



**I SIMPÓSIO INTERNACIONAL
DE POLÍTICAS PÚBLICAS E
DESENVOLVIMENTO SUSTENTÁVEL**

**Crise sanitária e desafios
para a Agenda 2030 da ONU**

ANAIS DO EVENTO

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**SIMPÓSIO INTERNACIONAL DE POLÍTICAS PÚBLICAS E
DESENVOLVIMENTO SUSTENTÁVEL**

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01- PROFILE OF PREGNANT WOMEN DIAGNOSED WITH SYPHILIS IN THE MUNICIPALITY OF CARIACICA ES FROM 2017 to 2021

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Abstract

Introduction: Syphilis is a serious public health problem and, when untreated during pregnancy, can cause complications for the baby. **Objective:** to describe the profile of pregnant women with syphilis from 2017 to 2021 in the city of Cariacica ES. **Methods:** It is across-sectional study with retrospective collection in secondary data on reported cases made available by the Epidemiological Surveillance Information System of the Secretary of Health of the municipality of Cariacica. Information was collected: age; race; education; residence zone; level of health care; gestational age; performing treponemal and non-treponemal testing; and conducting Venereal Disease Research Laboratory (VDRL). Descriptive analysis of the data was carried out. **Results:** In the period between 2017 and 2021, there were 1,258 cases of gestational syphilis. The age group was 20 to 24 years old (34.1%) and 66.9% declared themselves black. Regarding education, 40.4% had primary education, 87.8% lived in urban areas, 51.4% received primary care and 21.2% declared gestational age in the first trimester of pregnancy. Of the treponemal tests, 72.4% showed reactive results, and 46.9% of the non-treponemal tests were also reactive. For the degree, 46.3% took the exam (VDRL). **Conclusion:** The majority of women are young adults, black and have not completed primary or secondary education. Raising awareness among pregnant women about syphilis, its risks and the importance of adequate prenatal care is essential. These strategies can contribute to improving early detection and effective treatment of syphilis in pregnant women, thus reducing the risks for the mother and fetus when managing these cases.

Keywords: pregnant, basic health unit, syphilis, treatment.

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INTRODUCTION

Syphilis is a public health problem as it demonstrates effective data and highlights the impacts caused on the health of the infected individual (Brasil, 2022). Nationally, 63.407 pregnant women reported with syphilis were published in the Disease Information and Notification System (SINAN) in 2018, showing increasing numbers of infections (Brazil, 2022). It should be noted that, in 2022, Brazil recorded 32,4 cases per 1.000 live births related to the detection of syphilis during pregnancy, representing an increase of 15,5% compared to 2021 (Brazil, 2023).

Etiologically, syphilis is a disease caused by *treponema pallidum*, evidenced in 1905 by zoologist Fritz Schaudin and dermatologist Paul Erich Hoffman (Souza, 2005). With an infectious characteristic, the disease is chronic due to its systemic progression, and can be cured by treatment (Silva; Gomes, 2020).

With the objective of preventing and controlling Sexually Transmitted Infections (STIs), in 2011, the Ministry of Health launched the Rede Cegonha Program and amplified goals and improvements with rapid tests launched in the Unified Health System (SUS), these are applied to diagnose syphilis infection as soon as possible in pregnant women, enabling treatment to begin, ensuring reproduction planning and improvements in prenatal coverage (Roncalli et al., 2021). Therefore, this research aims to describe the profile of pregnant women with syphilis from 2017 to 2021 in the city of Cariacica ES.

METHODS

It is an exploratory research of a quantitative and qualitative nature characterized by a cross-sectional study by retrospective collection, with secondary data from reported cases made available by the Cariacica Epidemiological Surveillance Information System of the Health Department of the municipality of Cariacica (SEMUS). According to the data provided, between 2017 and 2019 the forms were typed from the SINAN platform, which is the responsibility of Epidemiological Surveillance (Vigep), the other years (2019 and 2020) were recorded through the ESUS-VS system platform that is in force until the current moment. All notifications from women living in the Municipality of Cariacica/ES, aged from thirteen years to forty-five years old, were considered, according to the data collection reported between the

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years: 2017, 2018, 2019, 2020 and 2021. This study considered the inclusion of ages from 13 years old, established in the parameters of informative note nº 2-SEI/2017-DIAHV/SVS/MS. Information was collected: age; race; education; residence zone; level of health care; gestational age; performing treponemal and non-treponemal testing; and conducting Venereal Disease Research Laboratory (VDRL). Descriptive analysis of the data was carried out.

RESULT

1.305 notifications were registered, among the exclusion criteria are notifications due to duplication in the same year, totaling forty-six excluded women and one notification for not being a resident of the municipality, totaling 47 excluded notifications. Of these, only 1.258 notifications were part of the retrospective collection survey. The table below presents the results of the demographic and clinical profile of pregnant women.

Table1: Profile of reported cases of syphilis in pregnant women living in the city of Cariacica/ES, considering the years 2017 to 2021/ General Characteristics of the Variables Studied.

Variable	Population	
	N =1.258	100%
General Characteristics Variables Studied	N (%) 1.258	
Year 2017	158 (12,5%)	
Year 2018	244 (19,4%)	
Year 2019	260 (20,6%)	
Year 2020	312 (24,8%)	
Year 2021	284 (22,6%)	
Age		
13-19	367 (29,2%)	
20-24	429 (34,1%)	
25-29	248 (19,7%)	
≥30	214 (17%)	
Race and color		
Brown and black	842 (66,9%)	
White	140 (11,1%)	
Indigenous/yellow (others)	87 (6,9%)	

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Ignored	189 (15%)
Education	
1st degree complete	121 (9,6%)
Incomplete 1st degree	324 (25,7%)
complete 2nd degree	211 (16,7%)
Incomplete 2nd degree	185 (14,7%)
Graduated	5 (0,4%)
Incomplete higher	3 (0,2%)
Illiterate	1 (0,07%)
Ignored	408 (32,4%)
Residence area	
Urban	1.105 (87,8%)
Rural	12 (0,9%)
Ignored	141 (11,2%)
Level of health care	
Primary attention	646 (51,4%)
Secondary Care	20 (1,6%)
Tertiary Care	327(26%)
Ignored	265 (21%)
Declared gestational age	
1st quarter	267 (21,2%)
2nd quarter	227 (18%)
3rd trimester	235 (18,7%)
Ignored	529 (42,1%)
Clinical classification of the disease	
Primary phase	123 (9,7%)
Secondary phase	21 (1,6%)
Tertiary phase	93 (7,4%)
Latent Phase	226 (17,9%)
Ignored	795 (63,2%)
Quantitative Women indicated for treatment	
Yes	1.094 (87%)
No	164 (13%)

Caption: Data collection of pregnant women with Notified Syphilis in the city of Cariacica- ES between the years 2017/2018/2019/2020/2021. Source: Prepared by the author (2023).

Regarding the laboratory results referring to the tests used for monitoring, controlling or screening syphilis reinfection during pregnancy between the years 2017 and 2021, it is necessary to 72,4% of treponemal tests showed reactive results, and 46,9% of non-treponemal tests were also reactive. For the degree, 46,3% took the exam Venereal Disease Research Laboratory.

DISCUSSION

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Our results are similar to those verified by Morais, et al (2019) who point to a predominance of data regarding the diagnosis of syphilis in prenatal care, common aspects among pregnant women with the profile of women infected by the *Treponema pallidum* bacteria, which stand out mixed race or mulattos, age range between 20 and 29 years old, education level below 8th grade and single.

The incompleteness of observed data is also noted despite efforts to improve the control of syphilis in pregnant women through compulsory notification, which is a contributing factor in the detection of the disease (Esteves et al.,2022).

CONCLUSION

The majority of women were black, young people aged 20 to 24, with low education, lived in urban areas, were seen in primary care, and were diagnosed at gestational age in the first trimester of pregnancy. It is noteworthy that the laboratory results relating to tests used to monitor, control or screen for syphilis reinfection were not carried out in a portion of pregnant women and there was no indication for treatment in 13% of women. Such data highlight the importance of investing in actions aimed at vulnerable groups and public policy strategies that collaborate with the prevention and treatment of syphilis during pregnancy in light of the National Policy for Obstetric and Neonatal care based on public policies.

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02- PREVALENCE OF FALLS IN ELDERLY PEOPLE VICTIMS OF ACCIDENTS AND VIOLENCE CARE FOR BY SAMU 192-ES

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Abstract

Introduction: In recent years, the brazilian population has seen an increase in the number of elderly people, which leads to changes in the musculoskeletal system, making it more susceptible to falls. **Objective:** To verify the prevalence and types of falls in elderly victims of accidents and violence treated by SAMU 192-ES between 2020 and 2021. **Method:** This is a retrospective cross-sectional survey of data from the Medical Regulation System of SAMU 192, in the state of Espírito Santo, with a convenience sample of 6.174 elderly victims of accidents and violence treated by SAMU 192/ES between 2020 and 2021. The following data were considered: life cycle, gender and municipality of occurrence. Regarding service, the following were considered: period of the week, request shift, origin of the call, presumed severity, type of resource sent, type of fall and destination. The data were analyzed descriptively. **Results:** The prevalence of falls was 88,1%. The majority of elderly people were female (50,1%), between 60 and 79 years old (64,8%), the municipality with the most calls was Vila Velha (23,3%). The majority of cases occurred during the week (70,8%), in the afternoon shift (39,9%), originating from a home call (75,5%), sent from the Basic Support Unit (88,4%); yellow presumed severity (77,5%). The most frequent occurrence of falls was falling from height (79%). As for destination, 80,4% were transported to a health service, being public hospitals (73,1%). **Conclusion:** We concluded that the prevalence of falls in elderly victims of accidents and violence is high and prevention actions are necessary.

Keywords: public policy, fall, elderly, SAMU.

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INTRODUCTION

The XXI century has been marked by profound transformations in the population structure in several countries, including Brazil, as a result of social achievements and the incorporation of new health care technologies, with population aging being one of the main events of this period (Chaimowicz; Chaimowicz, 2022). This population aging is the result of public policies and incentives in the health sector, which have led to a reduction in early mortality due to improved living conditions, such as urbanization, safe housing, basic sanitation and better access to food (Harris; Helgertz, 2019).

According to the Brazilian Society of Geriatrics and Gerontology (SBGG), the increase in longevity and the consequent proportion of elderly people in the Brazilian population determines the concern regarding disabling events in this age group, one of them being the occurrence of falls, something quite common and feared by the majority of the elderly population (SBGG, 2021).

According to Madeiras et al. (2019), falls are a serious public health problem, being classified as one of the main causes of injuries and death among the elderly and generating a great concern for public health. It is estimated that 30% of people over the age of 65 fall every year, which is responsible for approximately 5% of hospitalizations among elderly people (Madeiras et al., 2019). Falls can cause serious trauma in elderly people, contributing to a decline in functional capacity and autonomy, institutionalization and increased mortality (Cruz et al., 2012).

Hence the importance of agile and efficient assistance in the event of an emergency, which can provide a better prognosis, avoiding secondary damage, thus reducing sequelae and mortality rates (Santos et al., 2019; Boone et al., 2018). Currently, this assistance to victims of accidents and violence is provided by the Mobile Emergency Care Services (SAMU 192). The objective of this text is to verify the prevalence and types of falls in elderly victims of accidents and violence treated by SAMU 192-ES in the years 2020 and 2021.

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METHODS

This is a cross-sectional research with retrospective data collection from the SAMU 192 Medical Regulation System, in the state of Espírito Santo, in the years 2020 and 2021. A convenience sample of 6.174 elderly victims of accidents and violence were included served by SAMU 192/ES in 2020 and 2021.

To identify the profile of the elderly, the data of interest for this research proposal were considered: life cycle (60 to 79 years), gender (male and female), and municipality of occurrence. Regarding service, the period of the week was considered (morning, afternoon, night and dawn), the shift of the request (morning, afternoon, night and dawn), the origin of the call (domestic and extra-domestic), the presumed severity (blue, green, yellow and red), the type of resource sent (Basic Support, Advanced Support or Integrated Support), type of fall (from its own height, from a height of less than six meters or greater than six meters) and destination (yes or no) , location of referral (PA/UPA, hospital), reason for non-referral (released on site or refusal to transport). The data were analyzed descriptively.

RESULT

SAMU 192/ES provided assistance to 6.174 elderly victims of accidents and violence in the period from 2020 to 2021. According to the data collected, 5.443 suffered falls, which is equivalent to a prevalence of 88,1% of the studied population, with falling from height is the most common occurrence seen in 79% of elderly victims of falls. Below, Table 1 presents the demographic and care profile of elderly people assisted by SAMU 192/ES who were victims of accidents and violence in the years 2020 and 2022.

Table1: Profile of elderly victims of accidents and violence assisted by SAMU 192/ES and characteristics of care in 2020 and 2021.

Variable	Population	
	N = 6174	100%
Age		
60 to 79 years old	4000	64,8%

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➤ = 80 years	2174	35,2%
Gender		
Masculine	3081	49,9%
Feminine	3093	50,1%
Counties		
Cariacica	1125	18,2%
Guarapari	346	5,6%
Serra	1102	17,8%
Vila Velha	1438	23,3%
Vitória	1123	18,2%
Others	1040	16,7%
Period of the Week		
Monday to Friday	4369	70,8%
Saturday and Sunday	1805	29,2%
Request Period		
Morning	1967	31,9%
Evening	2462	39,9%
Nocturnal	1006	16,3%
Early morning	739	12,0%
Origin of the Call		
Home	4664	75,5%
Extra home	1510	24,5%
Presumed Severity		
Blue/Green	525	8,5%
Yellow	4751	77,0%
Red	898	14,5%
Resource		
USB	5456	88,4%
USA	571	9,2%
USI	147	2,4%
Transfer		
Yes	4963	80,4%
No	1211	19,6%

Caption: USB drive support basic; USA advanced support unit; USI integrated support unit. Source: Prepared by the author (2023).

The majority of elderly people were referred to hospitals (86,3%) and the administrative characteristic of the health service was public (73,1%).

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DISCUSSION

In the present study, the prevalence of falls in elderly victims of accidents and violence treated by SAMU 192/ES was 88,1%, with emphasis on falls from height. Regarding the type of fall, the findings of this study corroborate data in the literature, being similar to studies by (Esteves et al., 2021 and the study (Silva et al., 2021). Among the causes of falls in the elderly population, there are the physiological changes of aging, such as reduced visual acuity, hearing loss, vestibular disorders, which lead to decreased postural stability and increased reaction time in dangerous situations (Rocha; Mondelli2016; Brazil, 2006).

SAMU 192/ES is of paramount importance for society in general, as it can determine the victim's best prognosis by providing first aid, in addition to reduce the length of stay, generating an increase in bed turnover, reducing sequelae and, consequently, improving the quality of life of the elderly.

CONCLUSION

We concluded that the prevalence of falls in the elderly was 88,1%, with emphasis on the fall from the height itself, 79%, followed by the fall from the height of less than six meters, 20,5%. Finally, we conclude that continued debate on the topic of this study is essential, as the prevalence of falls in elderly victims of accidents and violence is high and requires public policies that collaborate with prevention to reduce these data.

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03- FOLLOW-UP AND MONITORING OF THE 2030 AGENDA IN THE STATE OF ESPÍRITO SANTO

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Abstract

Introduction: This article is the result of a research group, regarding the implementation of the Sustainable Development Goals (SDGs) in the State of Espírito Santo. The 2030 Agenda of the United Nations is a guiding map for public policies in Brazil and the world. **Method:** Basic research was carried out, with a quantitative approach of a descriptive and exploratory nature and bibliographical research, through books, articles, magazines and public documents. **Results:** it was identified that the State of Espírito Santo has a pact to comply with the 2030 Agenda in the State of Espírito Santo. **Discussion:** It is observed that the Public Power movement is still embryonic. **Final Considerations:** Investment and participation from society in the process is necessary to achieve the proposed goals.

Keywords: Agenda 2030, Sustainable Development Goals (SDGs), United Nations (UN).

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INTRODUCTION

The UN Agenda 2030, with its 17 SDGs (Sustainable Development Goals) is a guiding map for public policies that, if followed, will guarantee Brazil a place in the world. It was drawn up after intense debates at the UN and signed by 193 member states. It was created to guide not only the Executive, Legislative and Judiciary branches, but also the private sector and civil society on how to better care for people and the planet. The 2030 Agenda also sets specific goals to eradicate extreme poverty and hunger, address inequalities and injustices, and how to ensure progress without leaving anyone out of it, without leaving anyone behind.

In the national political context, the 2030 Agenda becomes more than ever the best work plan for any executive management, parliament or judiciary system, minimally serious and committed to correcting errors. But due to the major national problems that were worsened by the Covid 19 period, we are still a long way from following the 17 SDGs.

The 2030 Agenda is important not only because it was agreed at the UN but, mainly, because it makes perfect sense for Brazil, especially in this post-pandemic moment. We need to find solutions to get off the path of unsustainability and the many setbacks we have had in recent years.

Current data indicate an immense distance from the agreed goals, as shown by the analyzes produced by the 2022 “Light Report”. Our social relations have been torn apart by hatred, the gap between rich and poor has deepened, attacks against health care units have worsened, conservation and against environmental legislation, while historical exclusion based on ethnic-racial issues, gender identity and sexual orientation intensifies.

For Brazil, a country of continental dimensions, the 2030 Agenda is that light at the end of the tunnel that we will not give up: it shows that there are ways to do things differently, and encourages us to continue demanding the necessary actions to put the country on the path to real sustainable development. What we want from the State is

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not only possible, but also our right: democratic institutions, adequate financing of effective public policies, planned for the short, medium and long term, based on scientific evidence, ethics, respect for common goods and the planet and that have the well-being of all people and the ethics of their execution as central indicators. Ultimately, the 2030 Agenda is a path that can be built together for Brazil to become a fair, prosperous and better country for us and future generations.

METHODS

The research carried out was basic in nature, with a quantitative approach of a descriptive and exploratory nature and bibliographical research, through books, articles, magazines and public documents. Furthermore, the UN Agenda 2030 will be consulted, a Platform for the implementation and implementation of public policies that improve people's lives, which is why it is of great relevance for the execution of effective public policies.

RESULTS

The research identified some mechanisms and efforts for compliance in the State of Espírito Santo. The “Pact for the Implementation of the 2030/17 SDG Agenda in the State of Espírito Santo” led by the Public Ministry and the Court of Auditors and which includes the State Government, and LAES (Legislative Assembly of Espírito Santo). The pact is also signed by AMUNES (Association of Municipalities of the State of Espírito Santo) and ASCAMVES (Association of Chambers and Councilors of Espírito Santo); in addition to other public institutions, the private sector, civil society and academia.

The State of Espírito Santo was the first State in Brazil to create a “State Pact” to comply with the 2030 Agenda with its 17 UN SDGs and has inspired other Brazilian states to also do the same. One of the mottos of the 2030 Agenda is “Leave No One Behind”, and that is what has been done.

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The “State Pact for Compliance with the 2030 Agenda in the State of Espírito Santo” provides for the following actions:

I- internalize, disseminate and assist the process of implementing the 2030 Agenda for Sustainable Development of the United Nations, signed by the Federative Republic of Brazil;

II — justify, where appropriate, the Strategic Planning of the Agreements;

III - promote coordination between the parties involved. with a view to carrying out the actions covered by this Pact;

IV - support the management, application and monitoring of the achievement of the Sustainable Development Goals by public bodies and entities involved in the dissemination and implementation of the SDGs;

V - raise awareness and train legal operators, civil servants and technical teams, in the principles, guidelines and strategies represented by the 2030 Agenda;

VI - hold awareness-raising, debate and exchange of studies and experiences on topics related to the 2030 Agenda;

VII - identify, disseminate and share good practices aimed at achieving the Sustainable Development Goals;

VIII- Encourage research with Fapes (Fundação de Amparo à Pesquisa do Estado do Espírito Santo) on the indicators of the 17 SDGs in the State of Espírito Santo;

IX – Produce materials, such as folders, booklets, posters and other printed and virtual materials to publicize and involve Espírito Santo society in the implementation of the SDGs;

X- Prepare and disclose at the end of each year a report of the actions developed by this pact, in the sense of monitoring and evaluation of the activities performed; aiming to improve the following year’s work.

DISCUSSION

Thus, it is observed that in the State of Espírito Santo there are strong public institutions that are concerned with compliance with the 2030 Agenda, and that sought to involve different sectors of society to advance in meeting the goals and improving

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the indicators of the 17 Development Goals UN Sustainable Development Committee in the State of Espírito Santo.

CONCLUSION

It is necessary for every Brazilian who today seeks solutions to their problems to know the result of what was the most complex – and also the most participatory – global negotiation that took place at the United Nations. The victory was precisely to align diverse themes in the social, economic and environmental areas and, even though it is far from being the ideal agenda we dreamed of, its consensual result in 17 major objectives and 169 targets, is what we call the “minimum necessary floor” to reduce great tragedies that still undermine our civilizing process in Brazil and the world.

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04- THE EXACERBATION OF THE VULNERABILITY OF CHRONIC KIDNEY DISEASE PATIENTS DURING THE COVID PANDEMIC ANALYZED BY ORAL HISTORY

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Abstract

Introduction: In the pandemic scenario, people with Chronic Kidney Disease (CKD) represented a population at risk for Covid-19, but who cannot socially isolate themselves. On the contrary, they had to travel the streets, on public transport and stay in a hospital environment frequently, since the survival of these people is attributed to this type of renal replacement therapy (RRT) and the lack of maintenance of this treatment can lead to death. **Objective:** To analyze how the Covid-19 pandemic exacerbated the vulnerability of people with CKD. **Method:** Social historical study with a qualitative approach that will use oral history to interpret testimonies. **Results:** The patients covered in the study did not show negative impacts on the essentially hemodialysis treatment. They faced situations of fear in transport, reduced income associated with unemployment, interpersonal problems inside and outside the clinics and, even so, they continued with the treatment regardless of the obstacles mentioned. **Final considerations:** Reflection on CKD in the social sphere is related to social determinants and the health and disease process, which makes evident the great challenge for developing strategies towards comprehensive actions, mainly in prevention and considering these people with dignified care in the face of so much physical and emotional exhaustion, since psychological and motivational aspects play a prominent role in adherence to treatment.

Keywords: pandemics, COVID-19, social isolation, chronic kidney disease, hemodialysis.

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INTRODUCTION

In the pandemic scenario, deepening this topic is extremely important, since people with Chronic Kidney Disease (CKD) are part of a population considered at risk for Covid-19, however, they cannot socially isolate themselves. On the contrary, they had to travel the streets, use public transport and stay in a hospital environment frequently, since the survival of these patients is absolutely linked to renal replacement therapy (RRT) and failure to maintain this treatment can lead to death.

Covid-19 was characterized as a pandemic by the WHO, as there was a worldwide spread of this new disease caused by the Coronavirus and the applicability of this term occurs when an epidemic spreads across different continents with sustained transmission from person to person.(Lanna et al., 2020).

The social issue of chronic kidney disease (CKD) and tackling the COVID-19 pandemic represent a major challenge for healthcare systems and communities around the world. CKD is already a global public health concern due to its increasing prevalence and associated socioeconomic implications (Porto, 2017) and the emergence of the COVID-19 pandemic has intensified existing disparities and exacerbated the vulnerability of this population (Senhoras and Nascimento, 2020).

Therefore, by exploring the experience of these patients, emphasizing the pandemic period, it is possible to reflect that there is a need for a new look at care. It is indisputable that the impacts of the pandemic on the lives of these individuals are not only associated with the treatment of the pathology itself but are also linked to health and quality of life.

This study seeks to analyze how patients with CKD have been significantly impacted, considering factors such as access to treatments, disruptions to healthcare services, and the additional challenges that have arisen due to social distancing measures. Understanding these effects is crucial to developing mitigation strategies and promoting the resilience of these patients amid global health crises, thus ensuring a more holistic and effective approach to kidney health care during pandemic situations. Therefore, the objective of this work is to analyze how the Covid-19

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pandemic promoted the exacerbation of the vulnerability of people with Chronic Kidney Disease.

METHOD

Social historical study with a qualitative approach, according to the Oral History (OH) method. Qualitative analysis highlights aspects related to human dynamics that are not often captured by the quantitative method (Minayo, 2004). The thematic oral history method makes it possible to understand the past through the collection, organization and interpretation of events linked to a specific theme, with the commitment to clarify or capture the interviewee's perspective (Meihy, 2005).

Eight employees with chronic kidney disease on dialysis, over 18 years of age and with chronic kidney disease on hemodialysis, participated in the study.

RESULTS

There were in-depth and long interviews on the topic, with guiding questions at this opportune moment of confidence.

All phases were fundamental for understanding the information found in the interviews and for them to be inserted into a larger context, in order to give a dimension to what the pandemic reflected for people with chronic kidney disease on hemodialysis.

All the challenges experienced by people with CKD were heightened in the face of the Covid-19 pandemic, causing us to think about Brazilian public policies associated with combating the virus in conjunction with the idea that the pandemic moment in Brazil is associated with social inequalities, historically produced, which provide opportunities for contrasts between different health territories.

DISCUSSION

During this period of Covid-19, patients with CKD faced barriers and challenges in accessing healthcare and were at greater risk of the worst outcomes. The studies showed that uncertainty regarding access to care during this period exacerbated

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vulnerability, as well as harming and overburdening patients with their tasks due to isolation. Worldwide, optimizing the use of telemedicine, also involving education and psychosocial services, may have mitigated the worst consequences for this population (Natale, 2023).

The pandemic heightened the inequities experienced in the country and the differences associated with the Social Determinants of Health (DSS), linked to political movements at the national, state and municipal levels, had an impact, especially in health territories considered more vulnerable (Darcie, 2022).

The exacerbation of vulnerability was very striking, as the threat of contracting the virus was the greatest fear and a sad reality. Patients and companions were very concerned about the high risk of contracting the virus, particularly in health services.

Throughout the statements collected in this study, it was found that dialysis patients felt particularly vulnerable due to comorbidities and because they were immunocompromised, needing to intensify social isolation, but maintain therapeutic adherence in hemodialysis units.

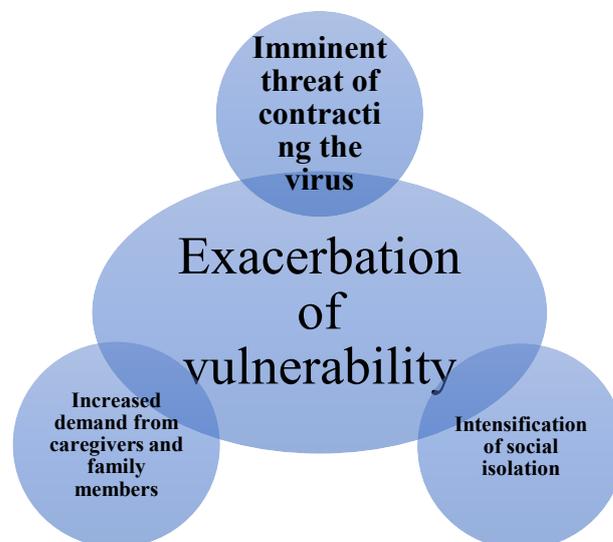


Figure 1. Thematic scheme of the impact of Covid on CKD. **Source:** Own preparation (2023).

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CONCLUSION

Despite the study not having negative impacts regarding the lack of inputs, delays or lack of security in the units, it is worth highlighting that care for people with CKD goes beyond clearance. The choice of HO allowed interaction between the interviewer and the interviewee, which facilitated immersion in different discourses in the context of treatment amid chaos. The final analysis is the result of this difficult global moment that has affected a chronically fragile and limited population, exacerbating the vulnerability and suffering already so present in the lives of people with chronic kidney disease.

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05- PROFILE OF PATIENTS IN THE THIRD DENTITION PROJECT OF CLÍNICA UNIFACIG

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Abstract

Introduction: In Brazil, dental practice was characterized as curative. Currently, it is focused on prevention; however, caries, as it is multifactorial, when left untreated can lead to tooth loss, leading to the use of dental prostheses. **Objective:** To describe the profile of patients in the Unifacig Third Dentition extension project, characterizing patients and directing improvements in the service offered. **Method:** This is a quantitative study, using a questionnaire and analyzing medical records. **Results:** Of the 56 patients included in the research, 61% are female, 33,9% are between 60-69 years old; 66,1% live in urban areas; in relation to the use of dental prostheses, 42,9% have been using them for over 20 years or more; 83,9% require a complete upper denture and 69,5% a lower removable partial denture; 53,6% need a companion; 94,6% rated the service as very good; 35,7% were unable to answer who was paying for the project; 50% indicated improvements to the project; 48,2% reported having received guidance on oral hygiene from the public health network and 82,1% stated that they themselves had the initiative to seek oral health care. **Conclusion:** It is concluded that the project served more women than men, elderly people, residents of urban areas, who had been using prostheses for more than 20 years, with the most used being the removable complete prosthesis.

Keywords: Dentistry. Removable partial denture. Complete removable prosthesis. Oral Health.

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INTRODUCTION

Dental prosthesis are recommended for fully or partially edentulous patients, as they are affordable and provide aesthetics and satisfaction to patients when well made (BENEVIDES and BRITO, 2020). It reestablishes the chewing function, balances the bite and provides better phonetics and facial harmony (MARTINS et al., 2008).

Due to the large number of edentulous people in Brazil, it is of great relevance to identify aspects related to the use of dental services to collaborate and direct public policies for this population (MARTINS et al., 2008).

The Third Dentition project, carried out by Centro Universitário Unifacig in the discipline of Removable Dental Prosthesis, aims to provide undergraduate dentistry students with an academic extension with care for patients in the city of Manhuaçu/MG. It began in July 2022 and ended in July 2023, serving patients who require a complete or partial removable prosthesis. This project aims to offer quality rehabilitative care to patients who require oral prostheses. However, it is important to know the profile of these patients to improve care and offer an increasingly personalized service. This study aims to provide a database on the profile of patients treated in the project that could serve as a basis for future work such as TCC and scientific articles and planning for clinic care.

This study is justified to outline and understand the profile of patients who use removable oral prostheses in the clinic and, thus, offer an increasingly higher quality service. With the results obtained, it will be possible to identify demographic characteristics, reasons for seeking treatment, type of prosthesis most used, satisfaction with treatment, contributing to better dental care for patients.

METHODS

This is a descriptive and quantitative work starting in July 2022 and ending in July 2023.

The inclusion criteria for patients selected for treatment were patients who required partial and complete removable dentures. The exclusion criteria were dentate patients who required prior clinical dental treatment, forming a sample of 56 patients. The research carried out in this present study was submitted for evaluation by the Research Ethics Committee (CEP) of Centro Universitário Unifacig.

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In this study, a specific questionnaire was applied in which questions were asked during consultation at the clinic and analysis of medical records. The questions asked in the questionnaire refer to name, age, residence, use of prosthesis and need for it, guidance on oral hygiene, self-perception, opinion about the structure of the clinic and project performance.

RESULTS

Of the 56 patients who participated in the Third Dentition Project, 34 were women and 22 men. Among the patients surveyed, (1,8%) were between 30-39 years old, 3 (5,3%) were between 40-49 years old, 17 (30,4%) were between 50-59 years old, 19 (33,9%) were between 60 and 69 years old, 15 (26,8%) were between 70-79 years old and 1 (1,8%) was between 80-89 years old. Regarding demographic area, 47 patients (66,1%) lived in urban areas and 19 (33,9%) were from rural areas.

Regarding the time in which patients were already using removable prostheses, 15 (26,80%) patients did not use them before seeking care, 4 patients (7,10%) used them between 1-5 years, 6 (10,70%) patients had been using it for 5-10 years, 7 (12,50%) patients had been using it for 10-20 years and 24 (42,90%) patients had been using it for 20 years or more. Regarding the prosthetic need that patients arrived at the clinic, in the upper arch, 47 patients (83,9%) needed a complete removable denture, 15 patients (12,5%) needed a removable partial denture, and 2 did not need any prosthetic rehabilitation. Regarding the lower arch, 39 patients (69,50%) needed a complete removable denture, 15 patients (26,90%) needed a removable partial denture and 2 patients (3,60%) did not need any rehabilitation prosthetics.

Regarding the need for a companion during dental care, 30 patients (53,60%) needed a friend or family member to accompany them and 26 patients (46,40%) did not. When approached about the issue of mobility within the clinic, 51 patients (91,10%) reported having easy mobility and 5 patients (8,90%) responded that they did not.

Regarding the evaluation of the service, 1 patient (1,80%) evaluated it as poor, 2 patients (3,6%) evaluated it as satisfactory and 53 patients (94,6%) evaluated it as very good.

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They were asked if they knew where the resources that paid for the prosthesis to be made in the project came from, 9 patients (16,01%) believed it was the clinic itself, 15 (26,7%) believed it was the city hall, 12 patients (21,5%) believed it was the SUS and 20 patients (35,7%) were unable to answer.

When asked if they had any suggestions for improvements to the project, 23 patients (50%) responded that they indicated improvements, while the other 23 patients (50%) reported having suggestions, that the progress of the prosthesis be faster, that the project be in a place with easier access, so that the project could cover more people as many reported having given their names at the health center for more than 2 years looking to have a new prosthesis made.

When asked about oral hygiene instructions, 27 patients (48,2%) reported that they were instructed in a public health network, 4 patients (7,1%) reported that they were instructed in a private health network, 3 patients (5,4%) reported that they were advised in both public and private health networks and 22 patients (39,3%) reported that they had never been advised by any professional dental surgeon about oral hygiene

However, it is still alarming that 39,3% of respondents have never been advised by a healthcare professional on this crucial issue for maintaining oral tissues.

Regarding the exchange and creation of a new prosthesis, 3 patients (7,2%) reported having been encouraged to seek care by a family member, 46 patients (82,1%) responded that they themselves had the initiative to seek dental care and 6 patients (10,7%) responded that they were encouraged by others.

DISCUSSION

In a survey carried out by Dantas (2017), in primary care in the municipality of Caicó, with data collected in Family Health Strategies, the predominance was of male patients (54.1%) who had missing teeth and needed dental prosthesis. These results contrast with those found in our study.

A study conducted by Moimaz (2004) examined the profile of use of complete dentures in the elderly and evaluated the effectiveness of their cleaning, involving a sample of 80 elderly people. Among the study participants, 72 were users of removable complete dentures, and of these, (65,27%) had been using removable complete

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dentures for more than 20 years. These data indicate that edentulism mainly affects the elderly population.

The results of the present study contrast with the data presented by a study carried out by Mallmann (2010), which evaluated the use and need for prosthesis in individuals aged 50 to 74 years in Porto Alegre, RS, where in this research, the predominance was of patients who required complete upper denture and lower partial denture.

Nuner and Silva (2011), state that it is necessary for there to be a union between the University and society so that together they can create and understand the great knowledge acquired from this junction, making colleges increasingly open the doors to social reality.

According to Souza et al. (2016), after evaluating the National Survey of Oral Health Conditions of the Brazilian population (Sb Brasil), it was found that, among the elderly who participated in the research, around 55% realized the need for a removable prosthesis.

CONCLUSION

It is concluded that the project served more women than men, elderly people, residents of urban areas, who had been using prostheses for more than 20 years, with the most used being the removable complete prosthesis.

