study; A survey of 10 questions administered to academics, specialists and seniors, in dentistry, from 14 countries, addressing the subject of Dentistry and Domestic Violence. Response rate 52%. After a video on domestic violence, the results are discussed.	Health professionals report professional responsibility in relation to domestic violence. Dental education is not adequately updated in terms of preparation of dental professionals to deal with domestic violence. More research and the development of high quality educational resources in the field are needed. Topic needs continuous discussion.
Zorjan <i>et al.</i> Slovenia (2017) <sup>31</sup>	To evaluate the relationship between the attitudes of health professionals and the actions taken in cases of domestic violence.	Cross-sectional study, convenience sampling (availability) questionnaire, evaluating, attitudes of DCs in relation to domestic violence, experience, behaviour and perceived barriers to recognition and treatment in the health sector. Population: 322 health professionals (doctors, dentists, nursing staff and others).	The results showed the important role of personal attitudes in the actions of health professionals in the face of domestic violence. Findings indicate that health professionals who believe that domestic violence is acceptable tend to respond in less appropriate ways when dealing with women in situations of violence. There is a need for educational interventions aimed at stimulating change in the personal attitudes of health professionals regarding the acceptability of domestic violence.
Parish <i>et al.</i> USA (2018) <sup>17</sup>	To evaluate the practices and attitudes of DCs in the detection of cases of domestic violence.	Cross-sectional study, national survey (November 2010 to November 2011) with 38 questions about DCs' attitudes, practices and willingness to conduct specific types of medical preventive exams, including interpersonal violence. Population 1,810 DCs. Data analysis: Stata version 12.	Most DCs (53.2%) reported no previous training, and only 2.4% reported having "excellent" knowledge. Most dentists (55.1%) did not believe that the identification of violence should be part of their professional role, and 56.5% did not know where to refer women in situations of violence. Almost none the DCs (92.9%) include a question about violence in patient histories.

Source: Authors.

this limitation begins at the undergraduate level; since the topic of violence against women is rarely introduced in curricular matrices, it continues and is reflected negatively in professional practice<sup>7,11-13,31</sup>. It is important to note that this limitation may also result from personal attitudes that lead to the nonrecognition of violence and reflect the dental health professionals' gender norms, cultural aspects, stigmas and values<sup>4,6,31-35</sup>. This result is confirmed by a study conducted with a random sample of 321 dentists from the national list of the American Dental Association (ADA), which found that the majority of respondents (71%) did not receive any type of education related to violence against women in their undergraduate programs, (77%) received training in continuing education courses, and 61% reported that they would like to have more training in this area<sup>8</sup>.

In addition to the ethical duty arising from professional training, every DC has the legal duty to act according to the specific normative guidelines in reporting violence<sup>11,24</sup>. Worldwide, commitments are made to confront violence against women, established in international conventions, declarations and treaties.

In Brazil, in the legal field, the Maria da Penha Law (Law No. 11.340/2006)<sup>35</sup> is considered by the United Nations (UN) the third-best law in the world in the fight against domestic violence; it represents an important advance because it conceptualizes this violence as based on gender, in addition to articulating elements of repression and addresses the accountability of perpetrators<sup>35</sup>.

Previously, Law no. 10,778 of November 24, 2003, established the "compulsory notification, in the national territory, of the case of violence against women treated in public or private health services"<sup>36</sup>. Law no. 11,340/2006, the result of a feminist movement motivated by a tragic act of violence by the intimate partner of Maria da Penha, has been revised and improved.

In 2019, three of these changes<sup>37</sup>, stood out: aggressors must compensate victims for costs related to health services provided by the Unified Health System (*Sistema Único de Saúde - SUS*); the judicial system made procedures for victims of domestic violence a priority; and reporting by observers, even in cases of suspected violence against women, was made mandatory. Compulsory reporting is the legal competence of health professionals who, because they are unaware of the legislation, do not consider it.

Thus, the recognition of violence against women by the DC is a legal duty that is part of

professional ethics and personal recognition. However, it was also demonstrated in this review that the legislation, by itself, is not able to impose on the DC the recognition of violence against women and cause real changes in health practices; these professionals have been shown to accept violence and consider it a social, behavioural or psychological issue, rather than a health problem<sup>12,13,24</sup>.

