



HEALTH AT SCHOOL: PHENOMENOLOGICAL CONTRIBUTIONS FROM THE TEACHER'S PERCEPTION

SAÚDE NA ESCOLA: CONTRIBUIÇÕES FENOMENOLÓGICAS A PARTIR DA PERCEPÇÃO DO ALUNO ADOLESCENTE

SALUD EN LA ESCUELA: CONTRIBUCIONES FENOMENOLÓGICAS A PARTIR DE LA PERCEPCIÓN DEL ALUMNO ADOLESCENTE

Ligia Cordeiro Matos Faial¹, Rose Mary Costa Rosa Andrade Silva², Eliane Ramos Pereira³, Lídia Marina do Carmo Souza⁴, Ricardo Tavares Bessa⁵, Cidllan Silveira Gomes Faial⁶

ABSTRACT

Objective: to understand the student's perception of health in school. **Method:** it is an exploratory and descriptive study, with a qualitative approach, based on the phenomenology of Maurice Merleau-Ponty, developed with 34 high school adolescents from the Fluminense Federal Institute of Bom Jesus do Itabapoana/RJ, Brazil. The students were submitted to the phenomenological interview and the data collected were submitted to thematic content analysis. **Results:** two themes emerged from the data analyzed: "The perception of health in the school 'world-of-life'" >>; << The phenomenological perception of health in school education >>. **Conclusion:** in medicine and nursing, the experience of student listening subsidized the critical reflection on health in the school, which allows its reorientation in the form of humanized and holistic care, supported by health education and the reception of young people in their process of training, supporting it in overcoming situations that threaten their full development. **Descriptors:** Perception; Adolescent; School Health.

RESUMO

Objetivo: compreender a percepção do aluno adolescente sobre a saúde na escola. **Método:** estudo exploratório e descritivo, com abordagem qualitativa, à luz da fenomenologia de Maurice Merleau-Ponty, desenvolvida com 34 adolescentes do ensino médio do Instituto Federal Fluminense, campus Bom Jesus do Itabapoana/RJ, Brasil. Os discentes foram submetidos à entrevista fenomenológica e os dados coletados foram submetidos à análise de conteúdo temática. **Resultados:** dos dados analisados emergiram dois temas, a saber:<< A percepção da saúde no "mundo-da-vida" escolar>>; << A percepção fenomenológica da saúde na formação escolar >>. **Conclusão:** na medicina e enfermagem, a experiência da escuta do discente subsidiou a reflexão crítica sobre a saúde na escola, o que permite sua reorientação nos moldes da assistência humanizada e holística, com amparo da educação em saúde e do acolhimento ao jovem no seu processo de formação, auxiliando-o na superação de situações que ameaçam seu pleno desenvolvimento. **Descritores:** Percepção; Adolescente; Saúde Escolar.

RESUMEN

Objetivo: comprender la percepción del alumno adolescente sobre la salud en la escuela. **Método:** estudio exploratorio y descriptivo, con enfoque cualitativo, basado en la fenomenología de Maurice Merleau-Ponty, desarrollada con 34 adolescentes de la secundaria del Instituto Federal Fluminense campus Bom Jesus do Itabapoana/RJ, Brasil. Los discentes fueron sometidos a la entrevista fenomenológica y los datos recogidos fueron sometidos al análisis de contenido temático. **Resultados:** de los datos analizados surgieron dos temas:<< La percepción de la salud en el "mundo-de la-vida" escolar>>; << La percepción fenomenológica de la salud en la formación escolar >>. **Conclusión:** en la medicina y enfermería, la experiencia de la escucha del discente subsidió la reflexión crítica sobre la salud en la escuela, lo que permite su reorientación en los moldes de la asistencia humanizada y holística, con amparo de la educación en salud y del acogimiento al joven en su proceso de formación, soportándolo en la superación de situaciones que amenazan su pleno desarrollo. **Descriptors:** Percepción; Adolescente; Salud Escolar.