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06- THE INFLUENCE OF EARLY MOBILIZATION STRATEGIES APPLIED BY PHYSIOTHERAPISTS IN CRITICAL PATIENTS AND THEIR IMPLICATIONS ON HEALTH POLICIES

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Abstract

Introduction: A long stay in the Intensive Care Unit (ICU) brings significant challenges to public health, requiring interventions to mitigate costs. Early Mobilization (PM) is a strategy to reduce the loss of muscle strength and reduce the time on mechanical ventilation, seeking to avoid functional decline that can lead to functional dependence, increasing the demand for post-discharge care and contributing to retirement cases. due to disability. **Objective:** To review the literature on the impacts of PM in the ICU and evaluate its repercussions on patient care, highlighting the relevance of the results to support the formulation of public policies aimed at optimizing care and promoting health in intensive care. **Methods:** Bibliographical research with an exploratory objective in the electronic databases MEDLINE, SciELO and VHL, articles published in the last 5 years. **Result:** ICU admission can result in post-discharge complications. MP aims to prevent functional dysfunctions and improve the quality of life after traumatic hospitalization. The economic implications outweigh the direct costs of hospitalization, including lost income and long-term social charges. The urgency of public policies in health and social assistance to address this issue is highlighted. **Conclusion:** it is essential that physiotherapists are constantly updated, adapting to new approaches. This includes promoting excellence in care through the formulation of PM guidelines and protocols, team training, monitoring and financial support from the State to create conditions conducive to the development of this practice in ICUs.

Keywords: Early mobilization. Intensive care unit. Critical care outcomes. Public spending on health.

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INTRODUCTION

Physiotherapists play a crucial role in the Intensive Care Unit (ICU), addressing complications in the cardiac, respiratory and neurological systems, in addition to dealing with motor and hemodynamic changes due to bed confinement. Several pathologies, especially respiratory and metabolic ones, can prolong the ICU stay, resulting in an increase in mechanical ventilation time and potentially increasing the mortality rate (Feliciano et al., 2012; Lopes et al., 2008).

The ICU mortality rate has shown a reduction of approximately 2% per year since 2000, attributed to changes in the care of critically ill patients (Hutchings et al., 2009). It is important to highlight that prolonged immobility contributes to an increase in this rate, generating complications and prolonging the length of stay, which impacts the patient's life after discharge from hospital (Gosselink et al., 2008).

Early Mobilization (PM) is an effective and safe strategy to prevent complications arising from prolonged bed rest. It involves therapeutic activities, such as motor exercises, sitting at the bedside, transferring to a chair, standing and walking. In addition to avoiding physical and psychological complications, PM contributes to the prevention of prolonged hospitalizations and changes associated with immobilization, promoting the patient's functional recovery (Winkelman et al., 2005; Kress JP, 2009).

Dasta and colleagues (2005) highlight that the costs related to ICU care, which range from US\$3,500 to US\$8,000 per day, are substantial. Spending on mechanical ventilation reaches US\$1,500 per day. The author emphasizes the importance of interventions to reduce the length of stay in the ICU and shorten the period of mechanical ventilation. These measures have the potential for significant cost reduction, since, according to another study by Dasta and colleagues (2010), they represent 98.5% of the total ICU cost.

According to Martinez (2013), the inadequate accessibility to health services in Brazil and the high prevalence of physical-functional dysfunctions highlight the urgency of implementing measures that improve the quality of health services, aiming for excellence in care. Furthermore, Reis and collaborators (2018) emphasized the

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relevance of quality care for health promotion, prevention and rehabilitation, with the aim of reducing work disability and the need for disability retirement. Furthermore, the 2030 Agenda, in Sustainable Development Goal (SDG) No. 3.8, emphasizes the importance of access to quality health services at all levels of care (UN, 2015).

Thus, the objective of this study was to review the literature on the impacts of PM in the ICU, with the aim of evaluating its repercussions on patient care and highlighting the relevance of these results to support the formulation of public policies aimed at optimizing care and promoting health in this specific intensive care context.

METHOD

This is a research review of a bibliographic nature and with an exploratory objective in the electronic databases Medical Literature Analysis and Retrieval System Online (MEDLINE), Scientific Electronic Library Online (SciELO) and Virtual Health Library (VHL), through articles published between 2018 and 2023. The research was carried out in the months of November and December 2023, with inclusion criteria that covered articles in Portuguese and English, related to the topics of MP in the ICU, physiotherapy and its relationship with MP as well as public policies in the area of health related to these topics. The exclusion criteria were: incomplete texts and articles that did not have access. The search for relevant articles was conducted using Health Sciences descriptors (DeCS/MeSH) and included the following keywords in Portuguese and English: (“Early mobilization”) AND (“Intensive Care Unit”) OR (“Results critical care”) OR (“Public health expenditure”).

RESULTS/DISCUSSION

Early mobilization emerges as a crucial factor in the recovery of critically ill patients, playing a fundamental role in preventing complications associated with prolonged immobility, such as muscular atrophy, respiratory dysfunction and circulatory complications. Studies that highlight the correlation between the application of these strategies by physiotherapists and tangible benefits, such as reduced length of stay and improved quality of life post-hospitalization, constitute key elements in

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understanding the direct impact of these practices on patients' health (Martinez et al, 2013).

However, the effective implementation of early mobilization strategies faces significant obstacles. Resource limitations, insufficient specialized training and institutional resistance emerge as challenges to be overcome for the widespread adoption of these practices in intensive care (Hutchings et al., 2009).

Furthermore, an economic analysis that highlights the potential resource savings associated with early mobilization is essential. Reducing complications and length of stay not only benefits individual patients, but also aligns with public health policy goals and priorities (Reis et al 2018). This economic perspective strengthens compelling arguments for the widespread adoption of these strategies, promoting efficient management of healthcare resources and a more sustainable approach to critical care. At the same time, the discussion on the continued need for education and awareness highlights the importance of involving both health professionals and the wider community, through campaigns and training programs, to ensure successful and lasting implementation of mobilization strategies early in intensive care.

CONCLUSION

The physiotherapist's role in intensive care, with an emphasis on early mobilization in critically ill patients, emerges as a crucial component to optimize recovery and reduce complications associated with prolonged immobility. Understanding the effectiveness of these strategies is vital for the development of efficient health policies, and the continuous search for updates and the implementation of innovative approaches is imperative.

The promotion of excellence in care, through well-defined guidelines and protocols, combined with financial support from the State, proves to be essential to mitigate work incapacity and improve the quality of life post-hospitalization. In line with the regulations of the Unified Health System (SUS), which recognizes health as a fundamental right, the incorporation of these practices into public health management

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becomes crucial, highlighting the commitment to health promotion, disease prevention and guarantee of quality services for the entire population.

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07- SOCIAL DETERMINANTS AND MENTAL ILLNESS IN CHILDREN: NARRATIVE REVIEW

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Abstract

Introduction: The expansion of the concept of health implied the need to recognize the Social Determinants of Health. In order to understand health in its polysemic dimension. **Objective:** To analyze the influence of Social Determinants of Health on mental illness in children. **Method:** Bibliographic review study carried out in the following databases: Latin American and Caribbean literature in health sciences (LILACS) Literature Analysis and Retrieval System Online (MEDLINE). **Results:** The social determinants of health are presented as a mechanism that causes inequities in child health, being considered inequalities between population groups that, in addition to being systematic and relevant, are also avoidable, unfair and unnecessary. **Conclusion:** The need for public health policies that enable the reduction of social inequities is evident. In order to promote mental health practices for children, as a way of improving their health condition.

Keywords: Social Determinants of Health; Mental health; Children's Health.

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INTRODUCTION

Conceptions about health and illness must be anchored in health practice, which can overcome classical causal models, centered on individual actions, which go beyond a biological approach. These practices target individual and collective changes in behavior, which can understand the influence of Social Determinants of Health (DSS) (MATTIONI, 2023).

The Social Determinants of Health (DSS), in turn, represents a set of factors that characterize the particularities of individuals and reflect their insertion in time-space. They constitute a complex network of factors that threaten, promote or protect health. These factors interrelate and condition the health-disease process in the specificity of the individual and the scope of the collective way of life (BUSS, 2020).

The World Conference on Social Determinants of Health held in 2011 (CDSS), focuses on what produces society in terms of inequalities and reduces the scope for understanding and reporting to measurable and clearly visible factors, hoping that this, in itself alone is enough to reverse the problem. In other words, it does not propose a comprehensive analysis of power relations and patterns of exploitation, domination and marginalization that underlie social hierarchies (GARBOIS, SODRÉ, DALBELLO-ARAÚJO, 2017).

The need to identify the social determinants of health allows us to examine the relationship that such conditions have with regard to interference with the reach of the health object, highlighting greater synergies between health and other sectors, capable of providing the execution and implementation of policies aimed at reducing of risks (SOUZA, 2013).

The research aimed to analyze the influence of Social Determinants of Health on mental illness in children.

METHOD

This is a bibliographical research carried out in the following databases: Latin American and Caribbean literature in health sciences (LILACS) Literature Analysis and

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Retrieval System Online (MEDLINE). The following inclusion criteria were used: research that directly addresses the topic of mental health and basic education without language restrictions. Exclusion criteria: articles unavailable in full; duplicate articles; abstracts; letters to the reader.

RESULTS AND DISCUSSION

The expansion of the conception of health introduces plurality in the understanding of the social context in which subjects are inserted as a powerful determinant of their health condition. In this sense, it is necessary to understand the definition of health and illness, understand the demands of the field and differentiate individual needs from those that are intrinsic to the collective context.

Therefore, the importance to evaluate the need to identify the social determinants of health allows us to examine the relationship that such conditions have with regard to interference with the scope of the health object, highlighting greater synergies between health and other sectors, capable of providing the execution and implementation of policies aimed at reducing of risks (SOUZA, 2013).

Research into health differences between population groups must be understood as results of socially constructed habits and behaviors. From this perspective, understanding the multiple mechanisms that produce health inequities allows the implementation of practices that can overcome classic causal models, focused on individual actions, which go beyond a biological approach (SILVA, 2018).

Dahlgren and Whitehead's model arranges the DSS in concentric layers, in which individuals are at the center of the model: layer 1 (individual determinants); layer 2 (proximal determinants: individual behaviors and lifestyles); layer 3 (influence of social networks, that is, of social relationships); layer 4 (intermediate determinants: living conditions, work, food, access to essential environments and services); layer 5 (distal determinants or macro determinants: economic, cultural and environmental conditions of society) (DAHLGREN, 1991).

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The aforementioned model seeks to highlight the relationship between social determinants and health outcomes. Initially, there is personal behavior and ways of life that can damage or improve health, being influenced by social and community networks, contextualized by living and working conditions and access to facilities. Then there are the broader economic, cultural and environmental conditions of a society, which influence all other layers. Understanding the interrelationship between levels allows the identification of points for public policy interventions (HOGAN, 2021).

It highlights the importance of evaluating social determinants in the first years of life, understood as mechanisms that cause inequities in child health, defined as inequalities between population groups that, in addition to being systematic and relevant, are also avoidable, unfair and unnecessary. It is a complex and tangled web of factors responsible for child growth and development that spans the prenatal, perinatal, preschool and school periods, in addition to depending on family, school, community attributes and the sociopolitical context in which they live, the child and their family (ASSIS, 2009).

Children from socioeconomically disadvantaged families tend to start their lives with a “poor health platform”. This social and multidimensional phenomenon varies according to political, economic, social and cultural systems, with a strong correlation with human development (FOSU, 2007).

Such effects are intricately related to the ability to generate social and economic advances, resulting in health problems throughout life, including behavioral problems and the acquisition of social competence (BORGHI, 2018). In an ecological longitudinal study with children monitored from birth to four years of age, it was concluded that multiple risk factors affect children's emotional development. The worst prognosis was associated with the characteristics of the children who had: parents in professional occupations with less social prestige; mothers with poor education; belonging to minority groups and large, single-parent families; history of many stressful events; mothers with mental illness, history of anxiety and poor mother-child interaction in the early years; and parents with very rigid attitudes (SAMEROFF, 1998).

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The need to identify the social determinants of health allows us to examine the relationship that such conditions have with regard to interference with the reach of the health object, highlighting greater synergies between health and other sectors, capable of providing the execution and implementation of policies aimed at reducing of risks.

CONCLUSION

The need to identify the social determinants of health allows us to examine the relationship that such conditions have with regard to interference with the reach of the health object, highlighting greater synergies between health and other sectors, capable of providing the execution and implementation of policies aimed at reducing of risks.

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08- BASIC EDUCATION AND MENTAL ILLNESS: REFLECTIONS IN THE PRACTICE OF HEALTH CARE

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Abstract

Introduction: Mental disorders have become increasingly common in school-age children, causing damage to their mental health, school performance, and relationships with family and friends. **Objective:** To analyze the impacts of mental illness in the context of early childhood basic education. **Method:** Bibliographic review study carried out in the following databases: Latin American and Caribbean literature in health sciences (LILACS) Literature Analysis and Retrieval System Online (MEDLINE). **Results:** It is evident that children with mental disorders more frequently present lower academic performance, drop out of school and become involved in legal problems, and the demand for students with some type of emotional/behavioral problem, which recognizes the importance of educational practices and promoting children's mental health. **Conclusion:** The importance of public health policies is highlighted, as a fundamental pillar of social protection systems, as a way of understanding and selecting the pluralities of social refractions of a community, in order to offer responses to existing demands in the field of health mental health in the school context.

Keywords: mental health, anxiety disorder, child health, education.

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INTRODUCTION

There is an increasingly frequent increase in children with mental disorders, presenting themselves as a potentially disabling factor in society, which can lead to death on average 10 to 20 years earlier (PAN AMERICAN HEALTH ORGANIZATION, 2022).

The school-age population presents relevant symptoms or suffers from an Anxiety Disorder (AD) (PINHEIRO, 2018). Research shows that the incidence of anxiety disorders affected around 1% to 3% of the population between 0 and 17 years old, which is equivalent to 8 million children and adolescents (GUANCINO, 2020). In addition to causing damage to mental health, this type of disorder affects school performance, relationships with family and friends and often makes social contact impossible for these children (ASBAHR, 2004).

Anxiety manifests as an affective state, being a symptom that is present in several mental disorders as an essential clinical characteristic. This manifestation allows the individual to be alert to dangers and have survival attitudes in the face of unknown threats and situations. Also known as a state of apprehension or anticipation of dangers or unfavorable events, associated with feelings of worry, discomfort and tension causing suffering or significant impairment of functions (FROTA, 2022).

Anxiety is characterized by subjective symptoms related to the psychological, such as fear, emotional concerns, depersonalization, and objective or somatic symptoms, which include nausea, abdominal pain, vertigo, dry mouth and palpitations (FROTA et al., 2022).

The increase in reports of anxiety in childhood and that its damage can directly affect school life, understanding how it works. Cognitive approach involved in the theme helps to overcome complaints and minimize damage. Therefore, understanding the factors related to AD in childhood can trigger care practices aimed at minimizing damage (SANTOS, 2022).

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The prevalence of children with difficulties in some academic domain is alarming. A national study¹ indicated that approximately 55% of Brazilian children of school age (1st to 5th of Elementary School) have lower performance in Portuguese and/or mathematics. The two most prevalent conditions among children with school changes were Attention Deficit Hyperactivity Disorder – ADHD and Anxiety Disorder (approximately 55%), surpassing the number of children with specific learning disorders (BARROS, 2020).

In view of the above, the study aimed to analyze the impacts of mental illness in the context of early childhood basic education.

METHOD

This is a bibliographical research carried out in the following databases: Latin American and Caribbean literature in health sciences (LILACS) Literature Analysis and Retrieval System Online (MEDLINE). The following inclusion criteria were used: research that directly addresses the topic of mental health and basic education without language restrictions. Exclusion criteria: articles unavailable in full; duplicate articles; abstracts; letters to the reader.

RESULTS AND DISCUSSION

Due to the complexity of the phenomenon that corresponds to child mental health and its multidimensional factors, which involve emotional, behavioral and social aspects, which produce deficits in their teaching-learning process (PAIN, 1985).

It is observed that basic education presents challenges regarding the identification and monitoring of mental illness in children (FARIAS DE GOES, 2021). This perspective emphasizes the role of the school, as far from dealing only with the issue of learning, teachers and families have a privileged condition, since since it became mandatory for all Brazilian children and young people, this environment has become a privileged place for great concentration of longitudinal stimulation and great impact on all aspects of life (GARCIA, 2016).

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Studies have shown that children and adolescents in psychological distress are more likely to experience difficulties in the school context, even pointing out that academic performance is closely linked to children's socio-emotional situation (D'ABREU, 2010; FLEITLICH & GOODMAN, 2000).

It is known that with the emergence of the Covid-19 pandemic, the relocation of teaching from face-to-face to virtual teaching brought new contributing factors to the manifestation of mental disorders, such as the intensive use of information and communication technologies (ICTs)(RAD CAMAYD, 2021).

The relationship between school issues and mental health, although frequent, is still quite problematic. A study highlighted challenges regarding the individualization of issues related to mental health in the school environment, producing difficulties in providing assistance to this population group (PATTO, 1999). The very referral of school issues to mental health can often lead to a set of consequences that generate prejudices that worsen the situation. (BOARINI & BORGES, 1998). In this sense, understanding how school complaints reach mental health and reflecting on the topic continues to be a challenge for those involved in health and education (CARNEIRO, 2015).

This fact imposed the need for intersectoral actions with a view to overcoming the fragmentation of mental health care, in order to produce more significant effects on the health of individuals and communities (RUMOR, 2022). In the search for integrated practices and intersectoral approaches, the strategy adopted by public policies for the development of actions to promote the health of school children has been, considering that the habits, attitudes and beliefs formed during childhood have a high chance of being perpetuated until adult life (SILVA, 2014; LOPES, 2018).

In an attempt to mitigate the vulnerabilities to which children are exposed, initiatives aimed at the school context have gained prominence, especially as education is considered one of the main determinants of health, which contributes to the empowerment of subjects, promoting their personal and social development and , consequently, as an instrument of social transformation (SILVA, 2019).

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In this context, the Health in Schools Program (PSE) highlights a policy that aims to implement and develop coordinated health and education actions, which seek to contribute to the insertion of practices aimed at promoting health. Intersectorality is added as a pillar of the PSE, such as strengthening and confronting health vulnerabilities that compromise the development of actions aimed at the adolescent population (BRASIL, 2016;BAGGIO, 2018).

The PSE reinforce the need to consider the school and social dimension, as well as the student's local health diagnosis. The program must treat comprehensive health and education as part of a broad training for citizenship; allow the progressive expansion of actions carried out by health and education systems, in search of comprehensive care for children; and promote the articulation of knowledge, the participation of students, parents, the school community and society in general in the construction and social control of public policy (BRASIL, 2021).

However, gaps are observed regarding health promotion and disease prevention actions in the context of the PSE, pointing to fragmented health practices, such as: reproductive health, vaccination, nutrition, among others. Pointing to a perspective that requires an investigation into the real health needs of this population. Although health promotion actions are explicit in PSE health practices, the need for a diversity of themes such as mental health emerges, allowing greater recognition of health needs (MACHADO, 2015; LOPES, 2018).

The school becomes a privileged space for educational actions to produce knowledge to promote adolescent health, highlighting the importance of educational practices that encourage discussions and reflections on health care practices (MONTEIRO, 2017; PEREIRA, 2020).

Other guidelines are the promotion of a culture of peace, aiming to promote the prevention of health problems and strengthen the relationship between public health and education networks; articulate the actions of the Unified Health System (SUS) with public education actions, in order to cover the scope of actions aimed at students and their families, optimizing the use of available equipment, resources and spaces.

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Another focus is strengthening the fight against vulnerabilities in the health field that interfere with school development (BRASIL, 2011).

Amaral et al. (2020) reinforce the importance of implementing mental health prevention and promotion actions at school, highlighting that such actions must be part of the annual activity plan of educational spaces, and must be anchored in mental health policies at school level. Consequently, the authors argue that the promotion of mental health at school requires the training of the school community, helping educators to create a support network, in order to prevent suffering and mental illness of the subjects who are part of it, including students, improving early identification and the referrals that are necessary in each case.

CONCLUSION

Child and adolescent mental health care must be based on care practices, constructed through intersectoral guidelines, in order to provide a relationship between one or several sectors, for example, the school environment, aiming to achieve effective results, which would not be achieved with a single device.

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09- ADVERSE EFFECTS OF ATMOSPHERIC POLLUTION ON PUBLIC HEALTH IN BRAZIL: AN INTEGRATIVE REVIEW

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Abstract

Introduction: Atmospheric contamination is strongly associated with adverse effects on public health. Understanding the particularities of the Brazilian context is fundamental for the implementation of public policies and health promotion. **Objective:** To evaluate the adverse effects of air pollution on public health in Brazil. **Method:** This review was constructed from a search in the Latin American and Caribbean Health Sciences Information Literature (LILACS) and PubMed/Medline databases using the descriptors "Air Pollution" AND "Public Health" AND "Adverse Effects" AND Brazil. Articles written in English and Portuguese, published during the period from 2013 to 2023, were selected. After applying the aforementioned inclusion criteria and excluding duplicates, 10 references remained for the preparation of this review. **Results and Discussion:** There is a notable correlation between respiratory diseases and the emission of atmospheric pollutants, mainly the release of fine suspended particles (PM10), with emphasis on the increase in hospitalizations due to respiratory diseases. The lack of studies addressing the effects of pollutants on other systems of the human body, in addition to the respiratory and cardiovascular systems, as well as the scarcity of information on various atmospheric pollutants, highlights the importance of additional research to fill these gaps. **Conclusion:** Even at atmospheric levels considered acceptable, it is important to highlight that pollutants still present risks to public health. Therefore, there is a need for specific public policies that seek to reduce emissions of these gases and promote improved air quality.

Keywords: air pollution, Health, Brazil, adverse effects.

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INTRODUCTION

Air quality is strongly associated with the local and global ecosystem, being subject to factors such as consumption habits and pollution, in addition to the geography of each region. The use of fossil fuels, especially for motor vehicles and industrial activity, are important agents of atmospheric contamination worldwide and are related to increasing emissions of particulate matter (PM), carbon monoxide (CO), ozone (O₃), nitrogen oxides (NO_x) and sulfur oxides (SO_x).

In addition to the evident climate impact associated with these changes in air composition, several studies have been carried out to assess the impact on human health, showing an increase in negative outcomes such as premature deaths and high morbidity due to cardiovascular diseases. Given this, several efforts were made by the WHO to reduce the emission of atmospheric pollutants, such as the implementation of targets and safe levels of particles, which, however, obtained unsatisfactory results. Still, 99% of the world's population breathes air that contains levels of pollutants above those recommended by the organization.

The assessment of the impact on health requires considering factors particular to the population and the location, when it comes to air pollution. Measuring and understanding this reality is a starting point for developing public policies. Given this scenario, this study aims to evaluate the adverse effects of air pollution on public health in Brazil.

METHOD

This analysis was constructed through extensive bibliographical research carried out during the month of November 2023. According to the Virtual Health Library (VHL), the Latin American and Caribbean Literature on Health Sciences Information databases (LILACS) were used.) and PubMed/Medline, using the descriptors “Air Pollution” AND Health AND Brazil AND “Adverse Effects”, as defined by the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH). As a result of this meticulous search, 146 articles were identified that corresponded to the terms defined for the research.

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As inclusion criteria, articles written in English and Portuguese published during the period from 2013 to 2023 and which focused on research involving human beings were selected. For the final selection, through the evaluation of titles and abstracts, references that were not directly related to the main theme of our study were excluded.

Furthermore, all duplicates were discarded. From this and after an in-depth analysis of the articles available in full, 10 references were selected to compose the present review.

RESULTS AND DISCUSSION

It was identified a series of negative effects on the health of the population resulting from the pollution of atmospheric air by substances such as particulates in suspension (PM₁₀), sulfur dioxide (SO₂), nitrogen dioxide (NO₂) and ozone (O₃). The incidence of respiratory diseases stood out as the best and most significant indicator to analyze the health effects related to air pollution. This finding is confirmed by the observation of a 1.4% increase in total hospitalizations and hospitalizations in children under 5 years of age due to respiratory diseases for each increase of 10 µg/m³ in PM₁₀ levels (GOUVEIA et al, 2017). Other gases such as CO demonstrated an 8-fold increase in total hospitalizations with a 1 ppm increase in their levels, while SO₂ increased by 2.6 times with an increase of 10 µg/m³ (GOUVEIA et al, 2019). Therefore, it is possible to state that air pollution and its impact on respiratory diseases impose high costs on public health services, which can result in significant and avoidable additional expenses of around 1.9 million (MANTOVANI et al, 2016) .

Although the concentrations of PM₁₀, SO₂, NO₂ and O₃ are within the standard levels determined by Brazilian legislation and the WHO, a significant association was reported between the presence of pollutants and the increase in the number of emergency visits caused by respiratory diseases in children among 0 and 6 years, which highlights the lack of evidence of a safe concentration for human health. However, it is crucial to consider that the increase in the number of visits was reported between the months of March and June, coinciding with the autumn and early winter period. Therefore, the observed increase can also be attributed to the seasonal relationship and its effects on low temperatures, on the increase in the concentration

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of pollutants due to thermal inversion and on the lack of rain that leads to the worsening of respiratory infections. In this context, more studies are needed to better clarify the association between seasonality and air pollution (MATOS et al, 2019).

Air pollution caused by vehicle gases has also been correlated with an increase in respiratory diseases and other morbidities. The correlation between the increase in PM10 emissions and the growth in the number of hospital admissions due to heart failure was evident when comparing cities with different levels of vehicle flow, with the incidence of morbidities being higher in cities with greater flow (PEREIRA-VASSARI, D.; VALVERDE, MC; ASMUS, GF, 2022). Similarly, individuals living close to heavily trafficked roads are more susceptible and vulnerable to the risk of mortality from heart disease. It is worth considering that, in general, regions with high vehicle flow have a low value in the real estate market, which can facilitate their habitation by populations with lower purchasing power (RODRIGUES et al, 2017). Likewise, individuals with lower income have greater difficulty accessing health services, which can become a confusing factor in research. In contrast to this scenario, in the municipality of São Paulo, a relationship was identified between living in areas of high traffic density and higher socioeconomic status with an increased risk of hospitalization for respiratory system cancer (RIBEIRO et al, 2019).

It is important to note that air pollution and its effects on human health constitute a broad topic that deserves several considerations, as well as requiring comprehensive analyses. However, there was a significant lack of studies that address the effects of pollutants on other systems of the human body, in addition to the respiratory and cardiovascular systems. Furthermore, there is a lack of information on the various existing air pollutants, which can compromise or complicate the interpretation of current evidence. From this perspective, the importance of carrying out more research on the topic is highlighted to clarify the current gaps and to promote a more complete understanding of this very important topic.

CONCLUSION

The literature analyzed revealed a predominance of research that directly addressed the relationship between air pollution and health impacts and, for the most

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part, was carried out in the metropolitan region of São Paulo. The results showed that even at recommended atmospheric levels, polluting substances still pose risks to public health. Furthermore, a significant correlation was found between the increase in the number of visits for respiratory diseases and the emission of atmospheric pollutants, especially the release of PM10.

Given the harmful effects previously documented in the studies covered, we discuss the importance of directing these data to the development of specific public policies, aiming to reduce emissions of polluting gases. Assessing the short- and long-term effects of air pollution on public health is an area of research in constant evolution, and it is likely that even more studies will be published in the coming months and years. Regarding existing studies, we review the evidence and identify the statistical challenges faced by researchers when analyzing the relationship between air pollution and respiratory tract comorbidities, also offering recommendations for future research.

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10- THE INCORPORATION OF THE THERAPEUTIC SPACE AS A TOOL TO STIMULATE CHILDREN'S SOCIAL PARTICIPATION AND FAMILY INCLUSION

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Abstract

Introduction: Currently, the treatment of children with disabilities involves a multidisciplinary team, of which the physiotherapist is a part, working on the dysfunctions experienced. Physiotherapeutic care is generally carried out in clinics, however, there is a growing association with the use of alternative environments that allow greater interaction between patient, environment and family. **Objective:** To present the evaluation carried out by interns from the pediatrics sector at Emescam regarding the stimulation of social participation of children cared for in the therapeutic space and the inclusion of the family in care. **Method:** This is a descriptive study with data from primary sources and a mixed method, containing objective and open-ended questions. **Results:** There was a prevalence of perception on the part of interns of greater interaction and social participation of children, in addition, the therapeutic space has helped physiotherapy interns by stimulating more interactive care and it was found that the therapeutic space has encouraged the participation of family. **Discussion:** The results obtained by this present study are in agreement with other research that highlighted the benefits of the therapeutic environment favoring play, providing opportunities for experiences that stimulate the child's social, physical and emotional aspects. **Conclusion:** The therapeutic space proves to be an important tool to assist physiotherapeutic care in the pediatric sector at Emescam.

Keywords: children with disabilities, physiotherapy, playfulness, health policy.

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INTRODUCTION

In Brazil, the national ordinance for people with disabilities establishes the promotion of quality of life and comprehensive health care, emphasizing the importance of ensuring equality of opportunity. It is worth mentioning that the Brazilian Law on the Inclusion of Persons with Disabilities guarantees these individuals their rights by promoting social inclusion and citizenship. In this context, encouraging the social participation of children with disabilities means encouraging compliance with current laws, promoting quality of life. However, due to environmental barriers and the precariousness of inclusive spaces, children with disabilities experience limitations in the social dimension. That said, it is essential to create inclusive, adapted, playful environments that encourage socialization.

Currently, the treatment of children with disabilities involves a multidisciplinary team, of which the physiotherapist is a part, working on the dysfunctions experienced. Physiotherapeutic care is generally carried out in clinics, however, there is a growing association with the use of alternative environments that allow greater interaction between patient, environment and family. At this juncture, the incorporation of a therapeutic space that encompasses a sensory garden and a therapeutic park becomes a beneficial tool as it stimulates creativity, the development of the child's functions in a fun and playful way, social participation and leads to greater sensorimotor acquisitions. Furthermore, this space allows children's families to be included, allowing parents and guardians to experience the benefits of playing on health and well-being.

In view of the above, the objective of this study is to present the evaluation carried out by interns from the pediatrics sector at Emescam regarding the stimulation of social participation of children cared for in the therapeutic space and the inclusion of the family in care.

METHOD

This is a descriptive study with data from primary sources and a mixed method, containing objective and open-ended questions. An electronic form was sent to the interns via Google Forms containing questions regarding the assessment of the social

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participation of children cared for by the Emescam pediatrics sector experienced through the therapeutic space (Sensory Garden + Therapeutic Park), and the inclusion of the family in the care. This project was approved by the Emescam Research Ethics Committee under opinion number 6,022,352. The collected data was spreadsheeted in Excel. A descriptive analysis of the results obtained was carried out.

RESULTS

There was a prevalence of the perception of greater social participation shown in graph 1.

- In your perception and observation, has the therapeutic space (Sensory Garden + Therapeutic Park) provided children with greater social participation, enabling them to play together even with different disabilities?



Graph 1: Referring to the first question of the questionnaire. Own source.

It was noted that the therapeutic space has provided greater interaction and participation of children, as observed in the interns' reports presented below:

Justification for question 1: Interviewee 1: "In the therapeutic space, children receive more stimuli and interact more with each other, for example on the seesaw (which needs two children) and on the swings that are close to each other". Interviewee 2: "Yes, because it is a bigger, free space with different stimuli." Interviewee 3: "It is definitely an environment with a lot of interaction and participation. Many of these children don't experience this outside of here, so when they watch other children playing, they want to participate in the game, regardless of their disability." Interviewee 4: "They interact more with each other, helping each other." Interviewee 5: "Yes! Because the external environment provides unique sensory experiences that children are often deprived of in the current situation they live in." Interviewee 6: "It offers greater

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contact with other children in which they collaborate with each other in carrying out a game (help each other)".

It was found that the therapeutic space has encouraged family participation as seen in graph 2 and in the interns' reports presented below:

- In your perception, has the therapeutic space increased family participation in physiotherapeutic care?



Graph 2: Regarding the third question on the form. Own source.

Justification for question 2: Interviewee 1: "Many mothers have participated in therapy in the therapeutic space with both their child and another, since children like to show their guardians what they are doing and often ask them to help them in some toy." Interviewee 2: "Yes, because it is a playful space". Interviewee 3: "When we are there, the family is super happy, wanting to play with the child, and many of them even have their leisure time, as they are unable to participate outside of here." Interviewee 4: "Family members feel more comfortable interacting and participating in the treatment." Interviewee 5: "Yes! Because parents get involved, they also put their feet on the grass and make the most of their children." Interviewee 6: "It provides outdoor activities, increasing the sensory experience, in addition to allowing parents to also interact in the playful treatment".

DISCUSSION

It was observed through the data obtained that the therapeutic space allowed children greater social participation by allowing different children with disabilities to play

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together, helping each other. Furthermore, it enabled greater family participation in the child's treatment process.

The results obtained by this present study are in agreement with other research that highlighted the benefits of the therapeutic environment favoring play, providing opportunities for experiences that stimulate the child's social, physical and emotional aspects, considering their needs, abilities and desires (MOORE ; BOYLE; LYNCH, et al., 2022; BROWN, et al., 2021). Furthermore, current studies show that the incorporation of the therapeutic park into care is viable as it stimulates the child's creativity and social participation (PIMENTEL-PONCE. et al., 2021). Our findings show that family participation has been promoted through the therapeutic space. In this context, BROWN, et al., (2021) showed that including children's families in the care provided allows parents and guardians to experience the benefits of playing on the child's health and well-being. It is worth mentioning that according to the international classification of functionality, disability and health (2001), one must decentralize the view of disability and focus on the limitations experienced in social participation.

This study has limitations regarding the sample size and the scarcity of studies that deal with therapeutic spaces or therapeutic play. It is essential to carry out research with larger samples that address the aforementioned themes.

CONCLUSION

The therapeutic space proves to be an important tool to assist physiotherapeutic care in Emescam's pediatrics sector, as it is a playful and interactive environment that encourages the child's social participation and the inclusion of the family in physiotherapeutic care. In addition to the sensorimotor benefits, experiences in the therapeutic space impact the child's psychosocial, generating greater social inclusion and, therefore, enforcing legislation for people with disabilities.

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11- ANALYSIS OF CHILD MORTALITY UNDER 5 YEARS OF AGE IN THE STATE OF ESPÍRITO SANTO

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Abstract

Introduction: Infant mortality in children under 5 years of age remains a global challenge, reflecting social and economic inequalities. Infectious diseases, malnutrition and lack of access to adequate healthcare are critical factors. Despite progress, significant challenges remain, especially in regions with limited resources and political instability. Understanding these variables is essential to develop effective intervention strategies. **Objective:** The study aims to analyze the mortality of children under 5 years of age in the state of Espírito Santo, aiming to understand the complexity of the problem. **Method:** This ecological study analyzed data on deaths of children under 5 years of age in the Southeast Region and Espírito Santo from 2012 to 2020. The childhood mortality rate was used to describe epidemiological data over time and by region and federation unit, stratified by sex. Statistical analysis included the use of Prais-Winsten regression to determine the temporal behavior of the mortality rate. **Results:** Data on general mortality of children under 5 years of age in the Southeast Region and in the State of Espírito Santo show a decreasing trend in the number of deaths. A reduction in mortality among boys and girls was also observed in Brazil as a whole, as well as in all regions. However, in the North Region, females show a greater reduction compared to males. **Conclusion:** Infant mortality in Espírito Santo and the Southeast region decreased according to data from 2012 to 2021, with specific factors between the sexes. The importance of strategies for child health and an approach to public policies sensitive to gender disparities is highlighted.