Given the above, an important aspect that has not yet been investigated by any of the studies in this review is verified, namely, the relationship between the legal duty imposed by law and the voluntary action of each being individually considered. Similarly, this relationship does not go unnoticed between patients and dentists, who in their daily practices are faced with cases of violence against women. Such relationships put into conflict the legal duty to act and the DC's spontaneous action in response to an individual. In this context, the following question is asked: how to compel a voluntary action not included in the legislation?

This questioning is important to investigate measures that translate effectiveness to what is provided for in the body of law, since all compliance with a rule is preceded by a free action, decision to meet the rule or not, making legislation and human action compatible. In other words, it is necessary to reconcile legislation that has at its core compulsoriness versus the power of choice and the volition given to the DC to recognize the cases observed in their professional practice. It is understood that the first is achieved by force of law, but the second is still unclear because it is related to personal freedoms, experiences and interests, belonging to the power of choice, personal discernment and the personal baggage of life that each being carries, a product of his or her family, professional, educational and social environment.

Hence, we formulated the question: "How do we reconcile volitional action with compulsory action?" To shed light on this question, we understand that without the voluntary action of admitting cases of violence, the mandatory action of fulfilling the legal duties imposed by the profession is not achieved. However, it is striking to realize that the recognition of violence against women, even before any legal provision and academic training, depends on a more sensitive, refined and detached view of empathy for others, so that the DC perceives the phenomenon of violence suffered by women and observes it physically and subjectively in consultations. Fi-



nally, the most complete, humane and sensitive training of the dental professional permeates his or her perception of the world and subjectivity with which he or she sees the neighbour as an intimate connection worthy of empathy<sup>38</sup>.

Thus, according to the Sociocultural Theory of Vygotsky<sup>39</sup>, the different psychological functions that the individual develops are constructed by understanding the perceptions of the world around him or her. In other words, logical thinking, the dialectical recollection of human development, passes through external knowledge and becomes internal. Thus, the understanding of the symbols, events and situations experienced in everyday life and the construction of opinions and logical concepts of the universe through the experiences of each individual are paramount for understanding how the perception of the world is constructed. Notably, Vygotsky mentions that emotions are also included in the functionalism of thought. The way one thinks, attributed to the environment in which one lives, also essentially encompasses the feelings and emotions of each human person<sup>38</sup>.

From this perspective, it is inferred that the training and professional practice of DCs anchored in the biomedical model prevents a dialogue between the DC and women in situations of violence.<sup>35</sup> Furthermore, as identified in the studies included in this review, the gender norms that contribute to health inequities are perpetuated throughout life, powerfully shape the attitudes of individuals, and are evidenced by direct results in training and professional practice and with negative consequences, which are important for health throughout life<sup>4,6,9,10-13,27-30,38,39</sup>.

However, even in an ideal scenario, in which the DCs would be trained and qualified to exercise care for women in situations of violence, with a worldview that would allow them to understand the problem, this would not be enough. This is one of the complex problems that cannot be solved without an interdisciplinary team. Competence, generated from the fragmentation of knowledge, cannot completely solve this problem. It is essential that teams be organized for adequate care, prevention, control and coping, to improve the quality of life of these women.

### Final considerations

In the studies analysed, there was homogeneity in the findings, with greater emphasis on the lack of training of these professionals. On the other hand, some researchers identified an absence of commitment/social sensitivity, the lack of knowledge of the expanded clinic, and the clinic's focus on the subject. Even in the face of a clear need to consider the woman in her social context, this does not occur. The practice of care differs from legal and ethical considerations.

Other aspects, although important, were not considered. The recognition of cases of violence against women by the DC requires the incorporation of educational measures that cause cultural changes. Involving the development of actions aimed at the deconstruction of stereotypes, the transformation of gender norms and the denaturalization of this social phenomenon by the DC professional and society.

## Collaborations

SGM Pereira contributed to the conception and study design, data collection, analysis, and interpretation, to the draft and the critical review of the final version of the manuscript. AA Sampaio, AMD Vargas, BSM Matoso and CJP Silva contributed to data collection, analysis, interpretation, and to critical review of the final version of the manuscript. EF Ferreira guided the study conception, design, and planning, performed data analysis and interpretation, and contributed to drafting and critically reviewing the manuscript.

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