¹Doctor, Master in Health Teaching, Fluminense Federal Institute Campus Bom Jesus do Itabapoana. Bom Jesus do Itabapoana (RJ), Brazil. E-mail: licordeiromatos@yahoo.com.br; ²Psychologist, Nurse, Philosopher, Ph.D. in Social Psychology and Nursing, Aurora de Afonso Costa Nursing School Federal Fluminense University/EEAAC/UFF. Niterói, (RJ), Brazil. E-mail: roserosauff@gmail.com; ³Nurse, Ph.D. (Post-Doctor in Nursing and Philosophy), Graduate Program in Professional Master's Degree in Nursing Care, Aurora School of Nursing Afonso Costa, Fluminense Federal University/UFF. Niterói (RJ), Brazil. E-mail: elianeramos.uff@gmail.com; ⁴Nurse, Higher Education Teaching Specialist, Master's Degree, Professional Master's Program in Health Teaching/MPES, Aurora de Afonso Costa Nursing School, Fluminense Federal University/EEAAC/UFF. Niterói (RJ), Brazil. E-mail: limarcas@oi.com.br; ⁵Psychologist, Fluminense Federal Institute Campus Campos dos Goytacazes / RJ, Master's Program, Professional Master's Program in Teaching in Health / MPES, Aurora Afonso Costa School of Nursing, Fluminense Federal University/EEAAC/UFF. Niterói (RJ), Brazil. E-mail: rtbessa@gmail.com; ⁶Professor of Physical Education, Master Professor in Biomedical Engineering, Federal Fluminense Institute - Campus Bom Jesus do Itabapoana. Bom Jesus do Itabapoana (RJ), Brazil. E-mail: cidllan@gmail.com

INTRODUCTION

Adolescence, the period between childhood and adulthood, is characterized by biopsychosocial transformations, culminating with the growth and development of the individual, lived in a way by each human being.¹

Facing the discoveries and the search for autonomy, the adolescents can belong to a group of risk, from the perceived vulnerabilities. Vulnerabilities are called aggravations to adolescent health when exposed to the influence of reality associated with the subjective and objective needs of the individuals. Tangible to this is the concept of risk, greater chance of suffering psychological and physical damages, and death in extreme cases.² In addition, there are potential social situations such as conflict in the family nucleus, death of parents or relatives near, unemployment and miserable at home, divorce from parents; having as aggravating the disarticulation of health actions directed to this public and peer influence. Therefore, they have sexual risk behavior, the spread of sexually transmitted diseases, the spread of acquired immunodeficiency syndrome (AIDS) among boys and girls, the numbers of unplanned pregnancies, the use and/or abuse of alcohol and other drugs violence.³⁻⁵

In the last decades, public policies focused on adolescent health, in the implementation of human rights as a matter of priority for children and adolescents promulgated by the Constitution, in the constitution of statutes and governmental entities for the protection of adolescent health and the enforcement of laws stand out. Among the attempts directed to the first stages of life, there is the Statute of the Child and Adolescent that regulates the protection of life and health, through public policies aimed at conditions worthy of existence, birth and development, the Adolescent Health Program, with the aim of providing young people with an integral vision of their health, Adolescent Comprehensive Health Care Standards, based on the principles of the single health system, with the aim of guiding health services in the reception of adolescents and young people. In 2007, the Federal Government established the Health in School Program with the objective of developing intersectoral actions of basic care in the educational environment and contributing to the integral formation and the emancipation of the school community. However, in practice, there is a disarticulation of these actions due to the lack

of knowledge, low adherence and lack interest of this population.^{6,8,9}

Studies recognize the educational environment as promising for the multiplication of actions to promote youth health. In this space, teens group together and share most of their day. Therefore, through educational practices, when it addresses issues of daily life of young people, provoking the active participation of students, the school allows the emancipation of its members and the community, as well as their active participation, to guarantee healthy habits and behaviors.¹⁰⁻²

In this scenario, the following question arises: how is the adolescent student's perception about the health to be developed in his school environment? The research is justified when proposing to give voice to the student who has the health experience in his educational environment. Its relevance lies in the proposition of a descriptive analysis about the student's perception of health in the school. It is believed that the apprehension of shared discourses by adolescents, senses will be revealed to support the construction of a proposal of intervention focused on the protection, prevention, and promotion of adolescent health.