Keywords: children's health, epidemiology, child mortality.

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INTRODUCTION

A Mortality in children under 5 years of age is a worrying reality that, despite significant advances in global health, continues to challenge communities around the world. This phenomenon transcends merely statistics, representing a painful manifestation of the social and economic disparities that persist in many regions.

The complexity of this issue requires a multifaceted approach, considering not only medical factors, but also social, economic and cultural factors that are intrinsically interconnected. Infectious diseases, malnutrition, lack of access to drinking water and basic sanitation, in addition to the quality of maternal and child health care, are all critical elements that contribute to mortality at an early age (Monteiro; Rodrigues, 2020).

In recent years, the global community has witnessed remarkable advances in reducing child mortality, thanks to initiatives such as expanding vaccinations, improving access to prenatal care, and focused efforts to combat specific diseases that affect children. However, despite this progress, significant challenges persist, particularly in regions where limited resources and political instability exacerbate adverse conditions (Nascimento; Melo; Poton, 2020).

Child health is intrinsically linked to a complex web of factors, ranging from adequate nutrition and access to quality prenatal care to effective prevention and treatment of infectious diseases. Understanding the variables that contribute to infant mortality in order to develop more precise and effective intervention strategies is of paramount importance (Ferreira et al., 2022).

Therefore, the study aims to analyze the mortality of children under 5 years of age in the state of Espírito Santo, aiming to understand the complexity of the problem.

METHOD

This is an ecological study, which collected secondary data on the number of deaths of children under 5 years of age in the Southeast Region and the state of Espírito Santo. The data used were obtained from the Mortality Information System

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(SIM) and the Live Birth Information System (SINASC) (DATASUS, 2008). Data were collected by place of occurrence in the period from 2012 to 2020. The Childhood Mortality Rate was calculated according to the formula.

In the statistical analysis, the Childhood Mortality Rate was used to describe epidemiological data over time and by region and federation unit, being stratified by sex. Prais-Winsten regression analysis was used to determine the temporal behavior of the mortality rate.

RESULTS

Table 1 presents regression data on general mortality of children under 5 years of age by Southeast Region and State of Espírito Santo. A decreasing trend in the number of deaths was observed in the Southeast region (APC=-30.82; IC95% -42.46;-18.72) and in the State of Espírito Santo (APC=-30.82; IC95%-49.88;-2.28).

Region/Federation Unit	General			
	APC (IC95%)	r ²	P	Trend
Southeast Region	-30.82 (-42.46;-18.72)	0.96 6	0.001	Descending
Espírito Santo	-30.82 (-49.88;-2.28)	0.59 9	0.031	Descending

Table 2 shows mortality stratified by sex, on the national scene, Brazil as a whole shows a decreasing trend in mortality of children under 5 years of age for males ($\beta=-0.24$; IC95%-0.31;-0.18) and female ($\beta=-0.20$; IC95%-0.27; -0.13). Furthermore, when verified by region, the decreasing trend remains for both sexes. However, in the North Region, females present a reduction in more municipalities when compared to males.

Region/Federation Unit	Male			
	APC (IC95%)	r ²	P	Trend
Southeast Region	-36.9 (-46.3;-27.56)	0.989	p<0.001	Descending
Espírito Santo	-25.87 (-53.23;14.82)	0.352	0.161	Stationary
		Female		
	APC (IC95%)	r ²	P	Trend
Southeast Region	-24.14 (-38.34;-6.67)	0.556	0.012	Descending

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Espírito Santo	-32.39 (-52.14;-4.5)	0.347	0.028	Descending
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DISCUSSION

With regard to the data presented, it is observed that during the period under study from 2012 to 2021 the general mortality rate for children under 5 years of age is lower when compared to the State of Espírito Santo. When comparing the sexes involving the mortality rate of children under 5 years of age in Espírito Santo, the male sex is stable and the female sex is decreasing.

The infant mortality rate is an important basic indicator of human development, as it reveals living conditions and assistance. population health (Silva et al., 2012). On a global scale, the general number of deaths involving children is decreasing. According to the United Nations Children's Fund (UNICEF), the global mortality rate for children under 5 years of age has reduced by 59%, from 93 deaths per 1000 live births in 1990 to 39 per 1000 live births in 2018 (UNICEF, 2019).

In Brazil, despite the existence of legislation that promotes the protection of children and adolescents, the childhood mortality rate of children under 5 years of age remains a public health problem, as it is associated with social determinants (DSS), evidenced by the lack of basic sanitation, inadequate food, unworthy housing, among the factors that directly affect child development (Paz; Almeida; Gunther, 2012).

Despite the inequalities present in the Brazilian territory, the implementation of the Family Health Strategy (ESF) in the Primary Health Care Network has played a significant role in reducing child mortality. The ESF provides quality health care for children, guaranteeing access to immunizations, prenatal guidance, breastfeeding and childcare monitoring (Malta et al., 2013).

Furthermore, the entire Brazilian territory has achieved the Sustainable Development Goal (SDG) regarding the reduction of preventable deaths in the first 5 years of life, defined by the World Health Organization (UN) by the year 2023 (SDG, 2023). This is due to advances related to quality of life and access to health services, which have been shown to be significant in reducing rates by region (Pasklan, et. al.,

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2021). However, there are regional disparities, such as access to healthcare, which is a factor that impacts the infant mortality rate.

CONCLUSION

Therefore, when examining the data between 2012 and 2021, there is a notable decrease in the infant mortality rate under 5 years of age in the state of Espírito Santo and the Southeast region. The stability of the male sex rate and the reduction observed in females suggests the influence of sex-specific factors that contribute to the findings. This conclusion highlights the importance of strategies aimed at child health and highlights the need for sensitive approaches to gender disparities in the formulation of public policies.

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12- PSYCHOLOGICAL VIOLENCE IN AN OBSTETRIC CONTEXT OF SOCIAL VULNERABILITY

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Summary

Obstetric violence presents itself as a public health problem, consisting of violent and inhumane initiatives that disrespect the human and reproductive rights of women during childbirth. In this regard, this review seeks to analyze scientific evidence about its characteristics and its relationship with social vulnerability factors. The results indicate that labor is perceived as painful and distressing, not only because of its physiological characteristics, but also because of the degrading state of care sometimes offered in public health equipment, producing hostile, degrading and negligent care practices. The relationship between obstetric violence and precarious access to the health system and the services offered is noted, as well as disrespectful and inhumane practices in the care of women during the labor and birth process. It is pointed out that one of the main aspects of this violence is the prevalence of racial and socioeconomic markers, barriers to humanized care and adequate treatment for pregnant women, especially black and low-income women. It should be noted, by way of conclusion, that obstetric violence is a relevant topic for public health policy for women and children, highlighting the role of health services and in providing humanized assistance to those involved in the process of pregnancy, childbirth and postpartum, which provides them with greater autonomy in participating in their own life cycle and confronting all types of violence.

Keywords: social determinants of health, women's health, obstetric.

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INTRODUCTION

Obstetric violence presents itself as a public health problem, consisting of violent and inhumane initiatives that disrespect the human and reproductive rights of women during childbirth, and is sometimes aggravated due to various factors of social vulnerability. Therefore, it is important to know what the literature in the health area indicates about the forms that this violence takes in contexts of social vulnerability.

In this sense, the study aimed to analyze scientific evidence on obstetric violence and its relationship with the main factors of social vulnerability. Based on the hypothesis that obstetric violence is one of the results of the precariousness of the public health system, which considerably restricts the population's access to the services offered to them, in addition to promoting disrespectful and inhumane practices in the care of women during the process of labor and birth.

It was noted that one of the main aspects of obstetric violence is associated with the prevalence of racial and socioeconomic markers, creating a barrier to humanized care and adequate treatment for black and low-income parturient women. Given this context, it is necessary to study the assistance provided to those involved in the pregnancy, childbirth and postpartum process, its humanization and promotion of autonomy in participating in their own life cycle.

Therefore, the objective of this study is to analyze scientific evidence on obstetric violence and the relationship between social vulnerability factors.

METHOD

This review of health literature on obstetric violence searched, without language restrictions, for studies indexed to the topic, according to the vocabulary of the Science Health Descriptors (DeCS), namely: women's rights, obstetric violence, humanizing delivery and violence against women. The Boolean operators "AND" and "OR" were applied to the results, analyzed by title and/or summary, as follows: a) LILACS (Obstetric Violence AND Violence Against Women OR Crimes against Women AND Humanizing Delivery AND Women's Rights); b) MEDLINE (Obstetric Violence AND Violence Against Women OR Crimes against Women AND Humanizing Delivery)

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In terms of form, scientific articles, literature reviews and original articles on the topic were included, texts that were unavailable in full, duplicate articles, summaries and letters to the reader were excluded. As this is a research with secondary data, in the public domain and available in the literature, there was no need for ethical assessment, as long as copyright is respected and the commitment to expanding and consolidating democracy through the socialization of knowledge production, according to the Resolution No. 510/16, from the National Health Council.

RESULTS

The search identified 52 potentially relevant studies, 17 in LILACS and 36 in MEDLINE. After applying the filters, complete document and publication year intervals (last 5 years), 17 documents were selected for the final sample of texts considered of interest for the present study by thematic affinity. A full reading of this sample was carried out, with the main results discussed below.

CONCLUSION

The results on obstetric violence and its relationship with factors of social vulnerability, showed that labor is perceived as painful and distressing, not only due to the physiological characteristics of this condition, but also due to the degrading state of assistance offered by health equipment, producing practices hostile, degrading and neglectful assistance (BALSARKAR, 2021; AL-KHUSHAYBAN, 2022).

The issue of violence during the birth process presents practices loaded with stereotypical cultural meanings of devaluation and submission of women, crossed by medical ideologies, gender and sociodemographic characteristics, becoming naturalized in institutional culture. These meanings favor the conditions for the existence and perpetuation of this type of violence, which, in turn, should not be understood only as a reflection of the precarious working conditions of professionals (GARCIA; LAVANDEROS, 2021; MOLLA, 2022).

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It should be noted that obstetric violence is a relevant topic for public health policy for women and children. In this scenario, the role of health services and workers in combating all types of violence perpetrated against women stands out.

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13- INTEGRATIVE AND COMPLEMENTARY PRACTICES: CHALLENGES AND FUTURE PERSPECTIVES

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Abstract

Introduction: Integrative and Complementary Practices (PICS) seek to promote health, well-being, prevent disease and improve quality of life, aiming to treat not only physical symptoms, but also emotional, mental and energetic aspects of the individual. Objective: present what the scientific literature offers in relation to the challenges and future perspectives in the implementation of PICS in public health services. Method: The study is a review of the scientific literature on the challenges and future perspectives for the use of PICS in the Unified Health System (SUS). The search for articles took place in the Lilacs and Scielo databases, yielding 9 works. Results: PICS present several challenges to be faced to expand and strengthen their offer in the SUS, however, they have promising future perspectives for expanding access to users and implementing the PNPIC in the Public Health service. Conclusion: It is essential that the SUS continues to invest in the training of professionals, as well as in the expansion and structuring of services that offer PICS. State investment in public policies that favor the implementation of these therapies in health services is also important.

Keywords: integrative and complementary practices, training, PNPIC, public health.

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INTRODUCTION

The importance of Integrative and Complementary Health Practices, also known as PICS, lies in their ability to offer therapeutic options complementary to conventional methods, expanding the range of treatments available to the population. Furthermore, these practices consider the patient in their physical, mental, social and emotional entirety and seek to prevent diseases and promote the health and well-being of individuals (Nascimento *et al.*, 2018).

In Brazil, PICS are recognized and encouraged by the Unified Health System (SUS) through the National Policy on Integrative and Complementary Practices (PNPIC). The PNPIC was established in 2006 by Ordinance n^o 971 of the Ministry of Health. This means that they are made available free of charge in some health units in the country, expanding access to these therapies for the population (Silva *et al.*, 2020).

PICS are increasingly being recognized as effective health care alternatives and the future perspectives of these practices for the SUS are greater appreciation, expanded access, scientific research, professional qualification and focus on health promotion and disease prevention. However, despite bringing benefits to the health and well-being of the population, PICS face several challenges to be effectively integrated into the public health system (Silva *et al.*, 2020).

Therefore, the present work is relevant given the need to demonstrate the obstacles faced in the recognition and integration of PICS in the SUS and the importance of including these practices in enhancing health care.

Therefore, the objective of this research is to describe the scientific evidence available in the literature on the challenges of implementing complementary therapies and what are the future perspectives in the use of PICS in health services.

METHOD

The present study is a bibliographical review in which works were researched whose main theme is Integrative and Complementary Practices and the challenges and future perspectives for their use in the SUS. The search for articles took place in the Lilacs and Scielo databases.

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As an inclusion criterion, articles in Portuguese from the health area published within 5 years and which addressed the subject in question were selected. Within these specifications, articles published in the period prior to 5 years were excluded, in a language other than portuguese and which did not present the subject addressed as a theme.

In the Lilacs database, the descriptors “Integrative and Complementary Practices”, “Unified Health System” and “implementation challenges” were applied. In this research we obtained 38 works of which, after applying the exclusion criteria, 8 remained. The search using the descriptors “Integrative and Complementary Practices”, “Unified Health System”, “implementation challenges” and “future perspectives” did not obtain articles . In all searches, the Boolean operator “AND” was used. The same search steps were followed in the Scielo database and the articles obtained were the same.

RESULTS AND DISCUSSION

By reading and analyzing the works found, relevant data were selected and grouped into “challenges” and “future potential” in the table below to be discussed further.

Authors	Challenges	Future potential
Silva, <i>et al.</i> , (2020)	Insufficient Management Support; Biomedical model of care; Lack of political discussion.	Limitations of the biomedical model.
Dalmolin, Heidemann and Freitag, (2019)	Lack of professional training; Biomedical model of care; Scarcity of financing induces; Insufficient Management Support; Lack of political discussion.	Valuing the various dimensions of the health-disease process; Strengthening the SUS; Political discussion.
Ferraz <i>et al.</i> , (2020)	Lack of professional training; Biomedical model of care; Lack of scientific evidence.	Promotes autonomy; Comprehensive health care; Reduction of medicalization; Less expensive assistance.
Vieira and Filho, (2020)	Biomedical model of care; Professional, manager and user lack of knowledge about PICS; Lack of professional training; Shortage of induction financing.	Valuing the various dimensions of the health-disease process; Limitations of the biomedical model; Comprehensive health care.

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Ruela <i>et al.</i> (2019)	Lack of professional training; Insufficient Management Support; Resistance of professionals; Scarcity of scientific evidence; Biomedical model of care.	Comprehensive health care; Reduction of medicalization; Less expensive assistance.
Santos <i>et al.</i> , (2018)	Insufficient Management Support; Lack of professional training; Scarcity of financing induces; Insufficient disclosure of PICS.	Improved health and well-being.
Barros, Spadacio, and Costa, (2018)	Biomedical model of care; Lack of professional training; Shortage of induction financing.	Integration between professionals and professional-patient; Comprehensive health care; Prevention and health promotion; Limitations of the biomedical model.
Habimorad, <i>et al.</i> , (2020)	Lack of professional training; Biomedical model of care. Professional, manager and user lack of knowledge about PICS.	Comprehensive health care; PICS as a popular practice; Reduction of medicalization; Co-participation of managers, users and professionals in the implementation of PICS.

In relation to the challenges faced in implementing PICS in the SUS, the lack of investment in professional training stands out, after all, without the support and engagement of managers, it is difficult to promote the effective inclusion of PICS (Dalmolin, Heidemann & Freitag, 2019; Ferraz *et al.*, 2020; Habimorad *et al.*, 2020; Nascimento *et al.*, 2018; Ruela *et al.*, 2019; Santos *et al.*, 2018; Vieira & Filho, 2022; Silva *et al.*, 2020).

Another difficulty in carrying out PICS is the opposition on the part of some health professionals to adopting these therapies. (Ruela *et al.*, 2019). This resistance is often attributed to the lack of solid scientific evidence that proves the effectiveness and safety of these practices (Ferraz *et al.*, 2020; Ruela *et al.*, 2019).

Another obstacle is the lack of knowledge and information on the part of the population, health professionals and managers. Many users are unaware of the benefits and effectiveness of these practices, which generates distrust and resistance to adopting these therapies. (Habimorad *et al.*, 2020; Vieira & Filho, 2022).

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Furthermore, the lack of agendas involving the PNPIC in the Public Health service in political discussions and the inadequate investments in the health sector, both in labor and infrastructure, on the part of the public authorities can also be an obstacle to implementing the PICS in a effective (Dalmolin, Heidemann & Freitag, 2019; Ruela *et al.*, 2019; Vieira & Filho, 2022; Barros, Spadacio, and Costa, 2018; Santos *et al.*, 2018).

Among the future perspectives cited are the benefits of comprehensive health care that seeks to improve health and well-being, health promotion and disease prevention. Furthermore, this type of approach considers the interaction between the patient and the therapist, creating an environment of trust and collaboration. Such aspects result in the strengthening of SUS principles and guidelines, another potentiality of PICS (Vieira & Filho, 2022; Ruela *et al.*, 2019; Barros, Spadacio, and Costa, 2018; Ferraz *et al.*, 2020).

Other expectations involve better acceptance of PICS by users due to familiarity and identification with ancestral concepts and practices present in Brazilian culture, resulting in the appreciation of autonomy in choosing the therapies of their preference (Ferraz *et al.*, 2020; Habimorad *et al.*, 2020).

Furthermore, the authors also cite the importance of co-participation of managers, professionals and users in the search for the implementation of PICS through discussions in Health Councils (Habimorad *et al.*, 2020; Dalmolin, Heidemann & Freitag, 2019).

Other potentialities consider the limitations of the biomedical model as the only means of care, giving space for therapies to work together. In addition, PICS are less costly approaches to the System and can bring benefits in reducing the medicalization of patients (Ferraz *et al.*, 2020; Habimorad *et al.*, 2020; Ruela *et al.*, 2019).

CONCLUSION

PICS have diverse benefits, however, there are challenges to be faced to expand and strengthen the offer of Practices in the SUS. The future of the SUS in this area is promising and involves political, social and financial aspects that permeate the health area. Given these perspectives, it is essential that the SUS continues to invest in training and training professionals in these areas, as well as in expanding and

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structuring the services offered by PICS. State investment in public policies that favor the implementation of these therapies in health services is also important.

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14- VACCINE REFUSAL AND THE IMPACT ON PUBLIC HEALTH

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Abstract

Introduction: Since the establishment of the National Immunization Program (PNI) in the 1970s, Brazil has consolidated itself as a global influence in the field of public vaccination, being decisive in the reduction and elimination of some diseases. However, according to the National Immunization Program Information System (SI-PNI), vaccination coverage rates have seen a significant reduction in all regions of the country in the last five years, with the southeast region having the greatest difference, with 79,06% in 2018, to 46,99% in 2023. **Objective:** To analyze the effects of vaccine refusal on public health and the reasons that lead individuals to refuse immunization. **Method:** Integrative review carried out in December 2023. To select the articles, a search was carried out in the Virtual Health Library (VHL) database using the search strategy: "Vaccination" AND "Vaccination refusal" AND "Health public." The inclusion criterion was full text in Portuguese, resulting in 261 articles. After complete reading, only four articles made up the review. **Results:** Of the articles analyzed, two address fake news and anti-vaccine movements as the reason for the decrease in vaccination coverage in the country. Two portray a lack of trust and lack of knowledge as contributing factors to vaccine hesitancy. **Conclusion:** Vaccination refusal emerges as a phenomenon that poses considerable challenges for public health in Brazil, such as the return of previously eradicated vaccine-preventable diseases.

Keywords: vaccination, vaccination refusal, public health.

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INTRODUCTION

Since the establishment of the National Immunization Program (PNI) in the 1970s, Brazil has consolidated itself as a global influence in the field of public vaccination, being decisive in the reduction and elimination of some diseases. However, several limitations were observed and persisted over the years, constituting significant obstacles to the full success of the PNI. Among these limitations, examples include the dissemination of fake news, the increase in anti-vaccine movements, among others (Da Conceição Ramos et al, 2023).

Anti-vaccine movements have persisted in Brazil since the implementation of immunobiologicals, evidenced, for example, in the "Vaccine Revolt" in 1904, in response to the compulsory imposition of the smallpox vaccine for all citizens, resulting in population revolt (Da Conceição Ramos et al, 2023).

Information extracted from the National Immunization Program Information System (SI-PNI) indicates that vaccination coverage rates over the last five years have experienced a significant reduction in all regions of the country, with the southeast region having the greatest difference, with 79,06% in 2018, to 46,99% in 2023.

The relevance of this study is based on analyzing a phenomenon of great impact on public health. For this reason, this work's main objective is to analyze the effects of vaccine refusal on public health, and discuss the reasons that lead individuals to refuse immunization.

METHOD

This is an integrative review drawn up from the following steps: establishment of the hypothesis and objectives; sample selection through the establishment of inclusion and exclusion criteria; definition of the information to be extracted; analysis of results; discussion and presentation of results; and the presentation of the review. Therefore, to guide the review, the following question was formulated: What are the consequences for public health of the population refusing vaccinations?

To select the articles, a search was carried out in the Virtual Health Library (VHL) database, using descriptors based on Decs, with the search strategy: "Vaccination"

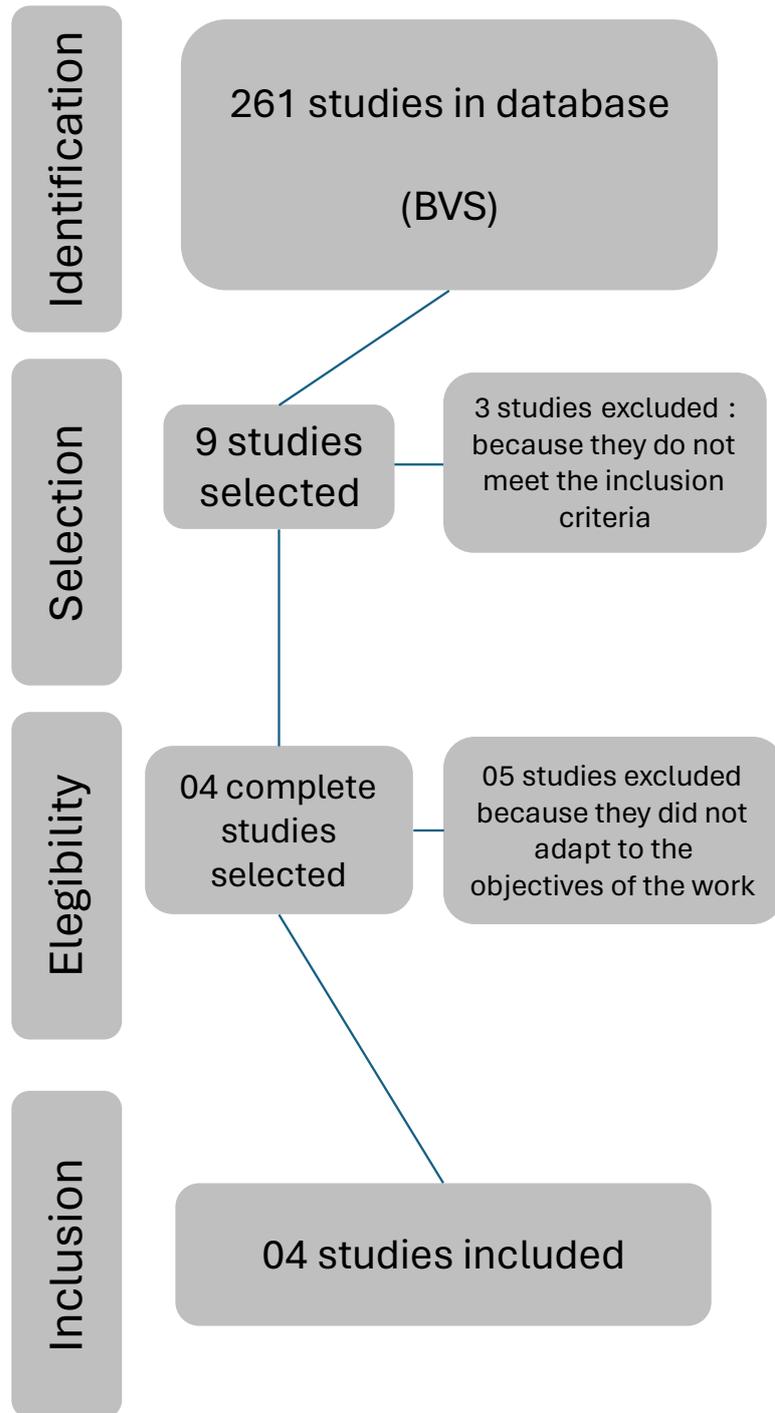
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AND “Vaccination Refusal” AND “Public Health”. The inclusion criteria defined for this review were: Articles with full text, and Portuguese language.

RESULTS

Initially, 261 studies were found in the VHL. In the inclusion process, 12 articles remained, where, after reading the title, 09 literatures were selected for careful and complete reading. After reading, 04 studies composed the final writing, as described below:

Figure 1. Flowchart for selecting studies for analysis of the integrative review.



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Table 1 -Description of the main studies found with their respective years of publication.

Authors, year of publication	Title	Type of study	Objective	Results
Ana Carolina Lima da Conceição Ramos et al., 2023.	Vaccination coverage and the anti-vaccine movement: the impact on public health in Brazil.	Mixed methodology: first qualitative stage and second quantitative stage.	Assess how the anti-vaccine movement impacts public health in Brazil through a decrease in vaccination coverage.	Between 2010 and 2020 there was a drop in applications for BCG, polio and MMR vaccines. Anti-vaccine websites present content with sensationalist information without a scientific nature to manipulate the reader.
Souza, Fernanda de Oliveira et al., 2022.	Influenza vaccine hesitancy among healthcare workers, Bahia, Brazil.	Cross-sectional study.	To investigate the association between trust, complacency and convenience with influenza vaccine hesitancy among health sector workers.	The results show that lower confidence and greater complacency are associated with greater vaccine hesitancy and that this effect was mediated by the level of confidence.
Frugoli, Alice Gomes et al., 2021.	Fake news about vaccines: an analysis based on the World Health Organization's 3Cs model.	Qualitative research of an exploratory nature.	Analyze fake news about immunobiologicals taking vaccine hesitancy as a reference in the World Health Organization's 3Cs model (trust, complacency and convenience).	Fake news is disseminated based on appealing content, with speech patterns, a predominance of alarmism, unknown websites, without authorship, sensationalist content and requests for sharing.
Mizuta, Amanda Hayashida et al., 2019.	Perceptions About the Importance of Vaccines and Vaccination Refusal in a Medical School.	Cross-sectional study.	Identify the perception of the importance of vaccines and the risks of vaccine refusal among medical students and doctors.	Of the doctors, 48,7% have already treated patients who refused to receive vaccines. Reasons for refusal are considered: fear of adverse events, philosophical and religious reasons and lack of knowledge about the importance.

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DISCUSSION

Refusal to receive vaccines, also commonly known as vaccine hesitancy, is a complex phenomenon in which factors such as poor management, physical limitations, the dissemination of false news and the increase in the anti-vaccine movement contribute to these individuals deciding not to receive vaccines. immunizers.

According to the Butantan 2023 Institute, poor management within health institutions and physical limitations reflect on vaccine hesitancy. When public health authorities are unable to provide information effectively or even when there are failures in crisis management, the information provided generates distrust in immunizers and in the institutions that recommend it.

As a result, the spread of false news, popularly known as fake-news, interferes significantly, as this news often spreads incorrect information about the safety and effectiveness of vaccines, generating fear and uncertainty, suggesting that diseases are harmless or that the immunization has no benefits, leading to vaccine refusal (Lopes et al., 2022).

In this sense, it is also attributed to the creation of movements that have gained great repercussion through social media in recent years, called “anti-vaccines”. These are movements that oppose the practice of immunization, with content without scientific validation, conspiracy theories and distrust of medical practices (Ramos et al., 2023).

Corroborating this, vaccine refusal generates implications in relation to the public scenario, such as the return of previously eradicated diseases. In 2016, Brazil achieved the certificate of elimination of the measles virus, however, with low vaccination adherence in 2018, the virus became circulating again. According to the Ministry of Health, diseases such as polio, rubella and diphtheria may resurface due to low vaccination coverage (Butantan, 2022; Machado et al., 2020).

CONCLUSION

Considering the information presented throughout this study, vaccine refusal emerges as a phenomenon that poses considerable challenges for public health in Brazil. This refusal not only impacts the individual who chose not to be vaccinated, but

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also reverberates throughout the population, promoting the return of previously eradicated vaccine-preventable diseases.

In this context, it is up to the PNI to take on the role of tackling low vaccination adherence through health education initiatives, in order to reestablish the effectiveness of the program and return to a scenario of high vaccination adherence. Therefore, the implementation of effective strategies is essential to overcome such challenges and restore vaccination adherence to levels previously recognized as ideal.

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15- EXPERIENCE REPORT OF THE FORMATION COURSE FOR ECO EDUCATORS FROM THE ALIVE LABORATORY FROM THE VIEW OF INTEGRATED HIGH SCHOOL STUDENTS

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Abstract

The experience report presents the training course for eco-educators at Laboratório Vivo, from the perspective of integrated high school students. **Objective:** to offer an inter/transdisciplinary methodology for innovative and sustainable knowledge, relevant to the 21st century, encouraging the transmission of learning in an objective and accessible way. Throughout the course, students, together with course participants, were exposed to debates and practices that connected theory and reality, promoting deep and transformative reflections. **Method:** involved data collection to correlate each thematic workshop with a Sustainable Development Goal, followed by analysis of political and legal implications, in light of the assumptions of critical Environmental Education. The dichotomy between the search for health and dependence on medicines was explored, proposing the appreciation of medicinal plants and ancestral practices. Interdisciplinary educational programs, such as the "From Nature to Pharmacy" workshop, were developed to disseminate this knowledge. **Results:** showed the positive impact of the training, visible in the participants' proposals for taking root. The discussion emphasizes the importance of rescuing popular medicine, seeking a balance between traditional and modern practices to promote conscious health. **Conclusion:** that the proposed objectives were achieved, highlighting the relevance of interdisciplinary educational programs to promote the responsible use of natural resources in health. The integration of ancestral knowledge with contemporary practices paves the way for future research and interventions in health and education, aiming for a more balanced and sustainable society.

Keywords: environmental education, innovation, interdisciplinary practices, sustainability.

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INTRODUCTION

The Laboratório Vivo project offered a course for training eco educators, consisting of ten interconnected Thematic Workshops, exploring different areas of knowledge and promoting theoretical-practical experiences. Centered on the creation of a pilot Living Laboratory, including an educational garden and a stingless bee meliponary, this course used digital technologies in favor of environmental sustainability.

This training proposed an inter/transdisciplinary methodology to generate innovative and sustainable knowledge, in line with the demands of the 21st century. Students from Integrated High School were able to relate the topics discussed with their experiences, comparing debates and enriching their views, including remembering situations from their Elementary School from the perspective of the educators present.

The discussions and activities, guided by the Thematic Workshop mediators, provided the acquisition of knowledge and the elaboration of proposals adapted by each participant. This learning was not restricted to the course, but had a multiplier impact. Each individual, motivated by the experience, became an agent of transformation, spreading learning in different contexts, such as communities, schools and in their own lives.

It was hoped to contribute to the environmental awareness of the benefiting public, considering that the training was imbued with the principles and assumptions of the National Environmental Education Policy - PNEA (1999) and the National Environmental Education Program - PRONEA (2005), and the actions aimed to contribute to the global pact regarding the Sustainable Development Goals - SDGs for 2030, specifically, SDG 3; 4; 11; 12 and 15.5, as they deal with Health and Well-being, Quality Education, Sustainable Cities and Communities, Responsible Consumption and Production and Life on Earth.

Thus, the main objective was to present, in a theoretical/practical way, the concept of innovation through the Vivo Laboratory, offering training to meet the demand

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for a sustainable educational project for the 21st century. Furthermore, we sought to encourage the dissemination of this knowledge in an objective, accessible and didactic way for a wider audience.

METHOD

Data collection was carried out that associated the workshop themes with the Sustainable Development Goals (SDGs), followed by the identification of political guidelines and government actions linked to each SDG topic. This survey allowed the analysis of the Objectives' goals in relation to the material found, revealing political implications and paradoxes, especially in the approach to health, highlighting a growing interest in healthy habits versus the tendency towards self-medication.

“Today, people are increasingly concerned about leading a healthier life [...] In Brazil, popular medicine had the participation of Indians, blacks and Portuguese, each with their own culture, with the former being prevented from doing so. to express their own, seen by the colonizers as a threat. This contributed to popular medicine being seen as marginal.” (Lobino, 2004, P.58).

This dichotomy highlights the importance of alternatives, such as valuing medicinal plants and ancestral practices, deepening studies on their therapeutic properties and promoting healthy habits to reduce excessive dependence on medications. This boosted interdisciplinary educational programs, such as the "From Nature to Pharmacy" workshop, enabling the appreciation of medicinal plants, challenging prejudices and encouraging the conscious use of natural resources for health.

RESULTS

In the last workshop, each person presented their proposal for rooting. We share our journey as fellows, formulating new Thematic Workshops based on the learning from the course. One of them, "From Nature to Pharmacy", promoted debates on medicinal plants and their expert recommendations, demonstrating the extraction of essential oils. In the 7th Integration Day of IFES - Campus Vila Velha, the workshop

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engaged 63 participants, of various ages and educational levels, providing accessible and didactic learning, in line with the Laboratório Vivo method.

DISCUSSION

The formation of Laboratório Vivo aimed to meet the demand for a sustainable educational project for the 21st century, seeking to disseminate knowledge in an objective and accessible way. In line with this, Medina (1998) defines Environmental Education as a process to develop conscious and participatory attitudes about the conservation and appropriate use of natural resources. There is resonance between the results of the study and the historical context of Lobino (2004), highlighting the importance of rescuing traditional knowledge of medicinal plants for a more balanced approach to health promotion.

The Ministry of Education (2001) emphasizes the transversality of EA to ensure better quality in activities. Based on the results, it is suggested to expand interdisciplinary educational activities to raise awareness about the responsible use of natural resources in health promotion, aiming for a more conscious use of these resources in contemporary society.

CONCLUSION

The study achieved the proposed objectives by presenting innovation through a Living Laboratory and providing training aimed at a sustainable educational project. The results highlighted the importance of medicinal plants and ancestral practices, indicating the need to better understand their therapeutic properties and promote healthy habits to reduce dependence on medications. It was concluded that educational programs such as "From Nature to Pharmacy" not only teach, but enable participants to consciously use medicinal plants, emphasizing the importance of rescuing ancestral and contemporary knowledge for a more balanced and sustainable society.

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**16- MENTAL HEALTH OF NIGHT SERVICE HEALTH PROFESSIONALS:
NARRATIVE LITERATURE REVIEW**

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Abstract

Introduction: Health professionals who work shifts play a crucial role in caring for society. However, night work presents additional challenges for healthcare professionals, even for their mental health. Therefore, scientific approaches are necessary to support the understanding of the topic and the promotion of mental well-being in this challenging context. **Objective:** Discuss the mental health of healthcare professionals. **Method:** A narrative review study of scientific literature was carried out, with a qualitative approach. **Results:** When providing care during night shifts, nurses and nursing technicians may have their mental health compromised due to changes in the sleep-wake cycle that affect physical and psychological aspects that reflect on quality of life, well-being and, potentially, in the execution of work activities. **Conclusion:** The professional impact caused on mental health in health professionals, nurses and night shift nursing technicians requires that they have access to adequate resources and support to deal with the stress and pressures inherent to their profession, thus ensuring a comprehensive approach to mental health. Thus, the importance of strengthening Public Policies aimed at the mental health of health professionals is observed.

Keywords: mental health, night work, health professionals.

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INTRODUCTION

Mental health is an individual's ability to adjust to the demands that life presents, harmonizing the professional, emotional and social spheres, and responding to the challenges that arise throughout the journey. It is hypothesized that the mental health of health professionals may be more exposed to risks during night time performance, due to changes in habits, lifestyles and behavioral patterns.

The relationship between the mental health of healthcare professionals and night work raises a series of questions, although it is a necessity in patient care. In this way, what are the aggravating factors of night work on the health of healthcare professionals?

Work and health care are individual needs. Observing the impact of night work and the damage to the mental health of healthcare professionals is a relevant topic for the social context and for the scientific community as it exposes that this demand puts professionals and patient safety at risk. Therefore, the objective of this study was to discuss the mental health of health professionals working night shifts.

METHOD

This is a narrative review study of the literature on the mental health of health professionals working at night, with a qualitative approach as it includes analysis of relevant research that makes it possible to synthesize knowledge on the topic and its contributions to nursing (MARTINS, 2015) . The data collected brings together publications available in the LILACS, VHL, Scielo, Bireme databases. The descriptors mental health, health professionals, night work were used.

RESULTS AND DISCUSSION

Night work in health services

Work has significant repercussions on the mental health of health professionals, reflecting on the performance of work and social functions. This type of professional activity is an ancient practice, dating back to the process of organizing people into

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social groups, cities and states. In health, from this scenario, currently demand to meet the needs requires 24-hour care (MANHÃES, 2009).

The provision of assistance that can be interrupted has made night work a crucial factor in health. Toaldo, Xavier and Perla (2015) warn that in the name of caring for and promoting patient health, health professionals – technicians and nurses – can have their own mental and physical health and work activities compromised. Working in hospital units leaves these professionals exposed to various risks, in addition to the environment having unhealthy characteristics.

The option for working as health professionals on night duty is highlighted by Arruda (2014) due to the possibilities and ease of assuming and developing other professional practices that help with income composition, activity in another area and also greater family integration.

One of the impacts considered most serious resulting from night work is the change in the wake-sleep cycle, which results in chronic sleep difficulties, harm to well-being and worker productivity. Girondi and Genlbke (2011) emphasize that the night shift of “health professionals, nurses and nursing technicians results in social, educational, care and administrative implications, physical, psycho-emotional and mood changes, difficulty in social and family relationships, loss of leisure and study”.

The night work of professional nurses and nursing technicians require that they sleep and rest during the day so that they can adapt to the inversion of the sleep-wake cycle and circadian rhythms, which synchronizes the physiological and psychological aspects of sleep, body temperature, hormonal secretion, mood, etc. In this context, there is a need for these professionals to be aware of their physical capacity so that the execution of their activities does not harm or potentially affect their health (REIS; BRAGA, 2015). ***Mental health of healthcare professionals***

Brazilian and international literature demonstrates, in different studies and research, interest in the area of workers mental health, a significant increase in psychological problems, especially depression. The problems reflect on productivity, professional performance, absenteeism and presenteeism, also causing damage to the family and society (ARRUDA, 2014).

Mental health is described by experts as 'invisible' pain, as in addition to the biological and physical aspects, there is difficulty in identifying the psychological and mental aspects. It is in this context that psychology, with an attentive and

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compassionate look, seeks to understand the particularities of each individual, offering emotional support and tools to face their difficulties (BARBOSA, 2020).

The general notion of mental health is mistaken in believing that its challenges only relate to a small portion of the population. The Federal Nursing Council – COFEN (2023) highlights a different reality, given that health professionals, especially those who work at night, are victims of some type of mental disorder, such as depression, stress, among others. The subjective nature of mental disorders makes the process of understanding and communicating these conditions challenging. While physical injuries or illnesses can be easily identified and quantified through clinical examinations and assessments, the complexities of mental health often remain invisible to outside eyes.

It is a crucial practice for healthcare professionals, nurses and technicians, to reserve time for themselves, as this promotes their mental well-being and revitalizes their energy. It should be a true rest, free from worries about everyday problems, as mental health plays an important role in offering strategies to deal with daily challenges, and prevent obstacles they face in the professional environment. In the case of health professionals, such as nurses, this attention to mental health is even more crucial due to the physical and emotional demands of their roles (CORDEIRO et al., 2016).

The daily exercise of contemplating individuals afflicted by illnesses in their work environment can instill negative feelings towards health professionals, feelings that can potentially evolve into intense discouragement or depression. It presupposes the ability to confront the environment in a way that cushions the clashes and challenges inherent in it, ensuring that the stress and aggressiveness of the environment are not enough to remove health professionals from their positions. At the same time, it is important that these professionals keep their compassionate gaze towards patients intact, always recognizing such patients as human beings (VIDOTTI, et al, 2018).

In the same way that experts encourage patients to adopt an active life, full of physical activities and interactions that promote social benefits, nurses and nursing technicians must internalize these lessons that have the potential to mitigate adverse feelings. By internalizing these lessons, health professionals can face challenges with resilience and nurture an internal space of positivity that reverberates in their professional practice (BARBOSA; SILVA, 2023).

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The ability to project one self into the other's emotional universe proves to be essential and only treating it can result in an insufficient approach. Practicing nursing and related professions transcends the barriers of standardized protocols and therapies. Nurses and nursing technicians need the ability to understand the patient's situation, which means that the care provided must incorporate a humanized approach. The creation of a serene environment assumes primary relevance (VIDOTTI et al., 2018).

Depression, traumas and phobias are recognized as the "ills of the 21st century", these afflictions have become prevalent in contemporary society, often interconnected in their manifestations. Maintaining solid mental health is important to ensure a quality life, healthy mind and body. Mental disorders can manifest themselves in different ways and, therefore, cultivating a deep connection with oneself allows one to unravel the mysteries of one's own mind and create an internal environment conducive to personal growth (BARBOSA; SILVA, 2023).

CONCLUSION

The work process carried out in a disorderly manner by nurses and nursing technicians on night duty based on an existing demand in the public health service is one of the factors that impacts the mental health of these professionals whose sleep-wake cycle is altered, causing chronic problems effects on physical, psychological and mental well-being. These impacts interfere with professional skills and can affect the health and safety of patients. These issues highlight the importance and need for health professionals to maintain mental health so that they can provide safer, quality care and lower risks of affecting patient safety.

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17- CERVICAL CANCER SCREENING IN TIMES OF COVID-19: AN ANALYSIS OF ADHERENCE AND CHALLENGES INHERENT TO THE PANDEMIC

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Abstract

Introduction: Cervical cancer has a mortality rate of 6,9 per 100.000 women and can be prevented by a Pap smear. However, this was impacted by the COVID-19 pandemic. **Objective:** To analyze adherence to the Pap test during the COVID-19 pandemic. **Method:** This is a bibliographic review carried out based on articles in the Virtual Health Library (VHL) and search strategy: (Pap Smear Test) AND (Pandemics) AND (Cancer). The filters full text, english and portuguese languages and last 3 years were applied, accounting for 18 articles, of which 8 were read in full and 5 were selected, after correlation with the theme of the work. **Results:** It was evident that, in many parts of the world, preventive screening for cervical cancer showed low adherence during the pandemic period. This situation can be explained by the restrictions imposed during the period, which range from the reduction of non-emergent activities in health services, to the fear of COVID-19 infection felt by countless people, especially those of an older age, in addition to personal opinion regarding the relevance of the exam for you. **Conclusion:** A deficit in adherence to cervical cancer screening was observed, which demonstrates that the context experienced between 2020 and 2022 resulted in public health problems that go beyond the action of the SARS-CoV-2 virus.

Keywords: pap smear test, pandemics, cancer.

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INTRODUCTION

Considered a malignant neoplasm, cervical cancer (CC) arises from a disordered multiplication of cells in the epithelium that lines the uterus, which culminates in the formation of an invasive tumor. It should be noted that this process occurs slowly, so that the invasive process can vary from 10 to 20 years, and its occurrence is associated with infection by the Human Papillomavirus Virus (HPV) (VAZ et al., 2020).

Under this bias, the incidence of cervical cancer is 13,1 per 100.000 women. Furthermore, according to a survey carried out in 2018, it was found that this disease has a mortality rate of 6,9 per 100.000 women, so this may be even higher in countries with low socioeconomic development (HABILA et al., 2023).

As a strategy to reduce these morbidity and mortality rates, the World Health Organization (WHO) recommends carrying out the Pap test, aimed at women aged 25 to 64 years and who have already had sexual activity, which seeks to identify early the development of injuries in this region. In Brazil, this exam is repeated every three years, after two consecutive years of normal results (KAUFMANN, 2023).

In this sense, it is worth noting that the offer of this exam corroborates that established by the United Nations 2030 Agenda. This is because one of its objectives is to safeguard the healthy life and well-being of the population (UN, 2015). However, with the advent of the COVID-19 pandemic, which began in 2020, numerous services interrupted certain activities, such as routine screenings and elective procedures (MARTINS et al., 2023).

With the pandemic scenario, an estimated 100.000 brazilians have not previously been diagnosed with cancer, which includes women with cervical cancer. This is because, as mentioned above, greater focus was given to the action of the SARS-CoV-2 virus, as well as a reduction in the importance given to preventive medicine (MARTINS et al., 2023).

Therefore, the present study seeks to analyze adherence to the Pap test during the COVID-19 pandemic, as it is still unknown about many impacts that this period brought to the population, especially when it comes to the development of chronic conditions of health.

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METHOD

This is a bibliographic review carried out in 2023, according to the following methodology: bibliographic survey; analysis of articles; data analysis and compilation of these steps to prepare the work. The elaboration of the theme started from the following question: did the COVID-19 pandemic bring challenges to the adherence to the Pap Smear Test?

The bibliographic survey was carried out through the Virtual Health Library (VHL), where articles were selected from the following Health Sciences Descriptors (DeCs/MeSH platform) and boolean operators (Pap smear test) AND (Pandemics) AND (Cancer). The “full text” filters, available in english and portuguese, published in the last 3 years, were applied, accounting for 15 articles.

From this, the selection process began by reading the titles and abstracts of each article, so that review articles and those that deviated from the main theme were excluded, totaling the exclusion of 7 bibliographies. Sequentially, after reading the remaining 8 articles in full, the authors responsible for their selection reached a consensus that 5 were, in fact, related to the topic of discussion of the present work.

RESULTS

Among the 5 selected studies, 4 were published in 2023 and 1 in 2021, when the pandemic was still on going. Regarding the geographic location of the studies, approximately 90% of the studies were carried out in countries in the Americas, 2 in the United States of America and 2 in Brazil, and the fifth study was carried out in Nigeria. Similarly, regarding the type of study, there are 2 Cross-Sectional Study, 1 Diagnostic Study, 1 Descriptive Qualitative Study and 1 Cohort Study.

In accordance with the main objective, the articles involved discussion about adherence to the Pap test during the COVID-19 Pandemic, as well as reporting the importance of this test for patients' quality of life. Such scientific productions are shown in Table 1, which lists the author, objective and main results.

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Table 1. Articles selected according to the objective and main results highlighted

Author	Objective	Main results
BAKOUNY et al.	Assess the number of patients undergoing cancer screening during the pandemic.	In 2019, 60.344 patients underwent the screening exam over a 3-month period. However, in the same months, but in 2020, only 15.453 attended.
HABILA et al.	To describe adherence to cervical cancer screening before, during and since the COVID-19 pandemic in Nigeria.	There was a reduction in the number of women who were screened between April and September 2020. The proportion of high-grade anomalies detected after the pandemic was higher.
JOHNSON et al.	Evaluate the performance of a free clinic in cancer screening exams before, during and after the pandemic	The clinic where the study was carried out closed for just three months, so it also began to operate at night. This guaranteed the continuity of the exams.
KAUFMANN et al.	Understand the perception of primary care nurses about the repercussions of the pandemic when performing cervical cytopathological examination.	There was low demand for preventive testing during the pandemic, triggered by fear of contracting COVID-19. With the end of this, there was a return of women seeking the exam.
MARTINS et al.	Evaluate the influence of the COVID-19 pandemic on cervical cancer screening in São Paulo	Approximately 1.835 Pap smears were performed in 2019. However, there was a 56% reduction in 2020

Source: Prepared by the authors (2023).

DISCUSSION

This summary set out to analyze adherence to cervical cancer screening during the COVID-19 pandemic, which brought numerous challenges that still need to be addressed.

From the selected studies, it was evident that, in many parts of the world, preventive screening for cervical cancer showed low adherence during the pandemic period. This situation can be explained by the restrictions imposed during the period, which range from the reduction of non-emergent activities in health services, to the fear of COVID-19 infection felt by countless people, especially those of an older age (HABILA et al., 2023; KAUFMANN et al., 2023).

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It is noteworthy that, in Brazil, the reference service for cervical cancer screening is Primary Care, centered in the physical environment of the Basic Health Unit. However, with the advent of the pandemic, this was also a sector that needed to make changes to its priority functioning, which required the postponement of many exams, such as the one that is the subject of this study (AQUINO, 2020).

It should be noted, on the other hand, that many gynecological clinics, which are also authorized to carry out this type of procedure, have made it possible to continue screening. In this context, Johnson et al. (2023) point out that, as it only closed its doors for three months, the free clinic made up of volunteer work, which was the target of the authors' study, cooperated with women's prevention activities.

Likewise, it is worth noting that, in addition to the aforementioned barriers related to carrying out the test, there are also challenges associated with the lack of care some women take with their own health. In view of this, a study released in 2023, which addressed the realization of the Pap test for young adults in the United States of America, demonstrated that numerous patients fail to undergo the procedure due to factors such as lack of priority, little time available on a daily basis and fear (SAPRA et al., 2023).

Therefore, early detection has not been carried out as necessary, which delays the start of cancer treatment and increases the risk of death. In view of this, a study revealed that, after the pandemic period, the diagnosis of high-grade anomalies from oncotic cytology went from 10,5% of cases to 66,3%(HABILA et al., 2023). This data demonstrates that the context experienced between 2020 and 2022 resulted in public health problems that go beyond the action of the SARS-CoV-2 virus.

CONCLUSION

In the present study, a lack of adherence to cervical cancer screening was observed. This problem, according to the research carried out, is due to several factors, among which the fear of infection by the virus in question, the limitation of services in operation and the low importance given to preventive medicine by countless women stand out. The need for more studies is highlighted, especially in Brazil, that demonstrate the reality of women's health during the pandemic period, so that the

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objective of the 2030 Agenda can be met and the well-being of this social group can be guaranteed.

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18- VACCINE COVERAGE IN TIMES OF THE COVID-19 PANDEMIC: THE CHALLENGES OF ADHERING TO THE QUADRIVALENT VACCINE

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Abstract

Introduction: The human papillomavirus has infectious potential for men and women and can be prevented through vaccination. However, this process was impacted by the COVID-19 pandemic. **Objective:** To analyze adherence to the HPV vaccine during the COVID-19 pandemic. **Method:** This is a bibliographic review carried out based on articles in the Virtual Health Library (VHL) and search strategy: (Vaccination) AND (HPV) AND (COVID-19). The filters full text, English and Portuguese languages and last 3 years were applied, accounting for 123 articles, of which 30 were read in full and 11 selected, after correlation with the theme of the work. **Results:** It was evident that vaccination coverage, especially regarding the HPV virus, showed low adherence during the pandemic period in several parts of the world. This is because this scenario imposed restrictions related to the normal functioning of health services, which impacted the provision of information, population tracking and vaccine application. **Conclusion:** There was a deficit in adherence to the HPV vaccine, especially in 2020, which raises questions regarding the consequences that the COVID-19 pandemic could still bring to the population in future days.

Keywords: vaccination, HPV, COVID-19.

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INTRODUCTION

Considered a sexually transmitted pathogen, human papillomavirus has infectious potential for men and women, so its infection can result in diseases such as genital warts, cervical, anal, oropharyngeal, penile, vaginal and vulvar cancer (WAHNER et al., 2023).

As a prevention strategy, the World Health Organization (WHO) recommends vaccinating boys and girls aged between 9 and 14 years. In Brazil, the quadrivalent vaccine is used, which prevents types 6, 11, 16 and 18 of HPV, and is recommended by the National Immunization Program (PNI) (SILVA et al., 2022).

In this light, it is worth highlighting that the offer of this vaccine corroborates what is established by the United Nations 2030 Agenda, as this highlights, in its third objective, the need to guarantee essential vaccines for the entire population (UN, 2015). However, with the start of the COVID-19 pandemic in 2020, many healthcare services were halted, such as the immunizations provided for in the vaccination schedule (KELLY et al., 2023).

With the pandemic scenario, as released by the United Nations Children's Fund (UNICEF), it is estimated that 80 million children under one year of age are at risk. This is because vaccination schedules were suspended in more than 68 countries during the period in question, which left many individuals exposed to infectious agents (D'AMATO et al., 2022).

Therefore, the present study seeks to analyze adherence to the HPV vaccine during the COVID-19 pandemic, as it is still unknown about the many impacts that this period has had on the population, especially when it comes to the development of chronic conditions. of health.

METHOD

This is a bibliographic review carried out in 2023, according to the following methodology: bibliographic survey; analysis of articles; data analysis and compilation of these steps to prepare the work. The theme was developed based on the following question: did the COVID-19 pandemic bring challenges to vaccination against the HPV virus?

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The bibliographic survey was carried out through the Virtual Health Library (VHL), where articles were selected from the following Health Sciences Descriptors (DeCs/MeSH platform) and Boolean operators (Vaccination) AND (HPV) AND (COVID-19). The “full text” filters were applied, available in English and Portuguese, published between 2020 and 2023, accounting for 123 articles.

From this, the selection process began by reading the titles and abstracts of each article, so that review articles and those that deviated from the main theme were excluded, totaling the exclusion of 93 bibliographies. Sequentially, after reading the remaining 30 articles in full, the authors responsible for their selection reached a consensus that 10 were, in fact, related to the topic of discussion of the present work.

RESULTS

In accordance with the main objective, the articles involved discussion about adherence to the HPV vaccine during the COVID-19 Pandemic, as well as reporting its importance for patients' quality of life. Such scientific productions are shown in Table 1, which lists the author, objective and main results.

Table 1. Articles selected according to the objective and main results highlighted

Author	Objective	Main results
FLOOR et al.	Assess HPV vaccination trends between 03/2019-09/2021	Only between March-May 2020 and during the COVID surge in the winter of 2020-2021 was there a reduction in vaccine administration.
CHIDO-AMAJUOYI et al.	To evaluate the changes observed by healthcare professionals in relation to HPV vaccination during the pandemic.	There was lower adherence to the vaccine. Among the barriers observed, there is an increase in misinformation, hesitation, refusal and concern about safety.
CONTARINO et al.	Assess the impact of the COVID-19 pandemic on childhood vaccination coverage in Syracuse	In 2020, global HPV vaccine coverage was 41.7% (-4.3% compared to 2019), with less uptake among girls
D'AMATO et al.	Assess the impact of the COVID-19 pandemic on HPV vaccination coverage	Compared to 2019, in 2020 there was a 42% reduction in vaccines administered, especially during restrictive periods.

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KELLY et al.	Describe how missed opportunities for three vaccines have changed in relation to the pandemic	It was observed that, during the period studied, 83% of the planned HPV vaccines were not administered.
LAVIE et al.	Investigate HPV vaccination rates in Israel during the pandemic	The pandemic reduced uptake of the HPV vaccine in Israel only during the months of restriction.
SELL et al.	Assess the change in school vaccine coverage in Alberta, Canada resulting from the pandemic	Compared to 2017-2018, there was a 60.8% reduction in applications from 2019-2020 and 59.9% from 2020-2021.
SILVA et al.	Analyze the number of HPV vaccines administered in Brazil before and after social distancing measures	From April 2019 to September 2020, 4,794,787 doses of the HPV vaccine were administered throughout Brazil, 76.34% in 2019 and 23.66% in 2020
WAHNER et al.	Describe vaccination adherence in boys before and during the COVID-19 pandemic	Compared to the same month in 2019, the number of first doses decreased by 49% (girls) in 2020 and 71% (boys) in 2021.
WALKER et al.	Examining the impact of the COVID-19 pandemic and routine vaccinations	There was a sharp reduction in people vaccinated against HPV in April and July 2020, compared to rates between 2017 and 2019

Source: Prepared by the authors (2023)

DISCUSSION

This summary set out to analyze adherence to the HPV vaccine during the period of the COVID-19 pandemic, which brought numerous challenges that have not yet been vigorously explored in the literature.

From the articles analyzed, it was evident that, in many parts of the world, the HPV vaccine showed low adherence during the pandemic period. Among the explanations for this situation are the imposed government restrictions, which impacted the continuity of the workflow and resulted in changes in health services, which needed to give priority to the action of the lethal virus (KELLY et al., 2023).

In Brazil, the reference service for carrying out immunization is Primary Care, centered on the physical environment of the Basic Health Unit. However, with the advent of the pandemic, this sector needed to make changes to its priority functioning, so that, even 6 months after his return, there was a sharp drop in the applied doses of the HPV vaccine (SILVA et al., 2022).

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However, it is worth highlighting that the problem of vaccination adherence did not begin in 2020. In this sense, as pointed out by Lavie et al. (2023), there are numerous challenges that impact the functioning of national immunization programs, such as the low infrastructure of certain institutions, ineffective active search on the part of professionals and the lack of security felt by some individuals regarding the functioning of the vaccine.

Therefore, it is noted that the application of recommended immunobiologicals has not been carried out adequately. Therefore, in the medium and long term, it is expected that there will be an increase in morbidity rates from cervical cancer, as well as other diseases caused by the human papillomavirus and which could be prevented through vaccination (SILVA et al. , 2022). Thus, it is understood that the context experienced between 2020 and 2022 resulted, and may still result, in problems that go beyond the action of the SARS-CoV-2 virus.

CONCLUSION

In the present study, low adherence to the HPV vaccine was observed during the pandemic period. This fact, as presented, is due to countless factors, such as fear of the vaccine working, the postponement of certain health actions and the little guidance given to the population. The need for more studies is highlighted, especially in Brazil, that demonstrate the impact of low vaccination coverage during the pandemic context, so that the objective of the 2030 Agenda can be met and the well-being of the entire social group is guaranteed.

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**19- CÂNCER DE COLO DO ÚTERO EM TEMPOS DE PANDEMIA DE COVID-19:
OS DESAFIOS PARA A REALIZAÇÃO DO TRATAMENTO**
***CERVICAL CANCER IN TIMES OF THE COVID-19 PANDEMIC: THE CHALLENGES
IN PERFORMING TREATMENT***

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Abstract

Introduction: Cervical cancer has a mortality rate, so its treatment involves chemotherapy, radiotherapy and, in some cases, surgery. However, this process was impacted by the COVID-19 pandemic. **Objective:** To analyze the performance and continuity of cervical cancer treatment during the COVID-19 pandemic. **Method:** This is a bibliographic review carried out based on articles in the Virtual Health Library (VHL) and search strategy: (Treatment) AND (Pandemics) AND (Cervical Cancer). The filters full text, English and Portuguese languages and last 3 years were applied, accounting for 31 articles, of which 10 were read in full and 6 were selected, after correlation with the theme of the work. **Results:** It was evident that the treatment for cervical cancer needed to undergo modifications during the pandemic period, in several parts of the world. This is because, with the high lethality of the virus, many patients were advised not to attend hospital institutions, and many professionals were forced to pay greater attention to the hospitalizations of patients infected with COVID-19. **Conclusion:** It was found that therapies associated with cervical cancer needed to be postponed or started late, especially in 2020, which demonstrates that the consequences of the COVID-19 pandemic go beyond viral action.

Keywords: treatment, pandemics, cervical cancer.

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INTRODUCTION

Considered a malignant neoplasm with a prevalence in Brazil of 19 cases for every 100 thousand women, cervical cancer results from the disordered multiplication of cells in the epithelium that lines the uterus, so that its occurrence is mostly related to infection by the Human Papillomavirus (HPV)(CORREIA et al., 2018).

As a treatment strategy, radiotherapy is presented, especially for patients who consider early diagnosis, chemotherapy, for more advanced cases and surgery, which varies depending on the degree of injury of the disease and the need observed by the medical professional.(CORREIA et al., 2018).

In this light, it is worth highlighting that the offer of treatments corroborates what is established by the United Nations 2030 Agenda, as this highlights, in its third objective, the need to guarantee the healthy life and well-being of the population (UN, 2015). However, it was found that, with the advent of the COVID-19 pandemic, which officially began in 2020, numerous health services needed to adopt different care strategies (KEIM-MALPASS et al., 2023)

In this sense, it is worth highlighting that numerous hospitals suffered from the overload of patients with Severe Acute Respiratory Syndrome. Therefore, oncological procedures had to be postponed, such as routine exams and, especially, therapies associated with cancer.(DUARTE et al., 2023)

Therefore, the present study seeks to analyze the challenges of carrying out cervical cancer treatment during the COVID-19 pandemic, as it is still unknown about many impacts that this period has brought to the population, especially when it comes to deals with the development of chronic health conditions.

METHOD

This is a bibliographic review carried out in 2023, according to the following methodology: bibliographic survey; analysis of articles; data analysis and compilation of these steps to prepare the work. The theme was developed based on the following question: did the COVID-19 pandemic bring challenges to the treatment of cervical cancer?

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The bibliographic survey was carried out through the Virtual Health Library (VHL), where articles were selected from the following Health Sciences Descriptors (DeCs/MeSH platform) and Boolean operators (Treatment) AND (Pandemics) AND (Cervical Cancer). The “full text” filters, available in English and Portuguese, published between 2020 and 2023, were applied, accounting for 31 articles.

From this, the selection process began by reading the titles and abstracts of each article, so that review articles and those that deviated from the main theme were excluded, totaling the exclusion of 21 bibliographies. Sequentially, after reading the remaining 10 articles in full, the authors responsible for their selection reached a consensus that 6 were, in fact, related to the topic of discussion of the present work.

RESULTS

In accordance with the main objective, the articles involved discussion about the initiation and continuity of cervical cancer treatment during the COVID-19 Pandemic, as well as reporting its importance for the patients' quality of life. Such scientific productions are shown in Table 1, which lists the author, objective and main results.

Table 1. Articles selected according to the objective and main results highlighted

Author	Objective	Main results
DUARTE et al.	Assess the influence of the pandemic on the main care procedures for breast and cervical cancer in São Paulo	In palliative settings, an average of 32 treatments for cervical cancer were initiated per month before the pandemic. After this, a total of 667 patients began palliative treatment
JESUS; GUEDES; MARTINS	Determine the quantitative impact generated by patient care in a radiotherapy service	There was a 12% reduction in consultations in 2020, as well as a 115% increase in cases of metastasis, mainly breast, head and neck, prostate and cervical cancer
KEIM-MALPASS et al.	Report self-reported delays in cancer treatment and preventative screening services during the COVID-19 pandemic	19.8% reported having to cancel or reschedule at least one cancer-related medical appointment between March 2020 and 2021. 46.8% also reported a delay in the Pap smear.
MATSUO et al.	Associate hysterectomy waiting time and oncological outcomes for early-stage cervical cancer in the	There was a longer waiting time, and a consequent increased risk of mortality, as this went from 4 weeks of waiting to up to 12 weeks.

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pandemic

QI et al	Explore the impact of the pandemic on hospital care for patients with primary cervical cancer	Service decreased by 31% between 2019 and 2020, mainly from January to June, as well as a reduction in screening, a doubling of the waiting time for treatment and an increase in patients with stage III cancer.
RIBEIRO; BELT; MIGOWSKI	Analyze the short-term effects of the COVID-19 pandemic on cancer screening, diagnostic investigation and treatment in Brazil	There was a reduction of almost half in diagnostic tests for cervical cancer, as well as a significant drop in oncological surgeries and radiotherapy. On the other hand, there was an increase in chemotherapy procedures.

Source: Prepared by the authors (2023).

DISCUSSION

This summary set out to analyze the carrying out cervical cancer treatment during the COVID-19 pandemic, which brought numerous challenges that have not yet been vigorously explored in the literature.

From the articles analyzed, it was clear that, in many parts of the world, treatment for cervical cancer needed to undergo modifications during the pandemic period. Among the explanations for this situation are the government's initial recommendations for postponing screening tests and starting treatments, given the need to prioritize patients infected with the lethal virus (RIBEIRO; BELT; MIGOWSKI, 2022).

In Brazil, such a recommendation was made by the National Cancer Institute, so that, a few months later, it was revoked. This event was also observed in the United States of America, so that Surgeries for patients with early-stage cervical cancer, such as hysterectomy, needed to be postponed for a period of 6 to 8 weeks (JESUS; GUEDES; MARTINS, 2021; MATSUO et al., 2020)

The reduction in patients undergoing treatment can also be explained, in addition to the need for social distancing and viral containment, by the fear that many individuals had of attending hospital services and the reduction in diagnoses made during this period, which has been demonstrated in many studies through of statistics associated with the number of procedures performed, especially in 2020, at the height of the pandemic (JESUS; GUEDES; MARTINS, 2021).

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Therefore, with the delay in diagnosis and the prolonged time until treatment begins, many patients have experienced worsening health and a greater likelihood of developing malignant tumors. In this context, a study carried out in São Paulo, Brazil, estimated that approximately 667 patients entered palliative care after the period of pandemic restrictions, with an average of 32 palliative treatments initiated per month in 2019. (DUARTE et al., 2023; KEIM-MALPASS et al., 2023)

Thus, it is understood that the context experienced between 2020 and 2022 resulted in problems that go beyond the action of the SARS-CoV-2 virus, so that, in the coming years, it is expected to identify numerous public health impasses inherent to this period and the actions taken during it .

CONCLUSION

In the present study, a reduction in cervical cancer treatments was observed during the pandemic period. This situation, as presented, is due to countless factors, such as fear of going to a health establishment, postponement of certain oncological procedures and reduction in early diagnoses carried out. The need for more studies is highlighted, especially in Brazil, that demonstrate the impact of therapeutic reduction of cancer patients during the pandemic context, so that the objective of the 2030 Agenda can be met and the well-being of the entire social group is guaranteed.

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20- INSTITUTIONAL SUPPORT AS A PRACTICE OF SUSTAINABLE DEVELOPMENT OF PRIMARY HEALTH CARE: EXPERIENCE REPORT

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Abstract

The Unified Health System at the municipal level has Institutional Support (IA), a management function for co-management, implemented from March 2022, in Espírito Santo, with a focus on Primary Health Care (PHC). This descriptive study, characterized as an experience report, aimed to present the actions and developments of IA in the context of PHC. IA actions were developed from March 2022 to December 2023, together with active managers and professionals, in the context of PHC in municipalities in Caparaó Capixaba, with the intention of improving care management, continuing education, planning, regulation and regionalization of health, aiming at the organization and governance of the Health Care and Surveillance Network (RAVS). The experiences provided the opportunity to reframe professional practices for the transformation of the health reality, through the implementation of local actions, especially aiming for the best evidence in collective care, which can effectively intervene within the scope of PHC, in better health indicators, including contributing to the Sustainable Development Goal (SDG) 3 (three), health and well-being, thinking about the constitution and strengthening of public policies.

Keywords: basic care, health management, public health policy, support systems for administrative decisions.

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INTRODUCTION

Institutional Support (IA) was implemented in Espírito Santo (ES), from March 2022, on the initiative of the state health management (Espírito Santo, 2022), by institution of science and technology (ICT), as one of the components of the qualification program of Primary Health Care (PHC), with the challenge of increasing the effectiveness and quality of services provided (ICEPI, 2023). Therefore, it was conceived as a shared management device proposing improvement in care management, continuing education, planning, regulation and regionalization of health, aiming to organize the Health Care and Surveillance Network (RAVS) (Espírito Santo, 2022).

The IA co-management function has been recognized for use in the field of relationships between services, managers and workers (Brito, 2022), therefore, such device, introduced as an institutional support tool for PHC in ES, sought to implement activities aimed at guiding and supporting managers in the development of their governance under the primary challenge of expanding and improving access to health for the Espírito Santo population (ESPÍRITO SANTO, 2022).

Thus, this experience report shows proximity to the theme “Health crisis and challenges for the UN 2030 Agenda”, of this I International Symposium on Public Policies and Sustainable Development, considering the Sustainable Development Goal (SDG) 3 (three), which seeks to guarantee a healthy life and promote well-being for all people (IPEA, 2019), especially nowadays when it is increasingly necessary and desired, public services that present high quality, effectiveness and efficiency (Oliveira; Passador, 2019), as we question how to act to achieve the objectives proposed for the 2030 agenda (Kastrup *et al.*, 2018).

In view of the above, the objective of this study is to present the actions and developments of IA in the context of PHC.

METHOD

This descriptive study of a qualitative nature is an experience report, understood as one in which data from reality are important, and the environment and people inserted in it need to be observed as a whole, without considering their genesis and explanations (Chehuen Neto, 2022). In this way, experiences from 2022 and reflections from supporters were included about the capillarity of the functions developed as

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institutional support, together with the management of PHC in municipalities in the Caparaó region, in the south of Espírito Santo.

The research did not need to be submitted to the Research Ethics Committee as it qualifies as research which aims to deepen the theory of situations that emerge spontaneously and contingently in professional practice, as guided by National Health Council Resolution No. 510/2016.

RESULTS AND DISCUSSION

IA activities developed over 21 months of operation in the municipalities of Caparaó do Sul of ES to point to the implementation of sustainable practices for users of the Unified Health System (SUS), as well as the capillarity of these actions with a view to breaking with punctual and fragmented health care, highlighting the expansion of practices aimed at access to health services that can actually meet their real health needs, with equity in health services.

Generalizing the discussion, the actions of the supporters were strongly marked and combined with the proposal of the Paideia Method (Campos *et al.*, 2014), in order to support managers in developing their governance to qualify care and RAVS management tools, and expand and improve access to healthcare for the Espírito Santo population. To this end, they followed the objectives of the IA project, in terms of helping to qualify work processes in partnership with managers and workers, as well as developing improvements with management to organize local and regional services in strengthening inter-federative governance and promoting and integration of RAVS, expanding the capacity for situational analysis to support timely interventions.

Thus, the entire itinerary of institutional visits and achievements was preceded by moments that enabled the exercise of knowledge construction technologies, attitudes and practices to enable innovative professional practice. Next, it was proposed to start approaching the municipal coordinators in the territory, get to know the Basic Health Units (UBS), get closer to the municipal teams, identify weaknesses and potential. These situational diagnoses resulted in the proposition of work fronts in each territory, which were built according to the demands and agreements between the supporter and the municipal PHC management, listed as capillarity lines in Table 1.