OBJECTIVE

- To understand the student's perception of the health developed in the school.

METHOD

This is a descriptive exploratory study with a phenomenological and qualitative approach based on the theoretical-philosophical reference of Maurice Merleau-Ponty, a philosopher who seeks to understand man and the world from his "facticity."¹³ This is to describe the lived world as he is, judging the body, the only one capable of giving meaning to the lived world. From the lived body, all experience and wisdom of the world can be revealed, and this is through perception.

The phenomenological research was chosen to allow the unveiling of reality by understanding the human being as a field of meanings that are embodied and become human in the encounter with the other.¹³ The choice was made by the experience of the adolescent students in health in their educational environment, "to perceive how the meaning of the phenomenon occurs as it is shown."¹⁴

The study scenario was the Fluminense Federal Institute of Bom Jesus campus in Itabapoana (RJ), Brazil, which has a health

service composed of a doctor, a nursing assistant, and a dentist. Field entry occurred in March and April 2015, after approval of the project by the Ethics and Research Committee of Universidade Federal Fluminense/CEP/UFF, according to opinion n. 895,040. The inclusion criterion was students enrolled for at least one year in high school technical courses because it is believed that this experience reveals meanings. The participants of the research and their responsible, if a minor student, who voluntarily agreed to participate in the study, signed the Free and Informed Consent Term.

It was aimed to ensure ethical conduct during the whole course of this research, observing the principles of Resolution N° 466/12 of the National Health Council - Ministry of Health, which governs research involving human beings.

For the data collection, the phenomenological interview was used and the following guiding question: “Tell me what is your perception regarding health at school?” The phenomenological research uses the interview to recognize the meanings of the experiences. It described in detail with the purpose of understanding the phenomenon of the study.

Everyone was assured of the secrecy of the information and the reliability by the adoption of the letter “A,” being the initial letter of the word Adolescent, followed by a number that did not correspond to the sequence of his participation in the research.

The interviews were carried out until the obtained data revealed the essence of the phenomenon, in each one of the meetings, conferring data saturation.¹⁴ The analysis of the data occurred in three stages: the description of the phenomenon, the reduction, and the phenomenological understanding. The description is the unveiling of the lived phenomenon, manifested by language, transcribed in the form of a text for appreciation, meaning, and understanding.

Initially, the recorded discourses were transcribed, read and reread, one by one to know the experience lived, and then the reduction occurs. According to the philosopher, the reduction is to rediscover an original contact with the world, for the description of “own things,” the search for a primary sense, its essential meaning of lived experience.¹³ Reduction seeks to define, to grasp the essence of the phenomenon described.

Phenomenological understanding occurs concurrently with interpretation. From this, it

was intended to apprehend the essence of the phenomenon in the description and the reduction. Thus, the researcher captures the essence of the phenomenon of intentional consciousness as a set of units of meaning, that is, what persists in the face of the variations that appear in the data.

RESULTS

A total of 34 interviews were conducted. The study sample characteristics described adolescents aged between 15 and 20 years old, 14 boys and 20 girls. As for the race, five students were black, and the others were white. As for religion, twenty-one students reported being Catholic, eleven Evangelicals, one atheist, and one student did not refer it. As for the distribution in technical courses integrated into high school, seventeen students enrolled in agriculture and livestock; one enrolled in computer science; eight in the environment and the agroindustry, respectively.

From the analysis of the data, there is the unveiling of the students’ intersubjectivity regarding the studied phenomenon that appears in the meanings revealed and categorized: the perception of health in the school “world-of-life” and the phenomenological perception of health in school education.

DISCUSSION

In the first category, the perception of health in the school “world-of-life,” the students expressed the conflicting relationship of health actions developed in the school. Disarticulated attendance, either by the unsatisfactory number of professionals for the three shifts or by the absence of protocols, resulting in isolated and sporadic attendance, permeated by attitudes and dehumanized practices with losses in guaranteeing full care and possible disruptions to school development:

There was the sports show here at school, and my friend fell over. She hurt, she needed medical service, and there was only one nurse there, but like that [...] she did not show much interest. (A23).