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Table 1: IA capillary lines in the municipalities of the Caparaó Region of Espírito Santo, Brasil

- Propose and promote co-management, with a change in the hegemonic standard of health care management, breaking the status of superior/mandate, to horizontalize relationships, decentralize power and break the hierarchization of management, instilling the concept of micropolitical manager;
- Application of the Conversation Circle method, including in proposed spaces for listening to health professionals, accepting demands and exercising the ability to listen and reflect in groups, with recovery and encouragement of "simple" practices and light technologies available in the territory, with effective/assertive communication, leadership, governability, conflict management, worker appreciation and the dissemination of knowledge;
- Increase the capacity for reflection, especially within the territory, going beyond problematizing, experimenting and reflecting;
- Permanent evaluation of the paths completed, identifying potential, real and governance problems;
- Know the work processes, identifying illnesses that undermine work processes, in addition to valuing the professionals who are part of the process;
- Induce participatory/collective production, the look for a common good, the group's co-responsibility for a point (service, network, user);
- Use of Active Methodology as a way of innovating, based on the experience of professionals, what already exists in terms of knowledge and experience, going beyond Continuing Education;
- Ensure recognition of Being someone who stimulates reflection, as someone who penetrates the group to activate it as a device for change or Empowering Process;
- Stimulate governance, empower professionals within their governance; and Reframe the importance of the ESF in the territory and reinforce the obvious in PHC;
- Deconstruct the image of someone who wants to know everything to configure the person who seeks to find achievable, consolidated and safe paths for municipalities to find the answers;
- Maintain the position of Institutional Supporter, generalist in public policies, but specialist in the territory;
- Investigate how to help municipalities organize/plan in the midst of excess information, infinite problems and demands, leading to the idea that "Those who don't question become alienated without realizing it";
- Recognize how to affect and how to identify Relevance, encouraging Collaborative Practice (everyone must be part of the process, the movement);
- Follow the IA premise: Care at the right time, in the right place and with optimization of resources; a strategy to produce management in collectives - it is a method, a rationality, having the capacity to analyze context (potentialities, weaknesses, looking at others, looking at interactions, people's relationships), remembering that it must be done WITH, not AGAINST nor ABOUT... placing yourself as part of the group, of the problem to be analyzed and solved, building in the collective, in the understanding that the IA must Look at ITSELF / Look at the OTHER / Look at the GROUP;
- Carry out Matrix Support actions; and encourage reflection, the empowerment of municipalities, the improvement of cyclical health practices;
- Harmonize public policies with the demands of the Territories with a view to developing new commitments and contracts into agreements;
- Do SIMPLE and repeatedly question: Is SIMPLE being done?

Source: the authors (2023)

The implementation of sustainable practices presents itself as a tool to achieve health promotion and as a paradigm shift in the management and provision of quality health services (Kastrup *et al.*, 2018).

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There is a consensus that the culture of health evaluation in Brazil, in addition to being constantly evolving, has the fundamental purpose of evaluating the merit of specific interventions through explicit criteria and references (Furtado; Gasparini, 2019), however the results of experiences are aimed at the role of integrated IA, surrounded by reflective practice, as an agent promoting changes in management and care models with the aim of strengthening the decentralized and cooperative management of the SUS (Brito *et al.*, 2022).

CONCLUSION

Although IA is a method, the path is not a RAIL (linear, designed, pre-determined), it is a TRACK (dynamic, with obstacles and possibilities) in which the path is constructed as those involved seek to understand the scenario and identify modeling, analyze essential indicators, identify social actors, exercise conversation/discussion circles and ongoing education.

The actions unfold into new reflections and questions about how to bring/implement public policies to the population/society; do with.... HOW TO DO WITH? Even WHAT can I do? What strategies can you use to make things uncomfortable? What to build from concerns? Understanding that it is necessary to disturb to transform. Such concerns are capable of further instigating those involved and describe part of the different faces of the expectation of building something new, such as IA, developed in a space of recognized health production, such as PHC.

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21- THE INFLUENCE OF ALCOHOL ON VIOLENCE BETWEEN INTIMATE PARTNERS: AN INTEGRATIVE REVIEW OF THE LITERATURE

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Abstract

This study aims to analyze scientific production on the influence of alcohol on violence between intimate partners. The present investigation is an integrative literature review, carried out in the months of October and November 2023. Thus, Google Scholar, CAPES, Scientific Electronic Library Online (SCIELO), Virtual Health Library (VHL) and PubMed databases were used. 9 articles were analyzed. From the analysis, articles that explicitly mention conceptual models or theories in the context of the relationship between Intimate Partner Violence (IPV) and alcohol use; and meta-analyses that examine problematic alcohol use as the exposure and IPV perpetration or victimization as the outcome of interest, and vice versa. Qualitative evidence from a meta-ethnography will also be produced in order to provide additional context to the quantitative findings. The analysis may also show that alcohol may affect men and women differently in the context of intimate partner violence. It is concluded, with the results found, which may indicate that alcohol often exacerbates the patterns of power and control present in abusive relationships.

Keywords: violence, alcohol, intimate partners.

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INTRODUCTION

This integrative literature review aims to shed light on the complex relationship between alcohol consumption and the incidence of violence between intimate partners. This is an extremely relevant topic, as the interpersonal dynamics affected by alcohol can have significant implications for the safety and well-being of those involved. By exploring diverse academic sources, this review seeks to synthesize and analyze existing findings, providing a comprehensive understanding of the mechanisms underlying the connection between alcohol consumption and intimate partner violence.

By identifying patterns, gaps and discrepancies in the literature, this review will contribute to the formulation of more informed strategies in prevention and intervention, both at the individual and societal levels. An in-depth understanding of this relationship is crucial to developing effective approaches that promote healthy relationships and contribute to building safer communities.

In the literature available in the health area, alcohol consumption among intimate partners points to important challenges in relation to violence. As its main objective, this work proposes to carry out an integrative review in order to analyze the influence of alcohol on violence between intimate partners.

This study aims to carry out an integrative review in order to analyze the influence of alcohol on violence between intimate partners.

METHOD

This is an integrative literature review that aims to achieve one of five objectives: (a) review, update and criticize the literature; (b) carry out meta-analysis of the literature; (c) review, criticize and synthesize the literature; (d) reconceptualize the topic reviewed in the literature; and (e) answer specific research questions on the topic reviewed in the literature (TORRACO, 2016).

The integrative literature review will be based on the review of: articles that explicitly mention conceptual models or theories in the context of the relationship between Intimate Partner Violence (IPV) and alcohol use; and meta-analyses that examine problematic alcohol use as the exposure and IPV perpetration or victimization as the outcome of interest, and vice versa. Qualitative evidence from a meta-ethnography will also be produced in order to provide additional context to the quantitative findings. We will also produce evidence of the effectiveness (and cost-effectiveness) of approaches that can impact the relationship between alcohol and IPV perpetration and victimization. This will be achieved through a systematic review.

The conceptual framework developed in the first stage of the research will guide the synthesis of evidence and the development of policy and practice recommendations. And, provide more details about the methods used in compiling the evidence for this research.

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RESULTS

For the literature review, the definition of the instruments refers to the search terms that will be used for the bibliographic survey, as well as the criteria for inclusion and/or exclusion of results in the sample to be reviewed. Thus, through research on online platforms: Google Scholar, CAPES, Scientific Electronic Library Online (SCIELO), Virtual Health Library (VHL) and PubMed, a selection of works that were related to the theme of this study was carried out. Then, begin the construction (writing) of this work, so that it will collaborate in the elucidation of the themes covered. To select the material, the following descriptors were used with the help of the Boolean operand AND to carry out the research: “violence”, “alcohol” and “intimate partners”.

As inclusion criteria, it was decided to select: a) articles available online in Portuguese; b) studies that addressed violence against women perpetrated by an intimate partner within the conjugal context (marriage and stable union); c) who presented information about the perpetrator of violence and alcohol use; d) chronological breakdown of the last ten years: 2018-2023. The exclusion criteria were: master's dissertations, doctoral theses, newspapers, websites, duplicate articles and studies with unclear methods (diagnostic methods different from those listed in the inclusion criteria).

First, 280 articles were identified and, of this amount, 25 were excluded due to duplication. After this stage, 30 were excluded by reading the title, 55 by the abstract, 53 because they were theoretical reviews, 48 without sufficient data, 25 with unclear methods and, finally, 19 dissertations/theses. Thus, 25 articles were read and analyzed in full. However, upon completing this stage, 16 studies were eliminated as they did not meet the inclusion criteria. Figure 1 illustrates the stages of selecting studies for this systematic review. Two independent researchers searched for articles in the listed databases.

DISCUSSION

The influence of alcohol on intimate partner violence is an important research topic that has been explored in several studies and integrative literature reviews. While we cannot provide specific results from a paper without access to a particular review, we can share some general conclusions that have emerged from research on the topic (Coelho et al., 2020)

According to the studies carried out for this research, Graham et al (2021) associate alcohol consumption and violence between intimate partners, although alcohol is not the sole cause of violence, it can increase the likelihood of episodes of violence occurring. Excessive alcohol consumption, especially in situations of chronic abuse, is related to a higher risk of violence (BRASIL, 2015). Furthermore, the combination of alcohol with other factors, such as stress, jealousy or relationship problems, can increase the likelihood of violent behavior (Araújo et al., 2018).

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In the research carried out (Cunradi et al., 2019), it was mentioned that alcohol can affect men and women differently in relation to marital violence. Men who consume alcohol excessively are more likely to engage in violent behavior, while women may be more likely to be victims of violence when their partners are intoxicated. The exact mechanisms by which alcohol influences marital violence are not completely understood, but loss of inhibition, impulsivity, and deterioration in communication are considered key factors. The research also examines intervention and prevention strategies, including alcohol abuse treatment and couples therapy, to reduce violence in relationships affected by alcohol consumption.

It is important to note that the relationship between alcohol and violence is complex and that other factors, such as history of violence, mental health and social context, also play a significant role. Therefore, research continues to explore these questions in search of a more complete understanding of the topic (Coelho et al., 2020).

The conclusion of a work on the topic "The influence of alcohol on violence between intimate partners: an integrative review of the literature" can highlight the main findings and implications of the research. Here is a possible conclusion to this work:

The integrative review of the literature on the influence of alcohol on violence between intimate partners revealed a complex relationship between these two factors. Although it is essential to recognize that alcohol is not the exclusive cause of marital violence, our review of the literature confirms that there is a significant association between alcohol consumption and the increased likelihood of violent episodes in intimate relationships (Coelho et al., 2020) .

For the authors Graham et al. (2021), findings suggest that binge drinking, especially when combined with other risk factors, is related to an increased risk of violent behavior by partners. Men who abuse alcohol are more likely to engage in violent behavior, and women are more likely to be victims of violence when their partners are intoxicated. The exact mechanisms by which alcohol influences violence are not fully understood, but loss of inhibition, impulsivity and deterioration in communication emerge as key factors.

These findings have significant implications for prevention and intervention in situations of intimate partner violence. Understanding this complex relationship can help guide prevention strategies that focus on treating alcohol abuse and supporting at-risk couples (Araújo et al., 2018). Furthermore, it highlights the importance of therapeutic interventions that address the role of alcohol in the context of domestic violence (Cunradi et al., 2019).

Ultimately, research demonstrates that the relationship between alcohol and intimate partner violence is multifaceted and requires a holistic approach (Coelho et al., 2020). Alcohol is not the only cause of violence, but it is a factor that deserves attention in prevention strategies and the treatment of domestic violence situations. Continuing to explore this complex relationship is essential to improving the

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effectiveness of interventions and, ultimately, to reducing the incidence of intimate partner violence.

CONCLUSION

The integrative review can highlight consistent findings in the literature that demonstrate an association between alcohol consumption and an increased likelihood of violence between intimate partners (Cowell, 2015). The studies reviewed may reveal that alcohol acts as a disinhibiting factor, decreasing the capacity for impulsive control and contributing to violent conflicts. It can also analyze different patterns of alcohol consumption, such as abusive use or dependence, and their relationship with the intensity and frequency of violence between intimate partners. She can highlight that excessive alcohol consumption tends to be more strongly associated with violence.

The analysis may show that alcohol may affect men and women differently in the context of intimate partner violence. The results may indicate that alcohol often exacerbates the patterns of power and control present in abusive relationships.

We can also examine, based on the analyses, the mechanisms through which alcohol influences violence, such as disinhibition, distortion of thoughts and the inability to resolve conflicts in a non-violent way. Furthermore, it can identify that alcohol consumption can intensify the effects of other risk factors.

It may also suggest the importance of intervention approaches that consider the relationship between alcohol and violence. This may include alcohol abuse prevention strategies and treatment programs for both perpetrators and victims.

According to Torracco (2016), the integrative review should also highlight possible limitations in the studies analyzed, such as the lack of control for confounding variables, the scarcity of longitudinal studies and the variation in definitions of violence.

Based on the results of the review, recommendations can be made for future research, encouraging studies that further explore the intersection between alcohol and violence in intimate relationships.

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22- PSYCHOSOCIAL CARE CENTERS (CAPS) IN THE LIGHT OF THE NEW MENTAL HEALTH CARE MODEL: INTEGRATIVE REVIEW

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Abstract

Since the Psychiatric Reform, assistance to people with psychological distress has undergone strong changes, leaving the characteristic of “madness” to being considered a citizen with their rights. This initiative goes beyond demolishing walls and asylums, but in modifying professional practices in mental health, evolving and humanizing the treatment of people with mental disorders, serving the individual in its entirety with rights based on the principles and guidelines of the Unified Health System – SUS. The focus on hospital-centric psychiatry, previously centered on psychiatric care and hospitalizations, has been replaced by a health care model, based on the proposal of a Psychosocial Care Network. The present study is a literature review with the aim of demonstrating the importance of this new model of care for people with mental disorders, focusing on the Psychosocial Care Center (CAPS).

Keywords: mental health, mental health services, human rights.

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INTRODUCTION

Since the Psychiatric Reform, assistance to people with psychological distress has undergone strong changes, leaving the characteristic of “madness” to being considered a citizen with their rights (Azevedo, 2011).

Emerging in this way, new models of mental health services, which have as their goal, actions and activities of community dimensions with the purpose of social and family reintegration through a multidisciplinary team, thus replacing the focus on hospital-centric psychiatry, strengthening practices and organizations that guarantee and promote humanized care (Mesquita, 2011).

This new approach has as its guiding instrument the Psychosocial Care Centers (CAPS), which aims to replace hospital admissions, being a gateway and regulation in mental health in the Unified Health System (SUS), seeking to provide care to the population, with clinical monitoring, and social reintegration of users through access to work, leisure, exercise of civil rights, strengthening family and community ties, in addition to offering mental health support in the basic network (Brasil, 2004).

Thus, to carry out the research, we started by developing the following guiding question: What does specialized health literature bring about the importance of CAPS in the new model of care for people with mental disorders? To answer this, the objective was to provide scientific evidence about the potential of CAPS services as an innovative model of care for people with mental disorders, contrary to the hospital-centric model.

METHOD

This is a descriptive, qualitative study, bibliographical review type, with an integrative nature of literature, understood as an appropriate approach to work with non-quantifiable data such as phenomena focused on perception, intuition and subjectivity, as indicated by Chehuen Neto (2022). A search was carried out in the database of the Virtual Health Library of the Ministry of Health – VHL. The descriptors used in this research indexed in the Health Sciences Descriptors (DeCS) comprised the terms mental health, mental health services and human rights.

The inclusion criteria were complete articles, published in Portuguese, between 2004 and 2023, which particularly addressed CAPS. Articles that addressed other care equipment for people with mental disorders, duplicate articles in the database, as well

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as publications in book format, book chapters and program implementation guides or similar were excluded.

RESULTS

The research was carried out in November 2023, through online access to the website of the Virtual Health Library (VHL) database, of the Ministry of Health (<https://bvsmms.saude.gov.br>). For the search, the boolean operator AND was used, in a simple association using the descriptors in a unique combination, in the sequence, mental health AND mental health services AND human rights. The search filters were applied on the VHL portal: year of publication 2004 to 2023 and full text. 52 articles were found, and after analyzing the titles and abstracts, 40 were excluded, allowing us to select 12 publications in which the main subject permeated the theme of human rights of people with mental disorders and care practice in CAPS, to compose this integrative review.

DISCUSSION

For years, individuals suffering from mental illness were considered crazy, left on the streets or in psychiatric institutions, excluded and marginalized from society (Silva, 2010).

Psychiatric reform was a movement marked by the anti-asylum struggle and the extinction of psychiatric models where patients were kept in prison, being totally excluded and prevented from enjoying their human rights. According to Hirdes (2009), the term deinstitutionalization means moving the center of attention from the institution to the community, district, territory.

In Brazil, together with the Psychiatric Reform, the mental health care policy was consolidated, with CAPS as a strategic instrument, whose implementation is increasing throughout the country. Such services of care, has the main intention of progressively modifying and replacing the hospital-centric and asylum model. This care model guided by the principles of the SUS - universality, equity and comprehensiveness, has been going beyond health practices, including affecting other health determinants, such as the social and cultural (Bezerra Jr, 2007).

This reorganization model, which aims at articulating mental health instruments and primary care (Family Health Teams), has also included the fundamental principles

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of Primary Health Care, especially with regard to strengthening reception, bonding and accountability; organization of network health care; and promoting user citizenship (Brazil, 2004).

As the ESF is a priority gateway to the SUS for all citizens, CAPS represents the specialized reference in mental health, supporting the coordination of the mental health gateway and its flows, together with the ESF and coordinating actions and services (Silva, 2010).

A highly important coordination tool between the ESF and CAPS is matrix support, in which the mental health professional, in addition to providing individual care, participates in planning meetings, supervision and guidance actions, shared care, and training for teams (Brazil, 2004).

CAPS's work covers various aspects of mental health, from crisis situations to social inclusion projects. The therapeutic services offered are included, among others, such as individual care, psychotherapy, guidance, medications, always based on welcoming and actively listening to the user (Brasil, 2023).

Furthermore, in the context of comprehensive care, it is essential that reception and care extend to the user's family circle, with the aim of strengthening ties and bonds, and home visits, assemblies and meetings with the participation of users and their family members (Brazil, 2004).

According to Brasil (2005), acting in the territory consists of bringing together knowledge and the potential of its resources in order to build common objectives and thus propose solutions to conflicts. The mental health care network is the result of the articulation of several health services, and for assistance to these users to be comprehensive, it is important to create a link between these services and align proposals and strategies aimed at these individuals (Bezerra, 2007). Raising awareness and educating everyone around is one of the main goals and principles of CAPS to guarantee users rights (Brasil, 2005).

CONCLUSION

There are two interrelated aspects involved with the theme of contemporary mental health care in CAPS, comprising the interface with the problematization of the comprehensiveness of care offered at the level of primary health care and the necessary rescue of the principles of the SUS and concepts based on reform

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psychiatric. Therefore, this exercise of reflection is important to direct the transformation of professional practices.

Therefore, it is undeniable that mental health has advanced in technologies to better promote assistance, replacing the asylum model with characteristics of prolonged hospitalizations, with care originating from a light, humanized model, inserted in the community and guaranteeing rights based on the law, investing in CAPS as the main tool, with technical and scientific structures to guarantee this change and prevent psychiatric hospitalizations.

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23- MENTAL HEALTH IN PRIMARY HEALTH CARE

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Abstract

Considering the principles of the SUS, everyone must be welcomed and cared for in a universal and comprehensive manner, without discrimination and in an equitable manner, with the user's bond with the family health team being strengthened every day, including that of patients with mental disorders. With the general objective of revealing what the literature addresses regarding the reception of people with mental disorders in PHC, we sought to evaluate whether the literature mentions comprehensive reception for people with mental disorders in PHC; check the literature about humanization in the reception of people with mental disorders in PHC; and analyze whether, in the literature, active listening, bonding and continuity of care are part of welcoming people with mental disorders in PHC. This is a bibliographic review study that had as databases the digital platforms of the Virtual Health Library of the Ministry of Health - VHL and SCIELO, selecting 28 published articles in line with the proposed study and which it was possible to identify that there is discussion in the literature about welcoming users with mental disorders in PHC.

Keywords: Reception; Primary Health Care; Mental Disorder

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INTRODUCTION

Primary health care (PHC) is the gateway to the SUS, responsible for coordinating care flows and monitoring all individuals, ensuring access and reception (Santos et al, 2020), and considering the principles of the SUS, everyone must be welcomed and cared for in a universal and comprehensive manner, without discrimination and in an equitable manner, with the user's bond with the family health team being strengthened every day, including that of the person with a mental disorder.

It is believed that the comprehensive reception of people with mental disorders in PHC, in a humanized way, is favored by active listening, in addition to the bond and continuity of care, pillars of the National Humanization Policy (BRASIL, 2004), thus, it is expected that this hypothesis will be confirmed in the scientific literature.

The present study, an integrative literature review, sought to reveal what the health bibliography has covered about the reception of people with mental disorders in PHC and the challenges identified in implementing the reception of this population in PHC.

METHOD

This is an integrative literature review study that had as databases the digital platforms of the Virtual Health Library of the Ministry of Health - VHL (<https://bvsm.sau.de.gov.br>) and the *Scientific Electronic Library Online* (SCIELO) (<https://www.scielo.br>).

They were considered as limiting the research at temporality, considering publications from the period from 2010 to 2023, the area of health knowledge, literature such as manuals, regulations and documents from the Ministry of Health and scientific articles, in portuguese or translated into portuguese.

When searching for publications, the following terms were delimited as descriptors: reception; mental disorder; primary health care, all correlated with the study problem and identified on the Health Sciences Descriptors - DeCS digital platform (bvsalud.org).

The inclusion criteria used included literature that addressed reception in PHC, on individuals diagnosed with mental disorders, without differentiation of sex, age or disorder; publications in portuguese, from the last 10 years (2013 to 2023). And as exclusion criteria: literature on reception outside the context of mental disorders;

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literature on reception at other assistance points, in addition to PHC; publications that were not available in full; and editorial articles, theses and dissertations, articles repeated in the databases.

The research did not need to be submitted to the Research Ethics Committee as it qualifies as research carried out exclusively with scientific texts to review the scientific literature, as guided by National Health Council Resolution nº 674/2022, especially in its Art. 26.

RESULTS

The research was carried out from September to November 2023, according to the VHL and SCIELO databases, using the descriptors: “reception and mental disorder”, “reception and primary health care” and “reception and mental disorder”.

We carried out a first analysis using the title of the articles and then a new selection by reading the abstracts, in order to assess the relevance and proximity to the topic under research.

Articles were excluded and included according to publication date, language of publication and relevance to the research proposal. Furthermore, those that were repeated in the databases were not counted.

In the VHL database, despite finding 69 articles, 44 were excluded after analysis, either because they deviated from the theme and alignment of the research, or because they were repeated in searches due to a combination of descriptors. The following search filters were used on the platform: full text, year of publication and mental health as the main subject.

While 171 articles were found in the SCIELO database, 166 were excluded because they did not fit the inclusion criteria such as alignment of specific reception in primary health care for people with mental disorders, articles published in the last 10 years or being in Portuguese. This result was due to the filters not having been selected prior to the search.

In summary, 28 articles published in the scientific literature were selected, which were related to the study and met the research inclusion criteria, with 23 articles selected from the VHL database and 05 articles from SCIELO.

DISCUSSION

With the bibliographical review, it was possible to identify that there is health literature that addresses the reception of people with mental disorders in primary health care, as well as highlighting the importance of this model of reorganization of work processes in promoting the patient's bond with the community team and the resoluteness of access through qualified listening.

According to Santos et al (2020), primary health care is the gateway to the SUS, responsible for coordinating care flows and monitoring all individuals, ensuring access and reception. It also highlights that the family health strategy provides care and actions to the individual and community at all levels of care: promotion, prevention, health protection, cure, recovery and surveillance.

Considering the principles of the SUS, everyone must be welcomed and cared for in a universal and comprehensive manner, without discrimination and in an equitable manner, with the user's bond with the family health team being strengthened every day, including that of patients with mental disorders.

It was highlighted that welcoming people with mental health conditions is discussed in the literature as a practice that should be a daily practice in basic health units and should not be organized differently for this public. Considered a powerful technology for active listening, user bonding and access, as well as organizing care in the health care network, welcoming permeates all individuals who are served by primary health care.

As reported in the *Caderno de Atenção Básica em Saúde Mental, Brazil (2023)*, mental health is not dissociated from general health, and it is necessary to recognize its demands in various complaints reported by patients who arrive at health services, especially Primary Care, to the challenge of understanding and intervening on these issues is up to professionals.

It also highlights that mental health actions can be carried out in the context of the teams territory and that mental health does not require work beyond that already assigned to health professionals. It is, above all, that these professionals incorporate or improve skills of mental health care in their daily practice, so that their interventions

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are capable of considering the subjectivity, singularity and worldview of the user in the process of comprehensive health care (BRASIL, 2023)

As a device of the National Humanization Policy, reception was approached with the purpose of promoting work processes that implement the SUS principles of integrality, universality and equity. However, when reflecting on welcoming people with mental disorders, it is important to reflect on existing barriers, as highlighted by Santos et al (2020) who highlighted in their work the feeling of unpreparedness of professionals to meet the demands of patients with mental disorders, proving assistance focused on renewing prescriptions and referrals to specialized services. Likewise, Silva (2018) identified, in addition, prejudice and fear as limitations found in the literature that make it difficult to embrace people with mental disorders in primary health care.

CONCLUSION

It is concluded that there is discussion in the literature about the reception of users with mental disorders in PHC. Welcoming is cited as a tool for qualifying the team's work processes, capable of promoting qualified listening, improving access and user bonding and must be universally guaranteed to all users. However, it is still necessary to change attitudes and processes rooted in the team's routines, so that it can be implemented, and for many, it is still a challenge to welcome people with mental disorders.

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24- THE TRAJECTORY OF BRAZILIAN SOCIAL ASSISTANCE POLICY: FROM CHARITY TO SOCIAL SECURITY

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Abstract

The trajectory of social assistance policy was a process that developed according to the country's historical, economic and political context. Throughout Brazilian history, social assistance policy only acquired the status of social policy with the Federal Constitution of 1988, as social assistance was recognized as a public policy that, together with health and social security policies, is part of the health system of Brazilian social security. The objective of this paper is to present the trajectory of public policy until the solidification of a participatory and decentralized system of social assistance for the entire Brazilian territory, detailing the individual or group practice of assistance, attention to social needs as a field of public policy regulated, coordinated and executed by the State and highlighting the participation of Social Services in the construction of Brazilian social assistance policy, as a right of the citizen and a duty of the State. Historically, social assistance was provided to different groups, being attributed to those considered vulnerable, incapable, helpless, sick, unprotected, poor. It was often carried out from the perspective of restraint on the part of the State. From this perspective, assistance was marked by acts of a clientelistic, philanthropic, protective and charitable nature, which made the importance of the Federal Constitution of 1988 clear. It can thus be inferred that social assistance in Brazil originates from practices of charity, philanthropy and benevolence, consolidating itself as a public policy from the 1988 Federal Constitution, advancing with subsequent legislation.

Keywords: social assistance, social policy, social security, social service.

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INTRODUCTION

The trajectory of social assistance policy in Brazil is marked by significant transformations that reflect the country's evolution in relation to the promotion of well-being and social justice. Initially, social assistance was outlined by specific and disjointed actions, with a tutelary and benevolent focus, perpetuating inequalities and poverty (Yasbek, 2004). Over time, from colonial times to the military dictatorship, initiatives were mostly carried out in a charitable manner, disconnected from the responsibilities of the State.

The consolidation of Social Assistance as a public policy had a crucial milestone in the 1988 Federal Constitution, giving it state status and responsibility, breaking with the subsidiary logic and establishing it as a fundamental pillar of social security. The creation of the Unified Social Assistance System (SUAS) and the subsequent institution of regulations such as the Basic Operational Standard (NOB/SUAS) and the National Social Assistance Policy (PNAS) represented advances in the organization and provision of this policy throughout the Brazilian territory. (Brazil, 1988). However, current challenges related to management and system configurations demand renewed attention to ensure effectiveness and transparency in assistance actions.

Faced with the complexity of social issues faced, from unemployment to issues related to homeless children and people with disabilities, Social Services plays a central role in promoting social justice and guaranteeing human rights. In the current context, social assistance policy seeks to meet the Sustainable Development Goals (SDGs) established by the UN, with an emphasis on SDG 1, which aims to eradicate poverty in all its forms. In this scenario, social assistance managers and workers are called to commit to implementing programs, benefits, services and projects aimed at the vulnerable, aligning efforts to reach the goal by 2030 (Ipea, 2020).

The objective of this paper is to present the trajectory of public policy until the solidification of a participatory and decentralized system of social assistance for the entire Brazilian territory, detailing the individual or group practice of assistance, attention to social needs as a field of public policy regulated, coordinated and executed

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by the State and highlighting the participation of Social Services in the construction of Brazilian social assistance policy, as a right of the citizen and a duty of the State .

METHOD

The study was conducted through a bibliographical review, which includes research and analysis of various sources of information, such as scientific articles, books, reports and official documents.

RESULTS

The analysis of the trajectory of social assistance policy in Brazil reveals a significant evolution, from actions marked by charity to its consolidation as a public social security policy. Over the centuries, social assistance in the country was initially characterized by disjointed and protective actions, perpetuating inequality and poverty (Yasbek, 2004; Mestriner, 2001). The lack of distinction between assistance, philanthropy and charity has complicated the understanding of the responsibilities of the State, which has historically neglected its direct intervention in social issues (Sposati, 2014).

The rise of Social Service in Brazil, initially linked to the Catholic Church, occurred in the 1930s and 1940s, being influenced by social and health movements (Iamamoto, 2019). During the "thirty glorious years" post-World War II, Social Work expanded with Keynesian policy, reflecting the contradictions of capitalism (Iamamoto, 2019). The 1980s brought profound transformations with redemocratization, influencing the concerns of Social Work and contributing to changes in teaching and professional organization (Iamamoto, 2019).

The 1988 Federal Constitution represented a crucial milestone by including social assistance in social security as a continuous public policy, breaking with the principle of subsidiarity (Sposati, 2009). The 1990s brought challenges to Social Work, facing multifaceted issues related to poverty and social exclusion (Yazbek, 2009). The creation of the Unified Social Assistance System (SUAS) and its regulation sought to organize social assistance throughout the country (Sposati, 2007). However, current

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challenges related to SUAS management and configurations demand renewed attention (Sposati, 2018).

The UN agenda for 2030, with an emphasis on SDG 1 of eradicating poverty, highlights the responsibility of social assistance in promoting social justice (Ipea, 2020). Social assistance managers and workers are called upon to implement programs and projects aimed at the vulnerable, aligning efforts to reach the goal by 2030 (Ipea, 2020).

DISCUSSION

The trajectory of social assistance policy in Brazil reveals a significant evolution, moving from actions marked by charity to consolidation as a public social security policy. Initially, the actions were disjointed and protective, perpetuating inequality and poverty. The State has historically neglected its direct intervention in social issues, with a lack of distinction between assistance, philanthropy and benevolence. The emergence of the Irmandades da Santa Casa da Misericórdia and Rodas dos Expostos were important milestones, but until the 1930s, the role of the State was predominantly one of support and supervision, with limited understanding of poverty as a social issue.

The 1988 Federal Constitution was crucial in including social assistance in social security as a continuous public policy, breaking with the principle of subsidiarity. In the 1990s, Social Work faced multifaceted challenges related to poverty and social exclusion. The creation of the Unified Social Assistance System (SUAS) sought to organize social assistance across the country, but current challenges related to SUAS management and configurations demand renewed attention.

The UN agenda for 2030 highlights the responsibility of social assistance in promoting social justice, with an emphasis on SDG 1 of eradicating poverty. Social assistance managers and workers are called upon to implement programs and projects aimed at the vulnerable, aligning efforts to reach the goal by 2030. This international perspective reinforces the continued importance of social assistance as a fundamental instrument in the search for fairer and more equitable development.

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CONCLUSION

The study reveals a complex evolution, marked by significant changes since its origins, characterized by isolated and protective actions, until its consolidation as a public social security policy. The incorporation of social assistance into social security by the 1988 Federal Constitution represents a crucial milestone, breaking with previous paradigms and highlighting the importance of promoting social justice as a fundamental objective of social assistance. However, contemporary challenges, highlighted by the need for renewed attention to the management and configurations of the Unified Social Assistance System (SUAS), highlight the constant need for adaptation and improvement to face complex social demands. In this way, this study provides not only an understanding of the past, but also an important contribution to guide future interventions and policies.

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25- FAMILY HEALTH STRATEGY AND SOCIAL ASSISTANCE REFERENCE CENTER (CRAS): THE CHALLENGE OF INTERSECTORIALITY IN COMPREHENSIVE CARE AND SOCIAL PROTECTION

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Abstract

In the context of implementing public policies and services available to the population, it is essential to overcome the reductionist and fragmented perspective of the subject of law, also covering social determinants from an integral perspective of health care and social protection, based on intersectoral collaboration faced with such complex demands. Therefore, this work's main objective was to analyze existing scientific productions on the intersectorality between the ESF and CRAS. To this end, a systematic bibliographic review was developed on the intersectorality between the ESF and CRAS using the VHL (LILACS, Policies Informed by Evidence), SciELO, CAPES Journal Portal, Scopus and Web of Science as a database. Initially, the initial sample was 327 publications. After selecting these by title, 71 articles were included. Then, the abstracts of the selected studies were analyzed, of which 22 were read in full and 49 were excluded. In the end, among the articles read in full, 11 publications remained. The hypothesis of this study was that there were few publications on the intersectionality between the ESF and CRAS. It was possible to verify this proposition given that of all the hundreds of publications that had a certain affinity with the theme listed, only 11 covered the aspects prioritized in this work. It is concluded that intersectorality is an essential tool in realizing citizenship by expanding the field of access to rights and enhancing services within the scope of public policies, but more studies are needed on this very important topic.

Keywords: family health strategy, social assistance reference center, intersectorality.

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INTRODUCTION

Within the scope of structuring and implementing public policies and services made available to the population, there is the Family Health Strategy (ESF) within the scope of the Unified Health System (SUS) and the Social Assistance Reference Center (CRAS) within the context of Unified Social Assistance System (SUAS).

In this sense, it is necessary to understand health from the concept of integrality, that is, to understand that the individual's well-being is not just the absence of disease, but rather an event influenced by biological, psychological, social and economic aspects. Likewise, Social Assistance provides for a multifaceted view of social phenomena and issues, so that vulnerabilities are viewed in all their dimensions. Therefore, it is essential to overcome the reductionist and fragmented perspective of the subject, also covering social determinants from a comprehensive perspective of health care and social protection, based on intersectoral collaboration in the face of such complex demands. (Araújo, 2014; Coelho, 2009; Batista, 2015)

In view of this, based on the question about what is in the scientific literature about the intersectorality between the ESF and CRAS, the main hypothesis raised is that there are few publications on the subject listed.

It is of great relevance to reveal what exists in the scientific world about the processes of building intersectorality in the sphere of public policies – mainly in the areas of Health and Social Assistance, given that this is a powerful resource in guaranteeing citizenship through integrated actions and articulated, enabling the implementation of comprehensive care and social protection through the services offered to the general population.

Therefore, this work's main objective was to analyze existing scientific productions on the intersectionality between the ESF and CRAS, through a bibliometric analysis of published works.

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METHOD

This is a systematic bibliographical review on the intersectorality between the ESF and CRAS and was based on the following databases: VHL (LILACS, Policies Informed by Evidence), SciELO, CAPES Journal Portal, Scopus and Web of Science.

In preparing the study in question, some filters were applied during searches in the aforementioned databases.

The first refers to temporality. In this sense, it was decided that all materials produced in the last fifteen years will be included, that is, in the period from 2008 to 2023. It is important to consider that a longer time interval was outlined, given that the main hypothesis of this review is that There are few publications on the topic listed.

Secondly, it was established that the selected areas of knowledge would be health and social services.

The publication languages were also defined, namely: Portuguese, English and Spanish.

It is noteworthy that the types of publication included were not restricted, considering books, event annals, journal articles, theses and dissertations.

To develop this work, we used the following descriptors: intersectorality, family health strategy, primary health care, basic health care, social assistance services and social services. It is important to confirm that all of these were extracted from the DeCS (Health Sciences Descriptors).

The process was developed in four simultaneous steps:

1. Research 1: Intersectoral Collaboration OR/OR Intersectorality (Portuguese); Intersectoral Collaboration (English);

2. Research 2: Family Health Strategy OR/OR Family Health Program OR/OR Primary Health Care OR/OR Basic Health Care (Portuguese); Primary Health Care (English);

3. Research 3: Social Assistance Services OR/OR Social Service (Portuguese); Social Work (English);

4. Search 4: Search 1 AND Search 2 AND Search 3.

Initially, the articles were selected by title, independently by the researchers. Afterwards, the lists of articles included by both in this stage were unified. In the second stage, the abstracts were analyzed together. All materials were read in full, critically, observing coherence, methodological quality and suitability for the topic.

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Articles that did not deal with the listed topic, those that were not available in full and duplicate studies in simultaneous databases were excluded.

Finally, it is important to note that the researchers responsible for this work were committed to complying with the guidelines and standards that regulate technical-scientific production. Furthermore, the commitment to making the data obtained and the methodological care adopted in order to achieve maximum reliability was respected, adding positively to the progress of science in the area.

RESULTS

Excluding duplicate works both in the same database and in different indexing banks, 327 publications remained with the following distribution according to the data sources researched: 157 publications from the VHL, 79 from Scopus, 20 from Web of Science and 71 from the CAPES Periodicals Portal. It is important to point out that the only article found in Scielo was duplicated in the VHL, therefore, it was excluded.

After selecting the initial sample by title, 71 articles were included. Then, the abstracts of the selected studies were analyzed, of which 22 were read in full and 49 were excluded. It is noteworthy that the selection criterion established in these initial stages was thematic affinity.

It is noteworthy that when accessing the 22 materials for full reading, 5 works were excluded as they were unavailable, either due to restricted access or the impossibility of being able to find the complete file in the databases searched.

Among the articles read in full, 11 publications remained at the end. At this point, the insertion took place respecting the following aspects: coherence, methodological quality and content developed, in addition to suitability for the theme listed.

When analyzing the selected productions, it was possible to verify that four are Dissertations, one Thesis, five Scientific Articles and one Course Conclusion Paper. As for the year of publication, one is 2023, one is 2022, one is 2021, one is 2019, one is 2018, one is 2015, one is 2014, two are 2011 and two are 2009.

DISCUSSION

The hypothesis of this study was that there were few publications on the intersectionality between the ESF and CRAS. It was possible to prove this proposition given that of the hundreds of publications that had a certain affinity with the theme

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listed, only 11 covered the aspects prioritized in this work. Pansini (2011) also observed the existence of a limited collection on intersectoral collaboration between social assistance and health.

One might think that even among the few academic actions already carried out, these are restricted to the place of publication, since only five were scientific articles published in newspapers and magazines. The majority of the sample was made up of dissertations, thesis and course completion work.

In this work, bibliometric data was collected with a quantitative approach from the studies found in the review carried out. In this context, it is noteworthy that qualitative aspects such as the concept of intersectorality and how it is addressed in scientific productions, the challenges highlighted in the literature about the difficulty in implementing intersectorality and the main demands in intersectoral practice were not addressed. Considering that these are topics of great relevance, it is suggested that new research be developed to address these issues.

CONCLUSION

It is concluded that intersectorality is an essential tool in realizing citizenship by expanding the field of access to rights and enhancing services within the scope of public policies, but more studies are needed on this very important topic.

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26- THE EXPERIENCES OF SOCIAL WORKERS DURING THE COVID-19 PANDEMIC - AN EXPERIENCE REPORT AT SÃO JOSÉ DO CALÇADO STATE HOSPITAL

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Abstract

This study aims to report professional experiences by social workers at Hospital São José do Calçado during the covid-19 pandemic. The method used will be the experience report. The results reinforce the importance of analyzing the challenges faced by Social Service professionals in the pandemic reality, studying the impacts experienced in the profession and its consequences. We believe that the production of this report will generate fundamental contributions to the profession with important analyzes for the professional practice of social workers with consequences for other professionals in the health area.

Keywords: Social Service. Pandemic. Covid-19

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INTRODUCTION

The professional experience of Social Services during the Covid-19 pandemic was a reality that had never been experienced before. The pandemic period brought unprecedented concepts, behaviors and methods to professionals, where social workers had to learn new ways of providing care, approaching and understanding a new professional practice. It was a moment of readjustment of the professional universe in a harshly imposed reality. And in this very challenging universe, many professionals arrived, with no experience in the area, recently graduated and with a technical and emotional capacity below the needs imposed to work with this never-before-seen reality.

With regard to working conditions and relations, social workers, as salaried workers, are subjected to the same processes of degradation and violation of rights that the working class as a whole suffers, within of the heterogeneity that characterizes it. Among these processes, alongside the public servant, statutory with a contract governed by its own legal regime (deeply attacked at the moment), we find the most varied contractual ties, including: the so-called PJs or “pejotização” in area jargon; outsourcing; temporary work; part-time, task-based, project-based work; intermittent work, among others (Raichelis; Arregui, 2021, p. 144).

These processes promote the most profound metamorphosis in the professional labor market, even in the state space of public policies, stimulating the individualization of work, forms of performance assessment based on productivity goals and differentiated remuneration, promoting competition between workers and collective demobilization (Raichelis; Arregui, 2021, p. 144-145).

The professional day-to-day is marked by tensions and challenges, but it is in this same day-to-day life that the possibilities of overcoming and facing the imposed requests are presented, to which social workers are not obliged to submit, having relative autonomy. to propose and negotiate their professional proposals (Raichelis; Arregui, 2021, p. 150).

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To face this challenging situation that challenges workers and professional and academic representation entities, it is essential to expand and multiply collective forums and debates, even if virtual, internal and external to Social Services. And recover the sense of class belonging and alliances with collective forces of resistance (Raichelis; Arregui, 2021, p.150).

The objectives of the study include identifying how the precariousness of work relationships had an impact on professional reality from the perspective of the ethical-political project of Social Work and the analysis of the tensions and challenges faced in the daily professional practice of Social Work during the pandemic in a hospital environment.

METHOD

This is an analysis of working conditions, the challenges faced by social workers and the profile of professionals who performed their duties during the covid-19 pandemic at Hospital Estadual São José do Calçado – ES.

DISCUSSION

The Covid-19 pandemic brought an emerging need to hire professionals to work in the most diverse health sectors – doctors, physiotherapists, nurses and, in particular, social workers were hired to play an extremely important role in this scenario.

Covid-19, a respiratory inflammation caused by the sars-cov-2 virus, with high transmissibility and lethality, was identified in December 2019 in China and quickly spread throughout the world (PAHO, 2023).

During the Covid-19 pandemic, social workers played a crucial role in implementing various hospital care protocols, such as emergency care, hospitalizations and restricted hospital visits. Its importance has grown in communication between patients and families, facilitating video calls and promoting emotional connection. Furthermore, they faced challenges when mediating relationships in a scenario of restrictions, defending social rights, clarifying treatment options and ensuring quality care. Social workers have been involved in difficult ethical

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decisions such as denial of treatment, discharges in absentia, triage of patients, and discussions about end-of-life care.

Hiring at the São José do Calçado State Hospital - HESJC was carried out through selection processes by the Espírito Santo State Health Department - SESA. The professionals hired were mostly with no or very little experience in the health sector, without specialization in the area and many with little understanding and empathy with the moment they were experiencing. We found a very focused professional concerned about salary remuneration (remembering that although still low, the salary was one of the highest paid in the region), which generated defective and mischaracterized professional practice. Another issue experienced was the removal of more experienced professionals due to comorbidities, creating a disability and obstacles in carrying out the services provided. A very particular issue at HESJC was the interference by the administrative management in the work of social workers due to the fragility of work relationships. This fact generated serious issues such as the lack of respect for professionals in the performance of their duties and even in relation to the physical space (service room) transferred several times during this period.

CONCLUSION

It is in this highly complex scenario that Social Services is called upon to act in the fight against Covid-19 in health policy (Soares *et al.*, 2021, p. 123).

In principle, two major changes in the work of social workers in health policy in this context can be listed: the first is directly related to their status as workers; the second concerns its place in health policy and the demands and duties required of professionals (Soares *et al.*, 2021, p. 124).

Regarding the condition of health workers, the hiring of social workers increasingly expresses the precariousness and profound privatization of health policy. In the midst of strategies to combat Covid-19, most of the expansion of health services took place via outsourcing of health management, as we have already discussed, and, therefore, with precarious, insecure and temporary work contracts, in addition to the historical low pay trend (Soares *et al.*, 2021, p. 124).

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Amidst the contradictions of the pandemic, Social Service, with its ethical-political-professional project, was able to propose the most qualified responses to the complex demands of the health crisis and the expressions of the social issue, based on collective strategies of reflection on reality and planning, internal and external articulations of services, including with social movements, enhancing the tension of the limits of relative professional autonomy, in defense of the SUS, health reform and emancipated sociability. Finally, in resistance for the lives of all and against barbarismo (Soares *et al.*, 2021, p. 130).

We can consider that the work carried out by some social workers was often ineffective and dehumanized, contradicting an entire reality that raised increasing sensitivity and attention to combat the biggest health crisis experienced in the world. Unqualified professional training can be one of the fundamental factors for a practice that is unable to meet social needs in a solid and effective way, changing the reality of those who need social worker intervention to improve their health conditions.

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27- COVID-19: HISTORY, CHALLENGES, AND FUTURE PERSPECTIVES - AN ANALYSIS OF SOCIAL, ECONOMIC, AND POLITICAL IMPACTS IN BRAZIL

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Abstract

This study analyzes the multifaceted impact of the COVID-19 pandemic in Brazil, covering the social, economic and health domains. Furthermore, it explores the vulnerability of the Unified Health System (SUS) and examines the public policies implemented to mitigate the effects of the pandemic. The objective of this study is to comprehensively analyze the impact of the COVID-19 pandemic in Brazil, evaluating its implications for public health and social and economic inequalities. The study seeks to examine the public policies implemented to face the challenges arising from the pandemic. The study is an integrative literature review and uses a qualitative approach. The analysis reveals that the COVID-19 pandemic has exacerbated social and economic inequalities in Brazil, seriously compromising progress towards the SDGs. The study highlights the urgent need for integrated policies that address gaps in the healthcare system, promote equitable access to essential services, combat food insecurity and address unemployment. The study also highlights that robust social protection policies are essential to support the most vulnerable during similar crises in the future.

Keywords: COVID-19, public policy, health unic system.

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INTRODUCTION

The COVID-19 pandemic, which originated in Wuhan, China, in December 2019, quickly turned into a global crisis, prompting the World Health Organization (WHO) to declare COVID-19 a Public Health Emergency of International Concern in January 2020. The rapid spread of the new coronavirus (Sars-CoV-2) culminated in the official declaration of a pandemic on March 11, 2020 (WHO, 2023).

The global dimension of the pandemic is evidenced by the shocking numbers of cases and deaths. The WHO has reported more than 771 million cases of COVID-19 worldwide, with approximately 7 million deaths since the start of the pandemic. In Brazil, the situation has been particularly challenging, with more than 37 million cases and a tragic count of more than 700,000 deaths (WHO, 2023).

The COVID-19 pandemic has starkly exposed the social, economic and health impacts in Brazil, particularly with regard to hunger, unemployment and inequalities. Food insecurity has become more pronounced with the reduction in family purchasing power and the increase in food prices, highlighting the State's failure to reduce inequalities. The global impact of the pandemic also was reflected in the increase in poverty, evidenced by the 2022 Global Sustainable Development Report, which pointed out a significant increase in the number of people living in extreme poverty and the substantial loss of in-person education, especially among children (Ribeiro-Silva et al., 2020; UN, 2022).

The Unified Health System (SUS) played an essential role in tackling the COVID-19 pandemic in Brazil, ranging from epidemiological surveillance to the treatment of serious cases in intensive care units. However, the crisis highlighted some weaknesses in the SUS, highlighting the issue of the unequal distribution of health professionals across the country. Despite the increase in the number of health professionals and job vacancies since the implementation of the SUS, the disparity in the distribution of these professionals results in a shortage of specialists in several regions, hindering the population's access to specialized health services. (Massuda et al., 2021).

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Another highlighted weakness is the insufficient governance of the health system, which compromised the response to the epidemic. The lack of effective coordination between the national, state and municipal levels, exacerbated by a prolonged political situation, prevented the construction of a minimum consensus to deal with the country's health challenges. The absence of effective governance made it difficult to make unified decisions and implement coordinated measures to deal with the pandemic. (Massuda et al., 2021).

The present study aims to provide a comprehensive analysis of the social, economic and political impacts of the COVID-19 pandemic in Brazil, as well as explore the challenges faced and future perspectives in the face of this unprecedented crisis.

METHOD

The study is an integrative literature review and uses a qualitative approach. Published research has been mapped to renowned databases, including Scientific Electronic Library Online (Scielo), Medical Literature Analysis and Retrieval System Online (Medline/PubMed) and Latin American and Caribbean Literature in Health Sciences (LILACS).

RESULTS

The significant increase in COVID-19 cases has resulted in extraordinary demand on healthcare systems, which were already facing pre-existing challenges. This situation put at risk the availability of essential resources, such as inputs, technologies and trained health professionals, leading to an overload that exceeded the service capacity (Lopes et al., 2022).

In addition to the health crisis, the pandemic brought as one of its consequences the increase in unemployment, resulting in the growth of informality in work. This affects especially outsourced workers, subcontractors, flexible workers, part-time workers and the subproletariat (Costa, 2020).

The pandemic highlighted two worrying issues that make it difficult to combat the disease in poor communities in Brazil: the lack of access to basic sanitation and

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the high population density per area (Costa, 2020).

Food insecurity, which reflects loss of income, grew significantly, affecting 55% of families in 2020 during the pandemic, according to data from II VIGISAN (PENSSAN, 2022).

DISCUSSION

Investments must be directed to ensuring universal access to quality health services, increasing diagnostic and treatment capacity, as well as strengthening health infrastructure, such as hospitals and care centers.

To face socioeconomic challenges, it is essential to implement policies that promote economic recovery and job creation. Measures such as financial support programs for companies, encouraging entrepreneurship and investments in strategic sectors can contribute to revitalizing the economy and reducing unemployment.

It is essential that Brazil significantly increases its investments in infrastructure, aiming to promote sustainable growth and improve the population's quality of life.

Data from II VIGISAN highlight the urgency of effective public policies to combat social inequality in the country, which was worsened by the pandemic and also requires special attention.

CONCLUSION

The analysis of the challenges faced by the SUS and the impacts of the pandemic on the SDGs highlights the urgency of comprehensive actions. Correcting inequalities in the workforce, strengthening governance, increasing public financing and national production capacity are fundamental to an effective response to health crises. Furthermore, addressing the pandemic must be integrated into global efforts to achieve the SDGs, requiring a holistic and collaborative approach. Promoting social equity, investing in infrastructure and implementing effective public policies are crucial to building resilient societies capable of facing present and future challenges.

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28- THE IMPACT OF THE COVID-19 PANDEMIC ON THE FRAMEWORK OF FOOD AND NUTRITIONAL INSECURITY IN BRAZIL

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Abstract

Introduction: The general objective of the work is to address the impact of the COVID-19 pandemic on Food and Nutritional Insecurity (IAN) in Brazil, as the context reveals the lack of access to healthy food, which has exacerbated social inequalities. To this end, it will be necessary to debate Food and Nutritional Security (FNS) in the Brazilian reality, indicate the relevant legislation, policy, programs and projects and present the context of the COVID-19 pandemic. **Method:** This is basic research, with a qualitative and descriptive approach, who adopted the procedures for bibliographic review and documentary research. **Results:** Food insecurity is a complex and multifaceted phenomenon and was deepened during the pandemic, revealing and worsening social disparities. Groups considered vulnerable, such as women, low-income families, rural populations and racial minorities, faced disproportionately increased social risks during the crisis. The lack of effective government measures to combat IAN resulted in 33 million Brazilians living with hunger in 2022, reflecting a continued worsening of living conditions in the country. **Conclusion:** The history of SAN in Brazil is marked by significant advances, from social mobilization to the creation of policies and programs. However, even with this progress, the health crisis exacerbated the IAN. The situation was worsened due to the dismantling of institutions and government actions to adjust and restrict spending in social areas. Therefore, it is essential that the State promotes equitable policies to guarantee significant improvements in the population's SAN.

Keywords: food and nutrition security, pandemic, impact, food and nutritional insecurity.

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INTRODUCTION

The purpose of this work is to study the impact of the COVID-19 pandemic on Food and Nutritional Insecurity (IAN) in Brazil. The chosen thematic focus was influenced by the students' internship experiences in the area of Health and Food and Nutritional Safety (SAN). During the internship period, the students had the opportunity to get to know the reality of vulnerable communities up close and their difficulties in accessing healthy food.

According to Law No. 11,346/2006, SAN consists of guaranteeing everyone regular and permanent access to quality food in sufficient quantity (BRASIL, 2006). IAN, in turn, means the lack of food that meets caloric and nutritional needs, and is characterized by three levels: mild, moderate and severe IAN.

The IAN discussion is crucial as the COVID-19 pandemic accentuated social inequalities in Brazil. Based on the II National Survey, prepared by the Brazilian Research Network on Sovereignty and Food and Nutritional Security (PENSSAN), around 33 million Brazilians are in a situation of severe FNI, causing Brazil to return to the Hunger Map (PENSSAN, 2022). During this period, Brazilian households experienced alarming levels of social injustice due to the lack of effective public policies to guarantee the human right to adequate food, in addition to precarious work, loss of social rights and reduction in purchasing power.

Discussing the effects of the pandemic on IAN is relevant to several areas of knowledge, such as Nutrition, Medicine, Economics, Sociology, among others. Furthermore, this study is relevant to Social Work, considering that the objective of the profession is to act in defense of social rights, including access to adequate food.

In view of the above, the objective of the study is to identify the impacts of the COVID-19 pandemic on the IAN framework in Brazil.

METHOD

Taking into account the complexity of the object, adopted the critical-dialectic method with the aim of unveiling reality to analyze the totality. This is basic research,

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with a qualitative and descriptive approach. As for procedures, bibliographic review and documentary research were adopted.

The documents analyzed refer to the legislation and policy of the specific area, as well as the II National Survey on Food Insecurity in the Context of the Covid-19 Pandemic in Brazil produced by the Brazilian Research Network on Food and Nutritional Sovereignty and Security (PENSSAN Network). The bibliographic research was carried out using articles published between 2018 and 2023 on the Scientific Electronic Library Online (Scielo) electronic platform.

RESULTS

Food insecurity is a complex and multifaceted phenomenon that was amplified by the pandemic and exposed social inequalities and increased the social risk of groups that were already considered vulnerable and who suffered disproportionately from the crisis, such as women, low-income families, rural populations and racial minorities.

Data analysis from the II PENSSAN Network Survey, which used demographic categories, such as race/color, education level and receipt of social benefits, reveals an alarming situation in Brazil with regard to food security. The numbers indicate a gradual impoverishment of a portion of the population, reflected in the precariousness of life due to the lack of adequate support from the State and the most severe impacts are felt in several dimensions of Brazilian society.

Furthermore, the impact of this issue is also related to the dismantling of institutions and policies, such as the National Council for Food and Nutritional Security (CONSEA). The extinction of this body resulted in the suppression of coordination in the formulation of policy, social control, monitoring and evaluation of the PNSAN and a weakening of the commitment to the SAN, harming efforts to combat hunger and malnutrition in the country.

The programs and projects play an important role in promoting SAN, strengthening family farming, economic and social inclusion and meeting the SDG

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related to food. The PAA and PNAE, for example, contribute to reducing hunger and poverty, in addition to stimulating local production, sustainable development and the formation of healthy eating habits in children and adolescents, improving people's quality of life.

During the pandemic, these programs have suffered logistical and operational difficulties due to issues such as supply chain disruptions, school closures, and resource shortages. Meanwhile, the population was directly impacted by job losses, restrictions on access to social benefits, increased costs, worsening food and nutritional insecurity, and health consequences. The government response, such as Auxílio Brasil, met emergency demands, but failed to comprehensively address existing socioeconomic inequalities.

DISCUSSION

The SAN is the result of consensus between international organizations assumed by the Brazilian government, which culminated in a policy and its legal apparatus. The legal system highlights the importance of legislation that guarantees social order and justice, culminating in the inclusion of the right to food in the Federal Constitution, the creation of LOSAN and SISAN, highlighting the State's commitment in this area.

In Brazil, there were several important milestones in the evolution of the concept of Food and Nutritional Security, such as: the "Citizenship Action Against Hunger" that mobilized civil society, the creation of CONSEA, the realization of the I CNSA, the Zero Hunger Program that strengthened the PNSAN, Brazil's exit from the Hunger Map and the creation of the SDGs by the UN, which highlighted the eradication of hunger as one of the main objectives.

Hunger came to be recognized as a product of social exclusion and inequality, due to complaints and pressure made by social movement activists and political actors. As a result, the SAN concept has evolved to encompass not only the eradication of hunger, but also the guarantee of healthy food of quality and in adequate quantity, without compromising access to other basic needs and respecting food sovereignty.

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To enrich the debate around IAN, it is imperative to identify new research focuses, which must cover social protection and human rights, notably the right to adequate food. Furthermore, it is crucial to address the need for more equitable policies that play a fundamental role in building a society characterized by justice and equality.

By exploring these issues in depth, a more comprehensive understanding of the challenges related to hunger, malnutrition and social inequalities can be gained, thus providing a framework for formulating effective policies and building a more inclusive and healthy future for all Brazilians.

CONCLUSION

Food deprivation and the difficult situation of Brazilian families are reflections of deep inequalities rooted in historical economic and political processes. The intentional reduction of these policies has worsened the situation of low-income families, leading to high levels of IAN. The lack of government action and political decisions that increase the concentration of wealth contribute to poverty and hunger. The COVID-19 pandemic in Brazil was not restricted to a health crisis, but also revealed a profound social and economic crisis, exposing and deepening the expressions of the social issue.

Therefore, the country must work to reduce underlying inequalities and ensure that everyone has access to adequate food, regardless of their economic condition, geographic location, gender or race.

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29- PUBLIC POLICIES AIMED AT PALLIATIVE CARE TRAINING FOR HEALTH PROFESSIONALS

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Abstract

Introduction: palliative care is provided by a multidisciplinary team and aims to improve the quality of life of the patient and their family members in the face of a life-threatening illness. This is achieved through the prevention and relief of suffering, through early identification, accurate assessment and effective treatment of pain and other symptoms, addressing the physical, social, psychological and spiritual dimensions, **Objective:** to carry out a literature review based on bibliographic materials on the topic public policies aimed at training in palliative care for health professionals, **Method:** This research consists of a bibliographical review of a descriptive nature regarding of public policies aimed at training in palliative care for health professionals through subjective methods of analysis, **Result:** 2 articles were obtained that were used to construct the work, but they did not speak directly about public policies aimed at training health professionals. **Conclusion:** It is necessary to develop strategies to expand access to continuing education in Palliative Care, increasing financial investment in public health systems to train health professionals in accordance with the principles of palliative care.

Keywords: Palliative care. Health care policy. Healthcare professional. Health policies. Professional Training.

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INTRODUCTION

According to the definition of the World Health Organization (WHO), palliative care is provided by a multidisciplinary team and aims to improve the quality of life of the patient and their family members in the face of a life-threatening illness. This is achieved through the prevention and relief of suffering, through early identification, accurate assessment and effective treatment of pain and other symptoms, addressing the physical, social, psychological and spiritual dimensions (Alves & Oliveira, 2022).

However, although this topic is very relevant in our current scenario as presented in the study by (Nascimento et al., 2023), to date few works have been found that discuss this subject from a theoretical and contextual point of view, compiling the information most important about it (Souza et al., 2022 and Pires et al., 2020).

Therefore, if a review of the literature on the topic were carried out public policies aimed at training in palliative care for health professionals, this would contribute to expanding readers knowledge about this specific topic, as reviews have the function of filling existing gaps in the literature through the combination of different bibliographical research (Cordeiro, 2007).

Therefore, the objective of this study is to carry out a literature review based on bibliographic materials on the topic public policies aimed at training in palliative care for health professionals.

METHOD

This research consists of a bibliographical review of a descriptive nature regarding of public policies aimed at training in palliative care for health professionals through subjective methods of analysis. The databases “PubMed”, “Scientific Electronic Library Online” (SciELO) and Lilacs were used for the research.

Were selected scientific articles on the required subjects, published between 2019 and 2023.

In this study, some articles were considered that presented descriptors such as: palliative care, (Paliative Care) health care policy, (Health care policy), health professional, (Health Personnel) health policies (Policy Health), Professional Training

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(Professional Training) its combinations and variants in english. This means that, for research, studies of other languages were not limited, in an attempt to obtain a relevant amount of sample capable of offering a well-founded contribution regarding the description of the approach exposed here for the theoretical framework.

RESULTS

The study is characterized as a literature search and for its construction, searches were carried out in databases, such as Lilacs, Scielo and Pub Med. The search procedure was adapted for each database, following the boolean operators and available filters, using the descriptors in portuguese “Palliative care and Health care policy”, “Palliative care and Health professional”, “Palliative care and Health policies” and “Palliative care and Professional training”.

Taking into account the relevance to the topic, the following exclusion criteria were followed: publication over five years old, review articles that do not include public policies on the topic.

As inclusion criteria, publications up to five years old were selected, as well as review articles that include public policies on the topic. The information collected was extracted from review articles published between 2019 and 2023.

In relation to the Lilacs database, 1 (one) article related to the topic was found. The study deals with a narrative review of the literature, which aims to present a conceptual and historical overview of Palliative Care, focusing on the brazilian reality and the scenario related to existing public policies. Regarding the Scielo database, only 1 (one) article was selected related to public policies and palliative care, with an emphasis on social assistance. In the Pub Med database, 1 (one) result was found, which was excluded because it did not include public policy in the topic. Finally, 2 articles were obtained and used to construct the work.

DISCUSSION

It was possible to identify that there is little health literature that addresses public policies aimed at training in palliative care for health professionals. The vast majority of articles talk about knowledge of Palliative Care among health professionals, mainly

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in the medical and nursing areas, concluding that they need continued education in PC both to improve knowledge in theory and in practice.

However, no articles were found in the Literature in searched databases, which addressed whether there are health policies such as continuing education on Palliative Care for health professionals.

CONCLUSION

Palliative Care's main objective is to provide a quality of life, through an impeccable assessment and approach to offering comfort and symptom relief to patients who face illnesses that threaten the continuity of life. Palliative Care also extends to people involved in the patient care, such as family members and caregivers, They are applied in various health conditions, including cardiovascular diseases, cancer, chronic respiratory diseases, multiple sclerosis, dementia. This approach involves an interdisciplinary team of healthcare professionals, such as doctors, nurses, social workers, psychologists, physical therapists, and nutritionists, who work together to alleviate pain and other symptoms that cause suffering, as well as helping patients and their families understand their diseases and treatment options.

It is necessary to develop strategies to expand access to continuing education in Palliative Care, increasing financial investment in public health systems to train health professionals in accordance with the principles of Palliative Care. It is necessary to have an alignment on the perception of care for the patient, including more assertive communication with the family members who accompany them.

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30- THE EXPERIENCE OF CANNABIS REGULATION IN COLOMBIA, LESSONS FOR CREATING PUBLIC POLICIES FOR CANNABIS IN BRAZIL

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Abstract

Introduction: In the last decade, scientific evidence indicates that prohibition should be replaced by regulatory models focused on public health and human rights. The analysis of Colombia's policymaking process on access to Cannabis sativa L. and its products could benefit the creation of public policies for Cannabis in Brazil. **Objective:** To analyze the Cannabis regulation process in Colombia, identifying useful results for the regulation of Cannabis in Brazil. **Method:** I will use the reference framework, a methodological tool created within the scope of the Law and Public Policies (DPP) approach that aims to allow a qualitative analysis of the main legal-institutional elements of the process of regulating access to Cannabis in Colombia. **Results:** despite having comprehensive legislation, Colombia has failed to achieve the main objectives of Cannabis regulation, as it has not guaranteed broad access for the population to treatments with cannabis and its derivatives, in addition to continuing to alienate traditional communities with greater participation in the pharmaceutical production system. **Conclusion:** Brazil can benefit from the lessons learned from Colombia's successes and failures, favoring the participation of traditional communities in the production and distribution system of the plant and its derivatives.

Keywords: Public policy. Cannabis. Health. Brazil. Colombia.

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INTRODUCTION

“Even a bad plan is better than no plan.”

The famous phrase attributed to Mikhail Chigorin¹ can be applied both to chess and to the field of public policies, as deficient plans and policies can be evaluated, corrected, improved or extinguished, while the absence of a public policy causes, as a rule, the perpetuation of the public problem².

In Brazil and most Latin American countries, prohibitionism marked the absence of public policies aimed at providing their populations with access to the *Cannabis sativa* L plant. Over the last 80 years, its results in reducing the prevalence of drug use have been poor, but have disproportionately affected young people, people with mental disorders and ethnic minorities, which has justified a change towards the adoption of evidence-based public policies that prioritize health and human rights (Hall, 2020; Ribeiro, Melcher-Lopes, 2019).

OBJECTIVE

This research is dedicated to the analysis of public policies implemented by Colombia to regulate access to the *Cannabis sativa* L. plant and its byproducts. I assume the premise that Brazil and Colombia have comparable challenges and objectives (historical, economic, social and public health), which is why the research results could contribute to the construction of a regulatory model for safe access to Cannabis for Brazil.

METHOD

This is a qualitative analysis that uses the reference framework, a methodological tool that aims to explain the main elements of public policy, in short: a) the organization of the action program; b) institutional roles (who does what) and c) the intended purpose in the political and social sense (Bucci, 2015).

¹Mikhail Ivanovich Chigorin (1850-1908) founder of the Russian chess school was one of the most important figures in the development of chess knowledge (Adams, J., 1987)

²Public problem, according to Secchi's definition (2022, p. 5), corresponds to the distance between the status quo and a possible ideal situation for public reality. For that author, a public policy is an abstract concept materialized through concrete instruments, such as “laws, programs, campaigns, works, provision of services, subsidies, taxes and fees, judicial decisions, among many others”.

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RESULTS AND DISCUSSION

In this topic I intend to develop the reference framework for the process of regulating access to Cannabis in Colombia. The main elements of the reference framework are: 1) Official name of the action program; 2) Government management; 3) Normative basis; 4) Legal-institutional design; 5) Government agents; 6) Non-governmental agents; 8) Scale and target audience; 9) Economic-financial dimension of the program; 10) Implementation strategy; 11) Effective functioning of the program; 12) Critical aspects of the legal-institutional design.

Preliminary results indicate that the policies implemented by Colombia aimed, initially, at overcoming the war on drugs, replacing illegal crops with the regulated market, adequately treating problematic users and reducing the stigmatization of ethnic minorities (Zuleta et al ., 2021).

CONCLUSION

In this topic I intend to propose legal-institutional guidelines for the creation of a public policy for safe access to Cannabis sativa L. in Brazil, guided by the protection of rights and promotion of the health of populations vulnerable to this market, according to the thematic structure of the framework reference built based on the analysis of Colombian public policy for Cannabis.

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31- INCLUSION OF TRANSGENDER PEOPLE IN THE LABOR MARKET

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Abstract

The inclusion of transgender people in the job market becomes a matter of relevance due to the difficulties they present in their insertion into the job market, since childhood they end up being subjected to discrimination and stigma on the part of society, this being no different when looking for a placement on the job market. Often remaining hostage to informality. **The objective** of the text is to identify what the literature points out about the difficulties that transgender people encounter in accessing and remaining in the job market. **The method** used is a literature review, searching for articles written between 2019 and 2023 relating to the topic under study. **Results:** The vast majority of literature points out the difficulty that transgender people face when looking for a job in the job market, whether due to the employer's lack of knowledge, prejudice, stigma and when they get a job they end up giving up the job due to the discrimination they face. **Conclusion:** The topic of transgenderism is extremely important, as it highlights issues of sexuality and gender, we observed little literature research on the topic, which is why greater attention to this population is necessary, guaranteeing their fundamental rights.

Keywords: transgenders, discrimination job market, social stigma.

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INTRODUCTION

The transgender person and their search for inclusion in the job market still needs greater attention from society in general, we know that access to work is an inherent right of the individual to satisfy their basic needs such as housing, food, leisure, among others which must be guaranteed by the state, in this sense we also need to affirm that these rights are undeniable to the population regardless of race, ideology, gender, sexual orientation, rights that the constitution guarantees, the particularities of each individual must be respected, in this sense we bring the topic of the transgenerity that calls person whose personal and gender identity does not correspond to the gender assigned to them in accordance with their sex at birth. We know that transgender people suffer from inequalities that cause disruption in their lives since childhood, from a very early age they suffer prejudice from family and school and which is also evident when looking for a job, they end up facing discrimination from society and employers, which is why there is a need to know the difficulties they face in their daily lives and which lead them to informality.

It is necessary to write more scientific literature that highlights the difficulties that transgender people encounter in accessing and remaining in the job market and the creation of public policies in Brazil with a focus on the topic under discussion in order to guarantee their rights. Only in this way will they be able to take their place in society and be respected as individuals on equality.

METHOD

This research consists of a literature review of articles with the theme: "Inclusion of transgender people in the job market", the platforms: SciElo, Lilacs and Capes were used as a database for the research. We point out that the search was limited to the period from 2019 to 2023, and the area of knowledge for the search was human and social sciences.

RESULTS

A total of 119 articles on the topic were found, but 8 articles were selected. Articles related to transgender people, the job market, discrimination and social

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stigmas were adopted as inclusion factors. Exclusion factors that were related to access to health, related psychological factors, discrimination not related to entry into the job market.

Regarding the databases, the searches resulted in SiElo with 14 articles found, applying to the work only 1, in Capes selected 6 of 9 in total, and finally in the Lilacs source where we found the largest number of files totaling 77 being applied to theme 12 articles. In these sources, some articles were repeated, which was reflected in the final number of 8 articles, mentioned in the paragraph above.