Nevertheless, the lack of inputs reinforces feelings of anguish, tension, suffering and insecurity experienced by the students:

Ah! You have dipyrone! Ah! You have dipyrone! Ah! You have dipyrone! You only have dipyrone! Sometimes I needed another medication to get us to improve our situation. Sometimes you come here with a headache; you only have dipyrone. So, you have to raise the level of medications. (A31)

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People say that sometimes they come here and do not have the remedies to use. (A24)

For the students, the health service at the school is disorderly, perverse and distant from the expectations and needs of the youth school community. Indifferent, the service awakens in its clients' feelings of neglect, insecurity, and ostracism. This obeyed the regime and precepts weave in this scenario and the senses and meanings captured and internalized by the individuals involved.

The lack of acceptance and the paralysis of actions contribute to the removal of the adolescent.⁹ The manifestation of this distancing gains significance among adolescents from the risks and vulnerabilities, such as the practice of immature and insecure sex, the spread of sexually transmitted infections, the prevalence of unwanted pregnancy, the use and abuse of alcohol and other drugs, violence.^{5-7,15-17} These situations often collaborate to interrupt dreams, add suffering, anticipate responsibilities and impose an early maturation. Concurrently, the discourses reveal the hidden desire for change in the form of institutional health organization.

I think it is very important, because after all, even more in the federal institution we stay eight hours a day inside it, so often, we cannot get this help out of it. Many people who are here are housed and if anything happens it is the responsibility of the school. (A11).

These discourses express concern about mental health, stage of disorders and impairments in quality of life and school performance:

Eh! Many students have problems at home because sometimes they do not have the encouragement of the family and end up having low school performance and for this, they need psychological help, which is essential. (A29).

In the globalization world, the quest for quality of life and healthy aging resumes as a trend. In this context, health at school is revealed as a purpose to be raised in the day-to-day school scene, in which the improvement of relationships with others (users, health professionals, management) is a principle to be achieved. It is emphasized the practice of welcoming as an indispensable tool for the transformation of relations between professionals and users. Through qualified listening, a humanized and citizen attitude, the fostering strengthens links between users and the health service, which is conducive to resolute assistance and adequate to the sociocultural reality of its users.¹⁸

Despite their young age, adolescents are aware of the issues necessary to guarantee their rights and duties for the quality of life. In this context, the student perceives the insalubrity of dependencies as the axis of significations. The lack of hygiene arouses feelings of abandonment, discomfort, intolerance to staying in the enclosure referred to by one of the interviews of this study:

I think health is not just being physical; it needs to be hygiene too. I see the court always very dirty. That is part of health too. It is washed only once a week. It is spent much water, but they could do a scheme they could wash two or three times a week. Bathrooms too, sometimes lacking in soap, lack of paper towel. (A14)

Given the full hours of studies, the concern about balanced nutrition and its interference with school well-being and performance, expressed in the speeches:

The food is very precarious, has no good food, heavy, greasy food. This ends up hurting us that we are there at the pace we know how it is! (A27)

Like that, when I got a snack at school, I got sick, because of the school's yogurt, because I think it has fat. It ends up hurting us, everyone in the room is complaining. (A9)

By unveiling health, adolescents reveal as a phenomenal body. According to the philosopher, the body, with its thoughts and actions, is related to the psychological and historical structure, a way to make explicit its power over the world, what it is, since from the moment one looks at it in a reflective way and without restraint, the essence of existence is revealed, living its time, understanding the other times, getting in the present and the world.