DISCUSSION

The literature review highlights the real difficulties that transgender people face. When looking to enter the job market, we see that research complements each other and coincides that for these people there is still stigma and prejudice when they seek employment opportunities, which is rare. their insertion into the job market. (Ferreira et al., 2022; Villani, Ribeiro, 2019; Mello et al., 2022). Adding to the difficulty they have in accessing education, they begin to suffer prejudice from an early age, resulting in many leaving school without completing basic education. (De Souza et al., 2020; Xavier, Vianna, 2023).

It is worth highlighting the lack of knowledge, unpreparedness and prejudice of recruiters regarding the topic, understanding that transgender people do not fit into jobs aimed at a certain gender (male or female). (Costa et al., 2020; Spinelli et al., 2020). Those who get a job are always at the mercy of discrimination from colleagues and bosses, which often makes them give up the position they perform, often remaining informal. (Mello et al., 2022). Authors agree that it is still necessary to create efficient public policies, since there are no specific laws to guarantee the rights of these people. (Ferraz, Addor, Villatorre, 2020).

CONCLUSION

The literary review shows a gap in material related to the topic, as we find this subject in more current articles with a lack of resources. These data found reflect the

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proportionality of prejudice on the topic with relevance. Civil society still treats issues very conservatively and sometimes even scientific society studies the topic with less emphasis, compared to other similar topics. In conclusion, there is a need to carry out broader studies, generating results that generate related public policies, bringing more inclusion to the transgender population to access and remain in the job market, breaking discriminatory and stigmatic barriers.

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32- RATIONAL USE OF MEDICINES IN BRAZIL: NA ANALYSIS OF “EMPURROTHERAPY” AS NA ILLEGAL AND CONTROVERSIAL PRACTICE TO THE RATIONAL USE OF MEDICINES

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Abstract

The main theme of this work is the rational use of medicines in Brazil, focusing on the analysis of the illegal and controversial practice known as “empurrotherapy”, which compromises the appropriate use of medicines. The main objective of the research is to analyze how this practice compromises pharmaceutical practice and the rational use of medicines in the country. To develop the article, first an explanation will be made of how pharmaceutical practice has changed over the last few years, showing the laws that were fundamental for the process to occur in Brazil. Subsequently, an analysis of the concept of “push therapy” will be carried out, ultimately aiming to analyze pharmaceutical assistance and the rational use of medicines. The methodology used will be bibliographic review research, seeking to use articles on the topic and studies on the relevant legislation. The results will be disclosed upon publication of the dissertation and publication of articles in indexed and similar journals.

Keywords: push therapy, rational use of medicines, pharmaceutical assistance.

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INTRODUCTION

When approaching the recovery and maintenance of health conditions, medications emerge as the main therapeutic tool (Vieira, 2017). Within this context, the controversial practice “push therapy” has been revealed, which has been associated with the emergence of adverse events with significant impacts on health. Currently, this practice of “empurrotherapy” represents a symbiosis of powers, incorporating the economic and political interests of the State, with the consumer often finding themselves in a vulnerable position (Reis, 2013). It is well known that the Covid-19 pandemic has further intensified the practice of “empurrotherapy” and the neglect of science (Gonçalves, 2023; Laurell, 2002; Nascimento 2003; Santiago, 2021; Vieira, 2007).

The delimitation of the theme focused on the rational use of medications in the face of the challenge represented by the practice of “empurrotherapy”. The research problem consists of investigating how this practice can affect the appropriate use of medicines, considering the complexity of the relationships between economic power, politics and consumer health.

The relevance of this work lies in the urgent need to understand and address the complexities involved in the practice of “push therapy”. The benefits are expected to be significant for society and the scientific community. It is important to highlight that the research does not present risks, as it is based on secondary data available on official Government websites and publicly accessible platforms.

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Finally, the main objective is to analyze how this practice compromises pharmaceutical practice and the rational use of medicines in the country.

METHOD

The method used to address the topic consisted of carrying out an extensive bibliographic review. The search for relevant references was conducted in articles and books, with the aim of contributing to the discussion and establishing a solid repertoire for research. The bibliographic review, as defined by Gil (2002), is characterized as a specific type of academic study that aims to analyze and summarize the existing knowledge on a topic, based on bibliographic sources.

It then began with an organizational pre-analysis of the research, outlining the hypothesis, objectives and choice of writings to be consulted. The search for articles was carried out on platforms such as Google Scholar, the Scientific Electronic Library Online (SciELO) and the Regional Portal of the Virtual Health Library (VHL).

After selecting the material, the topics covered were explored, using readings and notes to separate the relevant information.

RESULTS

At the time of writing this document, the results of the literature search are at a preliminary stage and subject to change as the analysis continues. Preliminary findings indicate that public policies and laws are not fully applied in practice, which drives the practice of “push therapy”.

The studies also point to the rational promotion of medicines and the importance of pharmaceutical assistance in the pharmaceutical professional's routine, since patients need adequate information and other relevant aspects that can ensure the

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effective use of medication and protect their health. However, when searching for the term “empurrotherapy” and analyzing what the authors present, it is seen how the practice influences all pharmaceutical assistance and the routine of the pharmaceutical professional, showing that the medicine, an essential therapeutic resource, is used not only by its effectiveness, but also as a commodity and product that generates profit for pharmacies and pharmaceutical companies. It is also possible to discuss how the practice of “empurrotherapy” shows unequal access to health goods and services, the result of an ineffective public policy, as already mentioned.

However, it is crucial to highlight that this review is ongoing, and the complete and conclusive results will only be presented after the research is fully completed.

DISCUSSION

Pharmaceutical Assistance is a set of actions and services aimed at ensuring safe and rational access to medicines and health products. The main objective is to ensure that the population has access to the necessary medicines, promoting the appropriate use, quality, safety and effectiveness of pharmaceutical products (Vieira; Zucchi, 2013).

All of these objectives are ordered and regulated by policies and legislation related to Pharmaceutical Assistance (Brazil, 2017), as well as the National Medicines Policy (PNM) that promotes access and rational use of medicines by the population (Brazil, 2007).

The appropriate professional to develop the manipulation, production, dispensing and selection of medicines, in addition to working in other areas, such as commercial, drug, industrial, etc., is the pharmacist (Costa et al., 2017). Within the practices of this professional, Pharmaceutical Assistance plays a crucial role in the routine, with the main purpose of promoting health and patient care, ensuring access to quality medicines and promoting their rational use (Brasil, 2017).

However, the practice of “push therapy”, understood as offering and gratuities to the pharmacy for selling a medicine “pushed” to the population at the establishments’

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counters (Arrais et al. 1997) goes against everything recommended by laws and policies, aiming only profit and affecting the rational use of medicines.

For Lisbon (2000), the practice is a chronic problem in Brazil, where the lower-income population does not have access to public and private health services, and does not have specialized medical care. Thus, due to a lack of information and government supervision, this population ends up accepting “recommendations” for medicines at the pharmacy counter, which, in many cases, are not even made by a pharmaceutical professional.

Thus, in addition to the aggressive strategy of imposing sales and little importance on consumer health, the practice contributes to a culture that undermines the pharmacist's reputation among the population.

It is noteworthy that there are few studies that demonstrate how “push therapy” affects the structures and components of Pharmaceutical Assistance, as well as the rational use of medications recommended in each component.

CONCLUSION

Based on the objectives established for this research, the preliminary analysis indicates that the practice of “push therapy” significantly compromises pharmaceutical practice and the rational use of medicines in the country. The bibliographic review covered a wide range of sources, seeking to understand the extent of existing knowledge on the topic.

Preliminary findings demonstrate that the lack of effective application of public policies and laws contributes to the persistence of the practice of “push therapy”. Furthermore, the studies highlight the importance of rational promotion of medicines and pharmaceutical assistance in professionals' routine, highlighting the need to provide detailed information to patients to ensure the effective use of medicines. It is also noteworthy that the practice impacts not only on pharmaceutical assistance, but also transforms the medicine into a commodity and

profit-generating product, negatively influencing the health of patients.

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Therefore, it is essential to recognize that this review is ongoing, and full and conclusive results will be presented upon full completion of the research.

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33- THE ROLE OF EDUCATION PROFESSIONALS IN PREVENTING AND IDENTIFYING SEXUAL VIOLENCE IN EARLY CHILDHOOD

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Abstract

This study explores the issue of violence, with a specific focus on sexual violence directed at early childhood (0 to 5 years). The main objective of the research is to describe the approach adopted by education professionals in preventing and identifying sexual violence in this age group. The research, conducted through a literature review, highlights the interconnection between violence and educational impacts, highlighting harmful symptoms for victims. Alarming indicators of violence in the country highlight the need for coordinated actions and effective public policies. The discussion emphasizes the role of the school, highlighting family partnerships and the importance of teacher training. Research aimed at professionals working in the school context is necessary, as violence is a reality that is embedded, intertwined in a veiled way in the school community. And it is in this context that is conducive to the development of actions to combat violence against children, where the issue is often not treated diligently, even due to the lack of support for professionals who work in this space. By investing in educational strategies, family partnerships and strengthening education professionals, it is possible to create an environment conducive to early identification, adequate support for victims and interruption of the cycle of violence.

Keywords: defense of children and adolescents, child education, public policy, sexual violence.

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INTRODUCTION

Talking about children is entering a universe full of calm, smiles, curiosities and dreams, where childhood reveals itself as a unique stage of discoveries and transformations. In their initial journey, each child demands care, protection and an environment conducive to their development, with the relationship with the family being a crucial factor in this process. However, in the contemporary context, violence against children emerges as an excessive problem, transforming these beings into unprotected victims, unable to defend themselves, often victimized by those who should be their guardians (Ferrari, 2002).

Violence, widespread in our society, often finds its roots silently within the family. Within this environment, silence becomes a significant barrier to breaking the cycle of violence, transforming the home, theoretically a safe haven, into a place of fear and oppression (Silva; Vecina, 2002). Reporting, fundamental to interrupting this cycle, proves to be problematic, even for professionals who deal directly with children in situations of rights violations (Silva; Vecina, 2002).

Violence against children represents a clear violation of human rights, closely linked to the production and reproduction of social conditions of existence. This social phenomenon highlights the rejection of universally conceived values, such as equality, freedom and the right to life, with children being the main victims due to their vulnerability and dependence (Florentino, 2015). Demystifying violence, therefore, requires a comprehensive vision that transcends generations and understands the complex interactions that perpetuate this cycle (Silva; Vecina, 2002).

By understanding the interconnection of different aspects of this problem, in this study we aim to promote an in-depth discussion and the awareness necessary to combat this serious violation of children's rights.

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METHOD

The method used to develop this study is a bibliographic review, which involves consulting and analyzing various sources of information, such as scientific articles, books, reports and official documents.

RESULTS

Specifically in the educational context, it is clear that victims of sexual violence may experience loss of interest in learning, attention difficulties, impaired socialization, frequent absences, reduced academic performance and lack of concentration (Florentino, 2015).

The indicators of violence against children and adolescents in Brazil are alarming, with data pointing to a high number of deaths and cases of sexual violence. Between 2016 and 2020, 35,000 children and adolescents were killed by violence, and there was a 27% increase in early childhood violence during this period (UNICEF, 2022).

The role of public policies is addressed, highlighting that only since 1990, with the Child and Adolescent Statute, children began to be considered subjects of rights, demanding coordinated actions between different bodies and sectors of society to face the problem (Pase et al., 2020).

The school is seen as a crucial space for preventing and confronting violence. Furthermore, the need for a partnership between family and school is highlighted, with early interventions and guidance that promote dialogue about discipline and education methods (Faraj; Scolt; Siqueira, 2020).

The importance of teachers in early identification and coping with sexual violence is highlighted, highlighting the need for investment in continuing education so that they can play this role effectively (Viodres Inoue; Ristum, 2008). The idea is reinforced that the school is not just a place for transmitting knowledge, but an essential space to guarantee the rights of children and adolescents (Faraj; Scolt; Siqueira, 2020).

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DISCUSSION

The results presented highlight the profound interconnection between sexual violence against children and adolescents and its impacts in the educational context. The loss of interest in learning, attention difficulties, impaired socialization and other challenges faced by victims highlight the urgent need for specific approaches in the school environment to support these individuals in their recovery and academic development (Florentino, 2015). These symptoms not only harm immediate educational performance, but can also have long-term effects, negatively impacting students' academic trajectory and overall well-being.

The alarming indicators of violence against children and adolescents in Brazil, with a high number of deaths and cases of sexual violence, highlight the urgency of coordinated actions and effective public policies to face this reality (UNICEF, 2022; BRASIL, 2023). The 27% increase in early childhood violence between 2016 and 2020 is particularly concerning, highlighting the need for preventative strategies and specific interventions in this age group to break the cycle of violence from the start.

The discussion about the role of the school as a crucial space for preventing and confronting violence, as well as the importance of multidisciplinary action and partnership between family and school, highlights the need for holistic approaches to combat sexual violence. The emphasis on the role of teachers and the emphasis on the need for investment in continuing education reinforce the importance of training education professionals to identify signs of violence early and provide the necessary support (Faraj; Scolt; Siqueira, 2020; Viodres Inoue; Ristum, 2008).

CONCLUSION

The complexity and severity of sexual violence against children and adolescents in Brazil demand a comprehensive and effective approach. The results discussed highlight the urgency of coordinated actions between the public and private sectors, as well as the importance of schools as a crucial agent in preventing and confronting this phenomenon. In this scenario, the school is not just a place of teaching, but a vital environment for building a fairer and safer society for children. By investing in

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educational strategies, family partnerships and strengthening education professionals, it is possible to create an environment conducive to early identification, adequate support for victims and interruption of the cycle of violence.

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34- CHALLENGES AND PERSPECTIVES IN OBESITY CONTROL IN BRAZIL: A COMPREHENSIVE ANALYSIS THROUGH LITERATURE REVIEW

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Abstract

Introduction: Obesity is considered the most important nutritional disorder in developed countries, translating into numbers, approximately 10% of the population in these countries and more than a third of the North American population are affected by this disease. Under this perspective, obesity is a serious public health problem, therefore it is necessary to have a strengthened Unified Health System (SUS), public policies based on scientific evidence to promote health, as well as creation of healthy environments conducive to physical activity and food and nutritional security for the population, as established in article 196 of the Federal Constitution. In this sense, when analyzing the current Brazilian scenario, it is clear that there are still challenges in implementing the aforementioned law, since the issue of obesity in the country is a problem that needs to be discussed. **Objective:** Carry out a literature review based on bibliographic materials on the topic obesity control in Brazil, and how to contribute to expanding readers' knowledge about this specific topic. **Method:** This is a narrative review of the literature, prepared from the following steps: sample selection; analysis of information contained in article summaries; Articles that addressed the proposed topic in a relevant way were chosen. To choose the articles, a search was carried out in electronic databases Medical Literature Analysis and Retrieval System Online (MEDLINE), Scientific Electronic Library Online (SciELO), Biblioteca Virtual da Saúde (BVS) and National Library of Medicine (PubMed). **Result:** it was evident that obesity is a serious global public health problem, given its increasing prevalence, obesity rates have tripled since 1980, according to the 2016 World Health Organization report. The results indicate that the increase in the prevalence of obesity is attributed to a greater consumption of unhealthy food products, assuming a relevance that transcends mere nutrition, which is linked to emotional, behavioral and social conflicts. Regular physical exercise contributes to weight reduction and improves risk factors related to obesity and improves quality of life and increases life expectancy. **Conclusion:** The importance of controlling obesity in Brazil and understanding its challenges and perspectives was observed. In this context, it is necessary to include public policies aimed at solving this problem, and health strategies such as health promotion through nutritional education programs and the availability of healthy foods in schools and workplaces. Successful obesity management requires a coordinated approach involving government, healthcare professionals and society as a whole.

Keywords: Obesity. Public policy. Physical exercise. Healthy lifestyle.

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INTRODUCTION

Given its increasing prevalence, obesity can be considered the most important nutritional disorder in developed countries, affecting 10% of the population in these countries and more than a third of the North American population. Obesity is a global epidemic, occurring in both developed and developing countries. The increased incidence is spread across almost all races and sexes, mainly affecting people between 25 and 44 years old (Francischi *et al.*, 2000).

To contain the spread of obesity in Brazil, recognizing the health risks of obesity is not enough. It is necessary for us to have a strengthened Unified Health System (SUS), public policies based on scientific evidence and free from conflicts of economic interests unrelated to health promotion, as well as the creation of healthy environments conducive to the practice of physical activity and food and nutritional security of the population (Rezende, 2020). In Brazil, both food and health are constitutional rights that must be ensured through public policies (Bartolini *et al.*, 2021).

As established in article 196 of the Federal Constitution, "Health is the right of all and the duty of the State, guaranteed through social and economic policies that aim to reduce the risk of disease and other injuries and universal and equal access to actions and services for its promotion, protection and recovery" (BRASIL, 1988).

However, when analyzing the current Brazilian scenario, it is clear that there are still challenges in implementing this law, since the issue of obesity in the country is still a problem that needs to be discussed. In this context, the objective of the study is to carry out a review of the literature on obesity control in Brazil, which would significantly contribute to expanding readers' knowledge on this specific topic.

METHOD

This is a narrative review of the literature, which adopts a broad approach, with the aim of understanding on obesity control in Brazil: perspectives on coping policies and their consequences on public health in a theoretical or contextual way. A search was carried out in the electronic databases Medical Literature Analysis and Retrieval

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System Online (MEDLINE), Scientific Electronic Library Online (SciELO), Biblioteca Virtual da Saúde (BVS) and National Library of Medicine (PubMed). The studies found underwent a careful evaluation, considering their relevance for the purpose of this review. The selection of articles followed a specific methodology: initially, the titles were read, and then the abstracts were analyzed. Articles that relevantly addressed the proposed topic were chosen. The research was carried out in November and December 2023.

RESULTS/DISCUSSION

Obesity is a global public health problem. Obesity rates have tripled since 1980, according to the 2016 World Health Organization report. The prevalence of obesity and overweight among young people has also increased from 16% in 1980 to 23% in 2013 (Cunha, 2022) .

Obesity is a chronic and recurrent disease associated with multiple complications, which worsens other acute and chronic diseases and reduces life expectancy. Although obesity is highly stigmatized and considered by many to be a “lifestyle choice” that can be easily treated through behavioral changes, obesity is associated with remarkably high rates of treatment failure and a progressive course throughout life. (Halpern *et al.*, 2022).

In several countries, the increase in the prevalence of obesity can also be attributed to a greater consumption of unhealthy foods, constituting a food category called fast food (Ferreira; Szwarcwald; Damacena, 2019).

The consumption of industrialized food products assumes relevance that transcends mere nutrition. These products are full of emotional appeal, associated with projected dreams and rewards. In this context, its consumption becomes almost inevitable and plays a substantial role in satisfying mental hunger. This involves, throughout this process, cultural, social, affective, emotional and behavioral values. Therefore, understanding obesity is not limited to inadequate eating habits and uncontrolled food intake. It is the result of contradictory social conflicts and power dynamics that prevail in our capitalist society (Scherer, 2015).

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According to Cunha (2022), weight reduction greatly improves the risk factors related to obesity, the benefits include: lowering blood pressure, reducing the incidence of diabetes, improving the lipid profile, reducing insulin resistance, improving function endothelium and reduce the concentration of C-reactive protein.

Regular physical exercise is associated with health gains, improved quality of life and increased life expectancy. In addition to the benefits mentioned, physical activity also contributes to weight control, improvement of the lipid profile, reduction of blood pressure, aid in the treatment and prevention of diabetes mellitus, reduction of inflammation (expressed by C-reactive protein). Exercise also has an impact on lifestyle, reducing the likelihood of smoking, relieving stress and hunger (Cunha, 2022).

CONCLUSION

Obesity control involves a diverse approach that includes public policies to solve this global health problem. Some strategies can be adopted to face this problem, such as: implementing nutritional education programs to promote healthy eating habits, creating safe public spaces for physical exercise, encouraging the provision of healthy food options in schools, workplaces and communities, in addition to promoting the accessibility and availability of fresh and nutritious food.

The objective of these public actions is to create an environment that facilitates healthy choices, reduces risk factors related to obesity and promotes a more active lifestyle. Successful management of obesity often requires a coordinated approach that involves government, the private sector, healthcare professionals and society as a whole.

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35- HISTORICAL PROCESS AND PUBLIC POLICIES RELATED TO PALLIATIVE CARE IN BRAZIL: NARRATIVE LITERATURE REVIEW

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Abstract

Introduction: Palliative Care is a concept focused on improving the quality of life for patients and families faced with life-threatening illnesses. Its principles include symptom relief, affirmation of life, considering death as a natural part, integration of psychological and spiritual aspects, active support for the patient until death, support for family members and a multidisciplinary approach. In Brazil, the implementation of this concept must be aligned with national health policies, based on constitutional principles such as universality and equality. **Objective:** To analyze the historical roots that outlined the evolution of palliative care in Brazil, investigating regulatory frameworks and government strategies implemented over time. Furthermore, we seek to understand how such policies impact the practice and provision of palliative care, considering aspects such as accessibility, equity and quality of services provided. **Results:** A total of 22 articles were identified in the Virtual Health Library. The results revealed that, despite Resolution MS n. 41/2018, establish guidelines for the organization of this care in the Unified Health System (SUS), there are gaps in the approach to the topic. The resolution, although it considers the demographic transition and epidemiological changes, still does not constitute a comprehensive public health policy, lacking clearer guidelines. **Conclusion:** The literature analysis indicated that, even with superficial mentions in SUS health services, palliative care requires a more comprehensive and specific approach to ensure the effective implementation of public policies in the field.

Keywords: palliative care, public policy, brazil.

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INTRODUCTION

The discussion about Palliative Care in Brazil began incipiently in the 1970s, but it was only in the 1990s that it was formally organized, with professor Marco Túlio de Assis Figueiredo leading the creation of the first courses dedicated to this area at the Federal University of São Paulo. (Boaventura *et al.*, 2019). However, the practice of this care is not yet fully consolidated, facing implementation and organization challenges at different levels of complexity in the health system. To overcome these obstacles, policies have been implemented with the aim of structuring and organizing Palliative Care strategies in Brazil (Mendes; Vasconcelos; Santos, 2018).

Although the discussion about Palliative Care in Brazil began in the 70s, it was only in the 90s that the implementation of this practice was more systematized, with professor Marco Túlio de Assis Figueiredo leading the creation of the first specialized courses at the Federal University of São Paulo. Paul. However, the full consolidation of this care faces significant organization and implementation challenges at different levels of complexity in the health system. To face these obstacles, specific policies were adopted with the aim of structuring and organizing Palliative Care strategies in Brazil, as pointed out in recent studies (Boaventura *et al.*, 2019; Mendes; Vasconcelos; Santos, 2018).

The delimitation of the theme of this research is based on the transformation of health systems, historically oriented towards the curative dimension of medicine. Traditionally, the focus has been on the curative approach during the illness process. The research seeks to contribute to the evolution of this perspective, exploring the historical process and public policies associated with Palliative Care in Brazil. By highlighting the importance of adopting measures that ensure patient comfort from diagnosis to terminal outcome, promoting a more humanized and effective approach, directly benefiting society and the scientific community involved in the health sector (Schaefer, 2020).

The objective of this literature review was to analyze the historical origins that shaped the progression of palliative care in Brazil, examining regulatory frameworks and government strategies over time. The research also aims to describe the impact

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of these policies on practice, availability of palliative care, criteria such as accessibility, equity and quality of services offered.

METHODS

This is a narrative review of the literature, of works published in health journals. The choice of this methodology is justified by its potential to deepen the understanding of the topic under study, especially given the open nature of the problem, which does not start from a specific, well-defined question.

Bibliographical searches were carried out in the period between October and November 2023, using the Virtual Health Library (VHL), which is coordinated by the Latin American and Caribbean Center for Health Sciences Information BIREME. Additionally, government websites, guidelines, manuals and books related to the topic in question were consulted. The exploration of sources of scientific knowledge in health was carried out using Health Science Descriptors (DeCS), using the following combination of descriptors: ("Palliative Care" AND "Public Policies" AND Brazil), using the Boolean operator "AND" and applying quotation marks to compound terms.

The inclusion criteria were established, covering national publications related to the study topic, without time restrictions, and with full texts available in Portuguese. To ensure relevance, publications that did not contribute significantly to the topic or that were not accessible online were excluded. This methodological approach aims to provide a comprehensive and contextualized view of the historical process and public policies related to palliative care in Brazil.

RESULTS

A total of 22 articles were identified in the Virtual Health Library databases. Initially, the studies were subjected to an evaluation through analysis of the titles, excluding research not relevant to the objectives of the dissertation. Then, the abstracts were read, selecting studies that did not meet the previously established inclusion criteria. Finally, reading in full allowed the choice of research aligned with the objectives of this investigation, thus integrating the final sample of this review.

Studies that met the necessary requirements to achieve the research objectives were selected. After this analysis, a total of 12 studies remained that supported the

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construction of the research, being complemented with material found on government websites, books, guidelines and manuals.

DISCUSSION

The study on Palliative Care highlights the approach that incorporates life support through conventional measures and, simultaneously, prioritizes what is ethically and medically justifiable, to the detriment of what is simply medically possible. This approach, described by Schaefer (2020), reinforces the premise that Palliative Care does not imply abandoning the patient, but seeks to provide comfort from diagnosis to the terminal outcome, with an exclusive focus on the quality of the end of life.

Resolution MS n. 41/2018, approved by the Tripartite Inter-Management Commission of the Ministry of Health, responds to the demographic transition resulting from population aging and the epidemiological change in the causes of mortality. By establishing guidelines for the organization of palliative care in the Unified Health System (SUS) at all levels of health care, as set out in article 5º, the resolution represents a relevant milestone (Brazil, 2018). It is notable that the SUS already superficially addresses Palliative Care, but it needs to be formalized as a public health policy, with specific guidelines and values, as pointed out by Saito and Zoboli (2015) and Schaefer (2020).

Historically, health systems were structured to predominantly serve the curative dimension of medicine, focusing on the illness process with a singular curative vision and objectives. However, given demographic and epidemiological changes, the palliative dimension emerges, highlighting the need for care throughout the entire course of the disease. This paradigm shift, emphasized by symptom control and prioritization of patient and family autonomy, as established in article 2º, single paragraph, of Resolution MS n. 41/2018, also includes social protection (Schaefer,2020). This evolution in the conception of health care suggests the importance of revisiting and strengthening public policies aimed at Palliative Care.

This study is limited by the lack of publications related to the proposed theme. It is necessary for palliative care to be understood as a guarantee of rights already

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provided for in the Humanization of Care and Management Policy (Brazil, 2009), in the National Humanization Policy (PNH) of the SUS Brazil, 2013) and the National Pain Assistance and Palliative Care Program (Brazil, 2002), treated not only as national programs, but also as part of Brazilian health policy.

CONCLUSION

The care or care model implies the need to review several aspects, such as spaces, organization of management and technologies, and multi-professional relationships. Through this, it is possible to recognize palliative care as an important field of health care, determining its planning and integration into public systems with specific sectoral policies. The implementation of this care at all levels of health care in the Brazilian Unified Health System and the guidelines established in Resolution MS n. 41/2018 must be a priority (Castilho; Silva; Pinto, 2021; Freitas et al., 2022; Schaefer, 2020).

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36- KNOWLEDGE OF HEALTH PROFESSIONALS WHO WORK IN PRIMARY HEALTH CARE ABOUT HUMANIZED CARE

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Abstract

Introduction: Through the National Humanization Policy (PNH), we seek to promote changes in care and management practices in the SUS, seeking a more humanized and comprehensive approach to serving the population. **Objective:** To analyze what the health literature points out about the knowledge of PHC health professionals in relation to humanized care. **Method:** Bibliographic review in order to answer the question: How does health literature address the knowledge of PHC health professionals about humanized care? The search was carried out in the LILACS and Scielo databases in September and October 2023. Articles published in the national literature were selected, which portray the theme, in the last 5 years. **Results:** forty studies made up the sample. They revealed that the majority of Primary Health Care (PHC) health professionals had limited knowledge or were unaware of the guidelines of the National Humanization Policy. **Conclusion:** Continuing education for PHC health professionals is necessary to implement humanization in care.

Keywords: humanized service. primary health care. humanization.

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INTRODUCTION

It is essential to highlight that the struggles for fundamental rights are of crucial importance, especially when it comes to the right to health, the realization of which requires a series of other rights. The Brazilian Constitution established a model for the health system, but it is necessary to adopt other measures that modify the routine of organizations and work in the health area. Among these measures, the formulation of public policies stands out (Brazil, 2008).

The Unified Health System (SUS) represents a significant achievement, however, it still faces several challenges along its path. Through the National Humanization Policy (PNH), we seek to promote changes in care and management practices in the SUS, as it is part of an effort to transform culture and practices in the field of health, seeking a more humanized and comprehensive care for the population (Brazil, 1990; Brazil, 2004).

In this regard, primary health care (PHC) is essential to promote, maintain, rehabilitate, protect and prevent damage to users' health. In this context, it is crucial that care is based on human principles, valuing the individual and establishing supportive bonds of care and respect. Humanized assistance in PHC is essential. However, one of the main challenges may be related to health professionals' lack of knowledge about humanized care (Ferreira *et al.*, 2022; Natal *et al.*, 2022).

Given the above, the objective of the study was to analyze what the health literature points out about the knowledge of PHC health professionals in relation to humanized care.

METHOD

The study is characterized as a bibliographic review research developed from already published studies and for its construction, searches were carried out in databases, Lilacs and Scielo. The search procedure was adapted for each database, following the Boolean operators and available filters, using the descriptors in Portuguese "Humanization of Assistance" AND "Primary health care" selected in the DeCS database.

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Taking into account the relevance to the theme, the following exclusion criteria were followed: publication over five years, areas of knowledge that are not health, languages other than Portuguese, review articles that do not include health professionals on the theme. As inclusion criteria, publications up to five years old, in the health area, in Portuguese, and review articles that include health professionals on the topic were selected. The information collected was extracted from review articles published between 2019 and 2023.

RESULTS

After using the descriptors “Humanization of care” and “Primary health care” together with the Boolean operator “AND”, 566 articles were obtained from the Lilacs database. Of this total, 479 were excluded as they did not meet the criteria for publication within 5 years. When selecting articles only in Portuguese, we obtained 76 publications. By limiting the search to the main subjects “Primary Health Care”, “Humanization of Assistance”, “Welcoming”, “Unified Health System”, “Public Health”, “Comprehensive Health Care” 37 works were selected.

In the Scielo database, after using the descriptors and the Boolean operator mentioned above, we obtained 32 works. After filtering the search for articles with up to 5 years of publication, 5 works were selected. With the selection of articles only in Portuguese, none were excluded. Next, we used the exclusion criterion by health thematic area, an act that also did not exclude any work.

In the end, 42 articles were obtained. Among these, one was excluded because it was an e-book and the other because it was duplicated, resulting in 40 publications used to construct the work.

DISCUSSION

Based on this study, the majority of PHC health professionals had limited knowledge or were unaware of the guidelines of the National Humanization Policy and the comprehensive vision of reception, which led to work processes incompatible with this policy, resulting in several obstacles that the team needs to face, and it is necessary to restructure the teams' work procedures taking into account the guidelines related to reception (Gusmão *et al.*, 2021; Salci *et al.*, 2020).

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However, Primary Health Care (PHC) health professionals recognize the importance of humanization as a fundamental basis for user assistance. They emphasized that the lack of humanized assistance can negatively impact the bond between professionals and patients. In this sense, it is crucial that the team is engaged in humanization practices in care, but for this it is necessary that professionals are more qualified in humanization in care and that professionals are encouraged by health managers, in order to feel motivated to provide empathetic and humanized care, with direct impacts on the quality of care offered to users of the health system. The multidisciplinary team needs to be qualified, have professionalism, create bonds and have empathy in health care, so that it can offer humanized care effectively, using some tools to promote humanization in care such as welcoming, active listening, clear communication, education in health, teamwork, resoluteness, among others (Lopes et al., 2019; Moraes and Silva, 2020; Natal et al., 2022; Rodrigues and Nascimento, 2019; Silva et al. 2020).

It is important to highlight that this study had limitations, as it focused only on PHC health professionals and their understanding of humanization in health care. Therefore, it is necessary to carry out new studies that also analyze patients' opinions about humanization in health care, both in PHC and in other areas.

CONCLUSION

The researched literature shows that the knowledge of PHC health professionals about humanized care is scarce both in relation to reception and PNH guidelines. Work processes based on the hegemonic health model, centered on illness and medicalization, often prevail over the integral vision of human beings and their needs. This ends up limiting the work of professionals, who focus on immediately resolving problems, neglecting listening and individualized care.

Professionals understand the importance of welcoming as a transformative practice for more humanized care and highlight its relevance for creating a professional-patient bond. However, the works highlight continuing professional education as a necessity for implementing welcoming practices in care. Furthermore, it is essential to reinforce the importance of addressing this topic in technical education,

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undergraduate and postgraduate studies, in order to strengthen and raise awareness among health professionals about the need to practice humanization in health care.

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37- THE IMPORTANCE OF MONITORING PATIENTS UNDERGOING INTENSIVE ADMISSION AFTER HOSPITAL DISCHARGE

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Abstract

Introduction: The process of admission to the ICU is responsible for triggering problems capable of reverberating even 1 year after individuals are discharged from hospital, in this sense there is a need to monitor the socioeconomic and clinical condition and evaluate the functionality of patients one year after hospital discharge and thus encourage the creation of policies that cover this population group in a more comprehensive and effective way. **Methods:** The study is a quantitative cross-sectional observational approach, which analyzed 87 medical records previously collected, through telephone calls, from patients 1 year after their discharge, evaluating their socioeconomic condition and current functionality. **Result:** The data suggest a mostly elderly sample, with low education and economic status, who maintained the smoking habit and has more than two associated comorbidities. **Conclusion:** The need for effective monitoring of this population is evident, in order to promote studies on the topic and the development of targeted public policies.

Keywords: public policy, monitoring, hospital discharge.

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INTRODUCTION

The hospitalization process to which critically ill patients are exposed is characterized by the presence of invasive and highly complex procedures, such as mechanical ventilation (MV) and orotracheal intubation (OTI) together with a greater demand for medications of high clinical severity (BARBOSA et al., 2021). However, these factors, despite promoting survival after discharge from the ICU, lead to important complications in the long term, which greatly impacts the patient's functionality and quality of life (CARVALHO, 2022).

Given the impact generated, it is necessary that comprehensive care permeates all levels of health care, especially at the time of hospital discharge, where the care process should not be interrupted, on the contrary, it should be related to secondary and primary and aim to provide continuous and longitudinal care, thus providing a better quality of life, in addition to reducing hospital recurrences and worsening the prognosis of individuals (BARBOSA, 2020).

In view of the above, there is a need to monitor the socioeconomic and clinical condition and evaluate the functionality of patients one year after hospital discharge and thus encourage the creation of policies that cover this population group in a more comprehensive and effective way.

METHOD

This is a Cross-sectional Observational study with a quantitative approach. The present research is being carried out based on the analysis of 87 medical records, previously collected, from the primary study: Assessment of the Functionality of Patients in the adult ICU of a Philanthropic Hospital in Vitória - ES.

Continuing the study, interviews via telephone calls were carried out from August to October 2023, where, using a specific questionnaire, the interviewers assessed socioeconomic and clinical conditions and the level of functionality using the Functional Independence Measure scale (MIF), in which the items on the scale can be classified into degrees of dependence ranging from 1 to 7, with the minimum score

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on the scale, 18 points, meaning complete dependence and the maximum score, 104 to 126, referring to independence completeness of the individual.