It was possible to perceive the meanings of the meeting between adolescent subject and the world of health and education, which follows the discussion of the second theme, the phenomenological perception of health in the school formation identified in the following statements:

I know ... [...] awareness project, we are young, there is much teenage pregnancy, illness. (A33)

It is important that [...] for students who have less information to know, kind, about diseases, some doubts when they need. (A32)

The testimonies indicate that the interaction between health and education has been little explored, often atrophy to the formation of the student. By realizing that the school environment, by agglomerating adolescents in a singular way, enables

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exchange relations with the other, these deponents express the imminent aspiration of the diffusion of health knowledge in the educational environment:

It must be some support in there too, right? It would be, like this [...] the area of health inserted in the education. (A8)

By exploring the reality and daily life of adolescents, the strengthening of institutions that train subjects, families and schools, as well as the adoption of pedagogical practices in health, permeates the simple act of transmitting information, awakens articulation of thoughts, allowing the apprehension of knowledge, qualifying them for acquiring attitudes and behaviors that are safe from the risks and vulnerabilities inherent to this phase.^{5,10-1,15}

In this perspective, it is possible to perceive the human being as a body-world unit, an instrument of communication with the lived world, and the act of moving the singular way of acting of the human being, through which one becomes a being-in-the-world.¹⁹ The philosopher problematizes perception as a physical action, the operation of the senses in the capture of data that will be processed internally. By the idea of the body-world unity, it is proposed to understand the human movement, as something that goes beyond the simple displacement in space and time. The body is the center of human experiences in the lived world. By perception, data are produced that precede thought. In this way, the lived world is transfigured by the body into a world of possibilities.¹³ The meaning of movement is signified as follows:

In the physical part, in physical education [...] the teacher [...] makes us give our maximum, our limit. (A26)

Having good food, playing sports in class [...] (A25)

There is a sport that we can practice in physical education. (A15)

These messages express a fragmented perception, limited to the physical and biological aspects of the body, worked in school physical education classes. Perceiving the body as being disarticulated, the concept of the “machine body” arises, which in the universe of physical education must be agile, talented and competitive.¹⁹

In the dynamics of health in school formation, the body being the axis of the meaning of the lived world, in understanding body language, seeks to apprehend the meanings of society, its norms, its values. Thus, it awakens among students the autonomy, develops the reflexive critical

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sense, the conscience regarding the adoption of safe behaviors to grow in society.^{12,20}

The another meaning to be conveyed is the psychic body, which seeks to elucidate the interrelationship between physical activity and cognitive aspects. When relating the sport to the binomial body-mind, it is intended to stimulate the students' body self-perception. Therefore, in working the concepts of physical, social and psychic body, educator and student are involved in a mutual process of collective reconstruction of knowledge to increase emancipatory attitudes and behaviors to the harmonious development of the individual in society.^{4,12,20}

CONCLUSION

This study was originated from the interest in giving voice to the adolescent student as an entity that experiences the health phenomenon in school. In the sense of describing the world as it is, the students unveiled feelings of anguish in the experience of the phenomenon and expressed that in the face of perceived suffering, they came to understand the need to confront this reality. Faced with the need to be protagonists of their health process, they come to understand the importance of building the adolescents' proposal for their “life-world,” similar to the accountability movement to the actors involved and feedback to the school community in the directing interventions to adolescent health.

The exercise of health to the adolescent in the school must unite intersectoral actions for a wide and complete assistance, implying the interdisciplinarity, and if possible the transdisciplinarity, having like allies' diverse sectors of the school community, the family, the society.

The limitations of the study stand out when students showed the phenomenon in the interviews, they describe the fragility of the health organization in the school, since they do not find the reception and information necessary for their questions, worries, and concerns. It should be noted that most of the adolescents do not feel ready to deal with the biopsychosocial transformations of this phase, they coexist with different sensations in the awakening to the reproductive phase, and they reveal the affliction by not understanding what they experience. Therefore, it is necessary to do more studies on the subject in an interdisciplinary and transdisciplinary scenario, spreading to the school community, health professionals need to provide a more accurate and empathetic assistance. In the context of medicine and nursing, this attitude

will allow knowing experiences, reveal present or hidden experiences in the routine of care; and contribute to the construction of humanized and holistic assistance, providing information, welcoming young people in the process of their formation, supporting them in overcoming situations that threaten their development. It is believed that these are indispensable tools for adolescent health practice.

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Corresponding Address

Ligia Cordeiro Matos Faial
Escola de Enfermagem Aurora de Afonso Costa
- Universidade Federal Fluminense
Rua Doutor Celestino, 74, 6° andar
Bairro Centro
CEP 24020-091 – Niterói (RJ), Brazil