It is worth mentioning that those individuals who were not contacted after 3 call attempts, those who died and those who did not finish answering the questions or refused to sign the Free and Informed Consent Form (TCLE) were excluded from the present study.

RESULT

Of the 87 eligible for the research, 12 died, 53 did not answer the telephone call or did not complete the interview, totaling a sample of 22 individuals.

In relation to their sociodemographic and economic profile, the sample has an average age of 61.3 years, more than half are female (72.7%), self-declared mixed race (68.1%) and report having a partner (54.5%), almost half have primary education (40.9%) and more than half receive 1 to 2 minimum wages (81.2%). (Table 1)

When evaluating the patients' clinical profile, part of the sample (36.3%) chose not to report the existence of smoking and drinking habits, and of those who reported, 36.3% declared that they had a smoking habit and 31.9% were alcohol drinkers, in addition of having more than one comorbidity associated with their current clinical condition (45.4%). (Table 2).

Regarding the outcome variable, it was observed that the vast majority of the sample did not show a significant decline in relation to functionality, corresponding to 86.3%. However, 13.7% of the population stated that they needed help to carry out daily activities in a large part of their tasks, showing a modified dependence. (Table 3).

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Table 1. Sociodemographic and economic profile

Variables	n = 22
Age	61,3 ± 11,7
Gender, n (%)	
Female	16 (72,2)
Male	6 (27,2)
Race, n (%)	
White	5 (22,7)
Brown	15 (68,1)
Black	2 (9,0)
Marital Status, n (%)	
With partner	12 (54,5)
Without a partner	10 (45,5)
Education, n (%)	
Illiterate	1 (4,5)
Elementary School	9 (40,9)
High School	6 (27,3)
University School	6 (27,3)
Monthly Income, n (%)	
1 to 2 minimum wages	18 (81,2)
3 to 4 minimum wages	3 (13,6)
>5 minimum wages	1 (4,5)

Average ± Standard Deviation

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Table 2. Clinical Profile

Variables	n = 22
Smoking, n (%)	
Yes	8 (36,3)
No	6 (27,3)
Uninformed	8 (36,3)
Alcoholism, n (%)	
Yes	7 (31,9)
No	7 (31,9)
Uninformed	8 (36,3)
Comorbidities, n (%)	
None	6 (27,3)
Only one	6 (27,3)
More than one	10 (45,4)

Table 3. Measure of Functional Independence

Variables	n = 22
Functionality Classification, n (%)	n (%)
Complete Dependency (18)	0 (0)
Modified Dependency (19 to 60)	0 (0)
Modified Dependency (61 to 103)	3 (13,7)
Complete Independence (104 to 126)	19 (86,3)

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DISCUSSION

For Jalilian, 2019, it is necessary to modify the model of care provided to critically ill patients after discharge from the ICU, in order to increase the involvement of survivors in their health care, raising awareness about the importance of changing habits, in addition to monitoring signs of clinical worsening, intervening early to avoid hospital recurrences. In agreement, the present study found that the vast majority of the sample still had a smoking habit and the presence of more than two associated comorbidities, which highlights the importance of longitudinal care and involvement of users in their health-disease process, in order to avoid new clinical complications related to your health condition.

Although the results of the present study do not show a significant reduction in functionality in patients evaluated after hospital discharge, Vesz, 2018, states that muscle weakness acquired in the ICU reverberates in a sharp decline in the quality of life of individuals, which directly impacts their health. general and social with reduced levels of functionality even after one year of hospital discharge. In this sense, carrying out studies that monitor and analyze the current condition of this population group is essential for the development of public policies and improvements in the long-term health status of these individuals.

CONCLUSION

It is concluded, after the difficulty faced in carrying out the present study in search of literature focused on the topic, the need to carry out further research that promotes the importance of follow-up after hospital discharge and that elucidates the need for public policies that cover this population offering longitudinal and effective care to the target public.

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38- LAUGHING AGAINST STEREOTYPES AND CLAIMING RIGHTS: WOMEN'S INVOLVEMENT IN CLOWNING IN BRAZIL

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Abstract

Introduction: Female participation in clowning began in the 1980s, when they began to represent clowns, for traditional circuses; women could not be clowns, a fact that illustrates the challenges of historical stereotypes and the achievements of women's expression of freedom in all spaces. Research on the subject is essential to raise awareness among the population about the importance of inserting women into spaces dominated by men, because women can be whatever they want, including being a clown. **Objective:** Discuss female participation in clowning in Brazil. **METHOD:** This is a narrative review of scientific literature. **Result and discussion:** The second industrial revolution had positive impacts on women in relation to work. The 1980s represented a milestone in women's struggle for these artistic and civil spaces. Later, in 1990, the female clowning group "As Marias da Graça" was created, they organized the first international female comedy festival held in Brazil, entitled "Esse Monte de Mulher Palhaça" in 2005. **Conclusion:** We realized that female participation over the years it has been gaining visibility. Clowning for women represents an audacious expression of freedom to conquer all spaces, celebrating diversity and redefining the role of women in a joyful and empowering way.

Keywords: insertion, feminine, clown

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INTRODUCTION

To understand female participation in clowning in Brazil, we need to discuss the phenomena that preceded this achievement. Therefore, we will address the second industrial revolution and its impact on labor relations, including the insertion of women in the job market, feminism, the insertion of women in clowning in Brazil and their struggle for space to work.

We will start by understanding the second industrial revolution, a period of many achievements and technological evolution. It corresponds to the beginning of the decade from 1870 to 1914, which brought an advance in human development and productive force with the improvement of techniques, the emergence of machines and the introduction of new means of production. The Second World War forced many men to leave their families, consequently opening the field for female insertion in the job market (Rodrigues, 2015).

At that time, women began to work in industries, with this organization there was awareness about rights and the fight to reduce gender inequalities, increasingly seeking their independence from the male figure (Méndez, 2011). In Brazil until 1980, the Brazilian artistic scene did not accept women, whether as actresses or audiences, she was considered a naive and fragile being, therefore, she could not participate in something subversive like art. This participation began in the 1980s, when they began to represent clowns in female clothing, although women worked in cultural spaces at that time, for traditional circuses, women could not be clowns, the term clown was not recognized (Leite, 2015).

Considering the evolution that feminism has brought to social relations with the insertion of women in work, contributing to thinking about gender equality, bringing achievements, such as the right to work, art and clowning. Therefore, the objective of this study was to discuss female participation in clowning in Brazil.

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METHOD

This is a narrative review that aims to mapping the knowledge produced in a given area, without systematic search criteria, article retention and information extraction. It was carried out a search in the scientific literature with the descriptors "Inserção" and "Feminina" and "Palhaçaria", after reading the title, abstract and full text, we selected studies, master's theses and scientific articles.

RESULTS AND DISCUSSION

The second industrial revolution had positive impacts on women in relation to work. In Brazil, industrialization began in the second half of the 19th century with the arrival of textile and food factories. The workers had extensive working hours, reaching 18 hours six days a week, without the right to minimum wage, vacation or overtime. Women were more common in textile factories, being considered by their employers as “docile”, this narrative was supported, as during this period female union organization was not yet visible and strike attempts were frustrated (Rodrigues, 2015).

During this same period, women began to become aware of their rights, they noticed that they performed the same work as men and earned less. While men were uniting in favor of improving working conditions, women found themselves hostage to precarious conditions. With this, the thought of gender equality became an agenda for them, at that time the first theories about feminism emerged, which reinforces exactly the discourse that women are equal to men, therefore, they need to have the same guaranteed rights (Teixeira, 2009).

But women's struggle continued and strengthened during the following years, they did not have basic rights, such as the right to vote, primary, secondary or higher education, they could not attend theaters, circuses, whether as an audience or as actresses (Leite, 2015). But the 1980s represented a milestone in women's struggle for these artistic and civil spaces, a decade in which they were guaranteed by the Brazilian Federal Constitution the same rights as men (Brasil, 1988). In the field of arts, the opening of circus schools in Brazil contributed to the insertion of women in clowning.

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The first appearances of female clowns took place with representations “outside the canvas”, that is, in circus schools. They began by playing specific roles, such as, *soubrettes*, which is the comical representation of the maid, *caipiras*, which is the representation of women from the interior of Brazilian states, and *caricatures*, which were characters with exaggerated makeup and speech, who prepared the public to welcome the clown. As time progressed, the traditional circus lost space and women gained more visibility as clowns (Santos, 2014; Leite, 2015).

The evolution of women in Brazilian clowning faced many difficulties and prejudices, but culminated in several well-known female clowning groups, such as the Rio group “As Marias da Graça”, founded in the early 90s, inaugurating one of the first clowning groups in Latin America with an all-female cast, they also organized, with the support of SESC, the first international female comedy festival held in Brazil, entitled *Esse Monte de Mulher Palhaça* in 2005. They also founded the *Associação de Mulheres Palhaças As Marias da Graça* in 2003, which was awarded in the same year by the Global Fund for Women and the IV Competition for Successful Enterprises Led by Women (Santos, 2014).

CONCLUSION

Women faced a long path of struggle and overcoming to gain basic human rights. We noticed that female participation in clowning was more expressive, transforming clowning into a field of egalitarian expression. This journey not only highlights the importance of persistence in the search for basic rights, but also highlights how clowning in its artistic form can be a mirror of female achievements in society, promoting inclusion, laughter, and above all, deserved recognition.

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39- PARENTAL ALIENATION SYNDROME: EXAMINING IMPLICATIONS FOR THE CHILD

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Abstract

Introduction: The intricate and multifaceted phenomenon known as Parental Alienation Syndrome (PAS) has attracted significant attention and exploration in the domains of family law and psychology. PAS arises in the context of custody disputes, in which one parent employs various tactics to manipulate the child into harboring animosity or rejecting the other parent. **Objective:** This study aims to provide a comprehensive examination of the physical, emotional, psychological, and social ramifications experienced by children who have been subjected to parental alienation. **Method:** A bibliographic study was carried out, of the integrative literature review type, carried out in 2023, the search covers a period of ten years, using the Scielo database. Three scientific articles were included. **Results:** Adverse behaviors associated with PAS can cause lasting damage to a child's emotional and psychological well-being, giving rise to feelings of anxiety, depression and perplexity. Furthermore, it can have long-term effects on the child's cognitive development, academic results and future prospects, both in the personal and professional spheres. **Conclusion:** In addition, the child victim of parental alienation experiences substantial consequences at physical, emotional, psychological and social levels. It is crucial to consider the harmful emotions displayed by alienating parents, the strain and distress inflicted on school relationships due to Parental Alienation Syndrome (PAS), and the importance of psychological assistance during family court proceedings when addressing PAS.

Keywords: social alienation. child. psychosocial impact.

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INTRODUCTION

Parental Alienation Syndrome (PAS) is a complex phenomenon that involves one parent exerting pressure on a child or adolescent to reject or show aversion to the other parent in a parental custody conflict. This pressure can take different forms and has significant consequences for the children and adolescents involved. They face torn loyalties, forced to take sides in adult conflicts that go beyond their understanding, leading to emotional tension, anxiety and depression (Bernardes et al., 2023).

PAS can have long-term consequences on cognitive development, academic performance and career prospects, creating a cycle of disadvantage that extends beyond childhood. Divided loyalties and mixed messages received from parents can lead to deep confusion about who they are and what they feel, making it difficult to establish healthy, lasting relationships in the future (Deeke; Muner, 2021).

Signs of parental alienation are not immediately visible, making diagnosis and intervention even more challenging. Understanding the nature and consequences of this phenomenon is essential to protect the well-being and healthy development of these young people. Appropriate intervention and ongoing support can be crucial for the emotional and psychological well-being of affected children and adolescents, helping them overcome the challenges posed by PAS (Bernardes et al., 2023).

Protecting these young people from an environment of manipulation and conflict is a demonstration of collective responsibility to ensure that every child has the opportunity to grow up in a safe, healthy and balanced environment. This research is justified, as an in-depth understanding of PAS and its psychological implications is essential to inform policies and practices that aim to mitigate its harmful effects.

Furthermore, PAS is not a phenomenon restricted to a specific group of families or certain custody configurations. This breadth of application highlights the importance of delving deeper into understanding SAP, as its implications transcend the boundaries of any specific demographic. Therefore, the proposed objective is to describe the physical, emotional, psychological and social implications for the child victim of parental alienation.

METHOD

The methodology used here is a bibliographic study carried out in 2023, with a time frame of 10 years. The database chosen was the Scientific Electronic Library

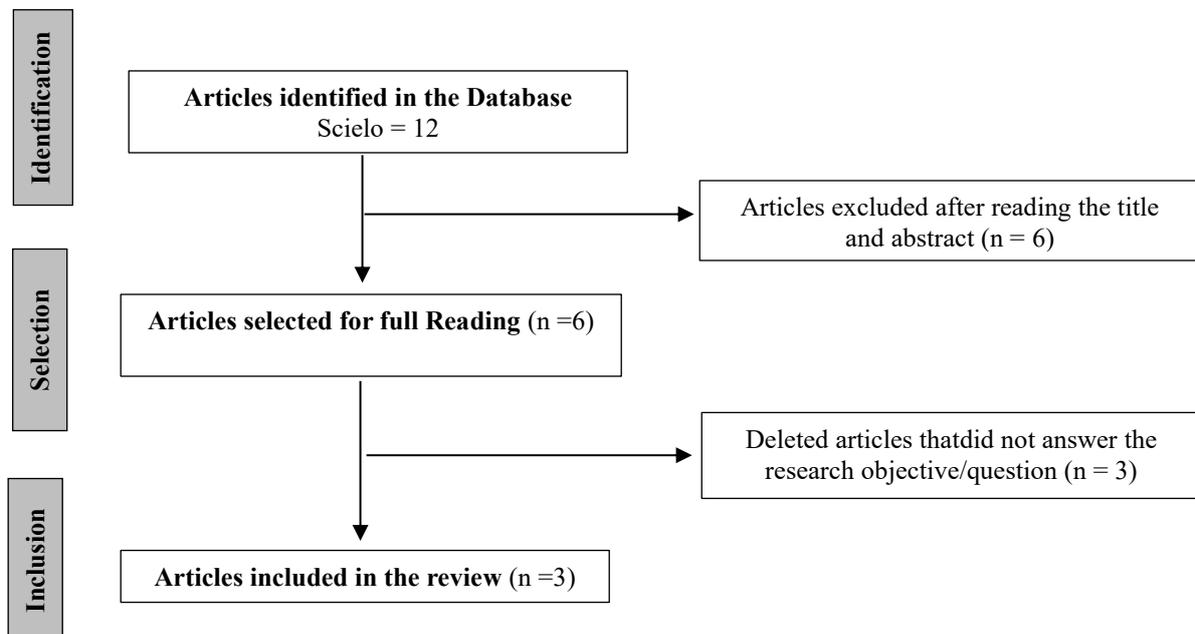
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Online (SciELO). The following descriptors were used to collect data: (social alienation) AND (child) OR (Psychosocial Impact) / (social alienation) AND (child) OR (Psychosocial Impact). The studies selected were in portuguese and/or english, with free online access to the full text. As exclusion criteria, literature that does not have complete and free access, that does not answer the guiding question of this research and duplicate articles in the databases will not be selected.

RESULTS

The results found in the SciELO database were 3 articles, using the selection method presented in the flowchart.

Flowchart – Results found



Source: Author, 2023

DISCUSSION

Extensive investigations into the concrete manifestations of Parental Alienation Syndrome (PAS) have been carried out through historical and hermeneutic analyses. Renowned psychiatrist Richard Alan Gardner is credited with coining the term in 1985. Gardner outlined several indicators that point to the presence of parental alienation, such as contact difficulties, deterioration of post-divorce relationships, fabrication of abuse allegations, and an attitude based on fear response. This fear response leads

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the child to align themselves with one of the parents out of apprehension regarding parental conflicts, thus fearing separation.

The study by Garcia, Cardoso and Modesti (2020) found that alienating parents tend to present specific personality traits and feelings, such as anger, frustration and resentment towards the other parent. These negative emotions can be expressed through various forms of pressure on the child to reject the other parent, such as defamation, emotional manipulation and restriction of access. This finding is relevant to our research objective, as it helps to explain some of the emotional and psychological implications for the child victim of PAS.

Emotional manipulation, such as feeling guilty or playing on a child's emotions, can make the child feel anxious and conflicted. And restricting access, or preventing a child from spending time with the other parent, can lead to feelings of isolation and abandonment.

Jesus and Cotta (2016) discuss the role of the psychologist in coping with parental alienation in school relationships. The study highlights the importance of early intervention, as a child's academic performance and social relationships can suffer from the stress and anxiety caused by parental alienation. This highlights the social implications for the child victim of PAS.

These negative behaviors can have lasting effects on a child's emotional and psychological well-being, leading to feelings of anxiety, depression and confusion. It can also have long-term consequences on a child's cognitive development, academic performance and future professional and social prospects.

Telles et al. (2015) highlight the importance of a deep understanding of the dynamics of PAS and the specific needs of the child victim in developing effective intervention strategies. This finding is relevant to the objective of our research, as it emphasizes the need for psychological support for children suffering from PAS.

Comparing with existing literature, the study results are consistent with previous research on the negative implications of parental alienation on children's emotional, psychological, and social development. However, our focus on describing the specific implications for the child victim of PAS contributes to the existing literature by providing a comprehensive view of the effects on the child's life.

The limitation is the amount of literature found. Future research could expand our findings by including more studies and examining the implications of SAP on a

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larger scale. Additionally, future research could explore effective intervention strategies to address PAS and support the child victim.

CONCLUSION

In conclusion, parental alienation has significant physical, emotional, psychological and social implications for the child victim. The negative emotions displayed by alienating parents, the stress and anxiety caused by PAS in school relationships, and the importance of psychological support in family court proceedings are important factors to consider when addressing PAS. More research is needed to develop effective intervention strategies and provide support to the child victim.

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40- ASSOCIATION BETWEEN SCREEN MEDIA USE AND ACADEMIC PERFORMANCE IN STUDENTS

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Abstract

The popularization of the use of cell phones, combined with the advent of the Internet, has made the excessive use of screens an increasingly problematic problem, as this practice generates several impacts, including the decline in students academic performance. Therefore, this review aims to investigate the correlation between the use of cell phones by students and academic performance. This is a systematic review carried out in December 2023 based on studies published in PubMed carried out on humans, in the last five years, in English and Portuguese and with full text available. The research was carried out by crossing the descriptors "Cell Phone Use", "Academic Performance" and "Students", with exclusion by title and abstract, finding an "n" of four articles, to which three other studies relevant to the topic were added, obtaining a final "n" of seven theoretical references. When evaluating the impact of the use of technology on academic performance, it was analyzed that students who use computers did not perform better on the Pisa test and that, in fact, such students tend to have relatively lower average scores than the others. Furthermore, the increase in hours of cell phone use was proportionally related to worse academic performance. Thus, it can be inferred that the use of cell phones causes harm to students academic performance, resulting in cognitive damage, difficulty in learning, memory and attention.

Keywords: cell phone use, academic institutions, students, academic achievement, school teachers.

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INTRODUCTION

The emergence and proliferation of cell phones had a major impact on human communication, mainly combined with the advent of the Internet, which can be demonstrated by the way in which these objects have become indispensable in the personal and work spheres (Pan *et al.*, 2023).

According to a survey by the Brazilian Institute of Geography and Statistics (2022, p. 11), “between the years 2019 and 2021, there was an increase in the percentage of people who had a cell phone for personal use in all age groups, with emphasis on those aged between 10 and 13 years (4.7 pp)”, in which this percentage increased from 46,7% to 51,4%. Internet use prevailed in the age group between 25 and 29 years old, being observed in 95,0% of this group. The same study showed that students use the internet for the main purpose of watching programs, films and series, followed by use for voice or video calls and exchanging text, voice or image messages.

Despite the numerous advantages of using technology, particularly cell phones, its excessive use, which commonly generates a relationship of dependence, has been linked to the decline in students academic performance (Jeong *et al.*, 2023). This can be associated with factors such as memory disorders and reduced attention, and it is worth highlighting the negative impact of using light-emitting devices at night in these cognitive domains (Jeong *et al.*, 2023; Ragupathi *et al.*, 2020). Furthermore, the excessive use of cell phones can be correlated with low physical activity, since factors such as female sex, low socioeconomic status, low academic performance and high sitting time can be associated with the problematic use of cell phones and also affect negatively, directly and indirectly, physical health (Jeong *et al.*, 2023).

In this way, we can see the growing problem of excessive use of screens on students physical and mental health. Given the social relevance of the topic, there is a need to review the most recent literature available on this topic. Therefore, this article aims to investigate the correlation between the use of cell phones by students and academic performance.

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METHOD

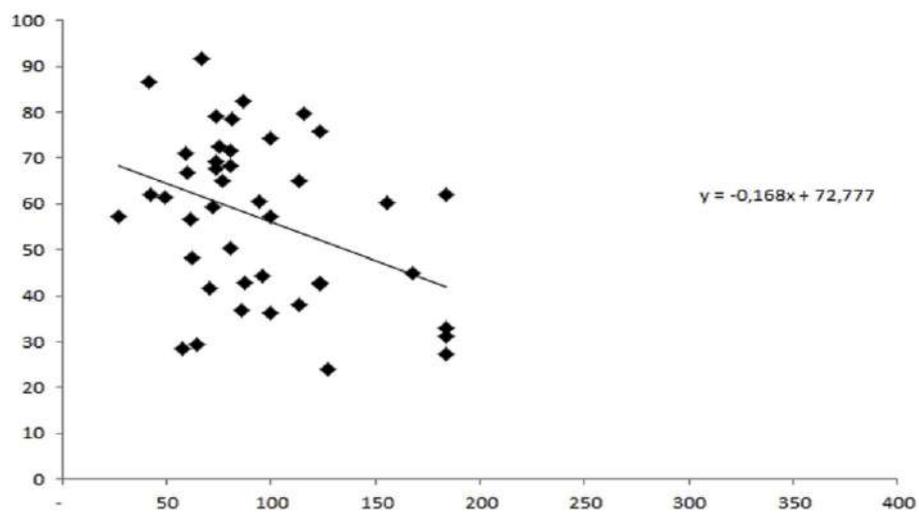
This is an expository and analytical bibliographic review about the association between the use of screens by students and academic performance. Therefore, queries were made to the PubMed database (US National Library of Medicine), in December 2023. The search was carried out by crossing the descriptors "Cell Phone Use", "Academic Performance" and "Students", all defined by Medical Subject Headings (MeSH) and Health Sciences Descriptors (DeCS). Therefore, only studies carried out on humans, in Portuguese or English, with full text available and which were published in the last five years were considered, resulting in five articles, of which four were selected after analyzing the title and abstract. Furthermore, three additional references pertinent to the topic were added, culminating in a total of seven articles of interest.

RESULTS

According to a study carried out by Felisoni and Godoi (2018), with 43 university students from the Fundação Getúlio Vargas Institution, in São Paulo, every 100 minutes, on average, of daily cell phone use resulted in a reduction of 6.3 points in student's position in the institution's performance ranking, on a scale of 0 to 100. Furthermore, when considering this period of use only during class time, the effect on the decline in the ranking doubles. The graphs below show the inversely proportional relationship between student performance and cell phone use during classes (Graph 1).

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Graph 1. Average cell phone use per day in classes x position in the ranking.

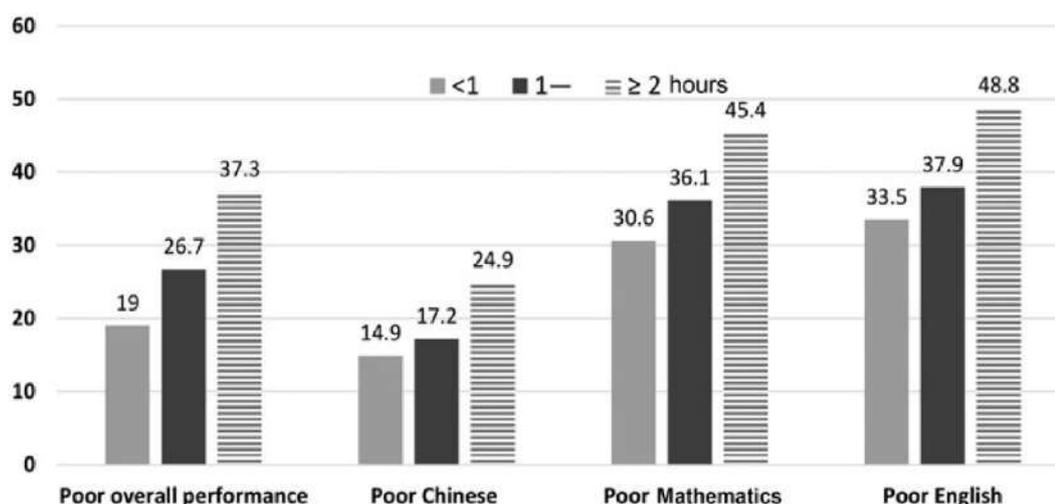


Source: Felisoni; Godoi (2018).



According to the cohort study by Liu *et al* (2020, p. 7), "There was a dose-response relationship between prolonged cell phone use of ≥ 1 hour/day during the week and ≥ 2 hours/day on weekends and low academic performance", so that the prevalence of self-reported poor academic performance has increased significantly and achievement test scores have decreased significantly. Graph 2 below demonstrates this important increase in the prevalence rate of poor academic performance overall and in the subjects of Chinese, Mathematics and English, due to the greater cell phone usage time in hours per day.

Graph 2. Low academic performance due to cell phone use during the week



Source: Liu *et al.* (2020)

DISCUSSION

After analyzing the aforementioned data, it can be observed that the digitalization of education has not shown major positive impacts among students. Along with the lack of data that confirms the improvement in performance with the use of screens, the most current statistical data actually attest to the strong relationship between the increase in the number of hours spent using a mobile phone and the decline in academic performance.



It is worth highlighting that the excessive use of screens has negative effects on the social, physical and mental aspects of students, with health being one of the facets affected by the multi-complexity of the digitalization of education. This fact becomes even more worrying when establishing a connection between this data and the number of young cell phone users and the purpose of this use, which, for the most part, serves recreational and entertainment purposes.

Despite being very relevant, few recent articles were found available in scientific databases that associate the use of cell phones and performance with academic records of students so that further analyzes could be carried out. This fact may generate a bias due to the limited number of articles found.

In this sense, there is a need to carry out further studies on this topic, since the use of cell phones has become increasingly present in society.

CONCLUSION

The use of cell phones causes harm to students academic performance, causing cognitive damage and difficulty in learning, memory and attention. Furthermore, these devices cause changes in sleep quality that also compromise students academic performance.

In this sense, the need for new studies on the subject is evident, focusing on the Brazilian population regarding the use of cell phones and students academic performance, as well as the development of new standards for their use in the academic environment. Furthermore, it is important to monitor and guide Brazilian academics on this topic, with the development of self-control and concentration techniques that are not widespread today.

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41- REFLECTIONS ON DISCURSIVE PRACTICES: AN EXPERIENCE REPORT

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Abstract

Introduction: Discursive practices in the field of qualitative research present themselves as a tool that allows the achievement of understanding about the social refractions of a community. **Objective:** Report reflections on discursive practices in the field of qualitative research. **Method:** experience report on the discourse of narrative practices in qualitative research, arising from studies and debates relevant to the discipline of Research and Discursive Analysis in Digital Technologies for Web-Nursing and Health Care of the Postgraduate Program in Clinical Nursing Care and Health, PhD level, from the State University of Ceará. **Results:** Reflections were made on deepening discourses as a way of establishing a network of dialogue, which allows the appreciation of values, cultures and knowledge, as a way of promoting practices in the field of collective health. **Conclusion:** The speeches allow for deeper understanding and better understanding and visibility of the health problem, in addition to contributing to decision-making.

Keywords: discursive practices, discourse analysis, decision making.



INTRODUCTION

In qualitative research, one can see the breadth and depth of knowledge about a given phenomenon, and the possibility of new knowledge arising from discourses produced from individuals' perceptions. Such discourses prove to be essential in seeking to understand the meanings attributed by subjects regarding their experiences (VIEIRA, 2021).

The analysis of narratives in qualitative research is characterized by revealing the hidden meaning in symbolic or polysemic messages and speeches, allowing an approximation of the meanings produced in the interlocutors' narratives. In this way, producing responses to problems from a community, opening up possibilities for clinical care practices anchored in the assumptions of health promotion (BATISTELLA, 2020).

In this aspect, discourse analysis allows us to reflect on the social dimensions that qualitative research offers, understanding the cultural context of groups through a vocabulary universe that expresses the subjects' conceptions of the world. Such, discursive practices become central to the construction of meaning in social interaction, understanding how participants in a given community, group or context attribute meaning to their experiences and communicate with each other, contributing to a deeper understanding of the dynamics Social.

Given the above, the study aimed to report reflections on discursive practices in the field of qualitative research.

METHOD

This is an experience report, about the discourse of narrative practices in qualitative research, arising from studies and debates relevant to the discipline of Research and Discursive Analysis in Digital Technologies for Web-Nursing and Health Care of the Postgraduate Program in Clinical Care in Nursing and Health, Doctorate level, from the State University of Ceará. The discipline was developed



between August and October 2022, in a dialogical way on emerging themes about the production of discourses aimed at the practice of clinical care in nursing.

RESULTS AND DISCUSSION

The experience in the discipline Research and Discursive Analysis in Digital Technologies for Web-Nursing and Health Care, offered by the Postgraduate Program in Clinical Care in Nursing and Health, in the doctoral process, instigated reflections on deepening discourses as a way to establish a network of dialogues, which allows the appreciation of values, cultures and knowledge.

Such discussions enabled reflections on the objective of the study to be developed in the doctorate, in which I observe the need to analyze speeches produced by adolescents in the school context about gender-based violence.

The proposal of the thesis object proposes to develop an instrument to evaluate the levels of individual and social vulnerabilities of adolescents to gender violence, allowing the understanding of multidimensional aspects regarding the health context and its various factors that influence the consolidation of the health-disease process. , aimed at understanding health and explaining its social determinants.

In-depth readings and discussions on the aspects of the production of the philosopher Michel Foucault's speeches, in which he argues that speeches can be configured as a relationship of knowledge and power, that throughout the history of civilizations difficulties have been observed in the analyzes produced , due to the fact that these practices of meaning of powers permeated and shaped the discourses of society (FOUCAULT, 1979).

Thus, the need to produce health practices for the adolescent population is understood as a way of overcoming fragmented assistance and biologists, who seek, through health education, the reorganization of clinical health care,



enabling exchanges of experiences and reflections. , in order to build knowledge and health habits and health-promoting actions. Revealing itself as a tool for implementing the assumptions of health promotion, which constitutes a construction constructed collectively in the meeting, involving different sectors, knowledge and subjects, valuing users' choices as statements of autonomy.

For Michel Foucault, discourses must be understood as mechanisms of emancipation, which ensures new methodological paths, enabling access to new layers. In this context, the discourse presents itself as support for valuing subjects, as a social practice to become a collective exercise, as a strategy of collective power (FOUCAULT, 1979).

Thus, the speeches translate the struggles disseminated throughout the social fabric, as a way of understanding relationships and how societies function. In this perspective, when seeking to understand the speeches of adolescents, it is revealed to reflect on the functionality and applicability of health practices aimed at this population.

It is believed that adolescents are a vulnerable population group as care practices that directly affect their health-disease process, even though there is a specific policy, the National Policy for Health Care for Adolescents (PROSAD), the attention given to this group still seems to be fragmented, implying strong evidence of practices aimed at assistance, which oppose health-promoting conceptions (BRASIL, 1996).

In this context, it reveals the need to understand the main paradigms that explain the health-disease process. In order to infer that the concept of health must start from the conception that it is configured as a social production of interaction between subjects who compete to introduce their interests and needs, mediated by sociopolitical contexts (BUSS, 2020).

These reflections are in line with discussions based on the book “Cultural Identity in Postmodernity”, by sociologist Stuart Hall, which provides an analysis



of the issues of cultural identity in so-called modernity, seeking to answer some questions about identity and its consequences (HALL , 2005).

Identity, for the aforementioned author, is understood as the result of a complex relationship in the individual's modern world, which in its social interaction with cultural pluralities, can undergo changes in identity. Delving deeper into adolescents' discourses regarding their understanding of health and identity allows the construction of tools that can unveil such discourses, as a way of overcoming the fragmented care model (HALL, 2005).

This relationship between the inside and outside can begin the process of fragmentation in the construction of an adolescent's identity, as they are faced with various cultural identities. Identity in this context becomes a mobile party, due to the continuous processes of formation and transformations of social and cultural relations.

In this way, health-promoting practices encourage discussions and reflections on topics related to the relationship between health and the environment as a way of empowering this public regarding the need to change attitudes, and the development of health practices aimed at health-promoting actions.

CONCLUSION

The objective of the study was to report reflections on discursive practices in the field of qualitative research, observing that discourses allow for deepening and better understanding and visibility of the problem, in addition to contributing with support for decision-making in health, within the scope of clinical care in nursing, with a view to promoting the development of health-promoting strategies according to individual and collective health needs. Therefore, taking the subject allowed a better understanding of the path the student intends to follow, from delimiting the object of study to proposing meanings that can support clinical nursing care practices for adolescents.



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42- COMMUNITY URBAN GARDENS AND POPULAR PARTICIPATION FOR LOCAL DEVELOPMENT: REPORT OF AN EXPERIENCE IN THE MUNICIPALITY OF VITÓRIA-ES

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Abstract

Introduction: Popular participation through online research and meetings municipal management held in 2014 and, included the implementation of community urban gardens in the Multi-Year Plan (2014-2017), in the food and nutritional security axis and indicating the Municipal Health Department for coordination, seeking the community and spaces to implement the gardens through participatory methodology. **Methodology:** Urban community gardens were developed in an intersectoral manner with the coordination of technicians from the health promotion team and integrative and complementary practices from the Municipal Health Department. Meetings were held with the community to implement the gardens and the Health Garden course was offered of to train guardians, through participatory and emancipatory practices. **Results and conclusion:** 08 urban community gardens were implemented. 4 Municipal Seminars on urban agriculture and organic foods were held annually with the involvement and participation of teachers and students from the education network. The scope of the project was so promising that it resulted in the institutionalization of the community garden program, Law nº 9144/2017, aiming to encourage families to promote health and social well-being. The Urban Agroecology Network was created, proving that the municipal management's initiative in convening the community in municipal planning generated good results. **Conclusions:** The search for sustainability, quality of life, health and well-being based on interventions in the environment and valorization of social capital, in an urban and globalized society, must always be included in municipal plans to guarantee and maintain vegetable gardens urban communities.

Keywords: Agroecology; Community urban gardens; Public policy; Multiannual Plan.



INTRODUCTION

The Multi-Year Plan (PPA) was established by the Federal Constitution of 1988, in article 165, item I and § 1 (BRASIL, 1988). It is an instrument designed to organize and enable public action. Through it, the set of public policies of the government for a period of four years and the paths taken to make viable, together with the guidelines, the objectives and planned goals, are declared.

With popular participation through online research and meetings, the municipal management carried out in 2014, a shared public stage where representatives from the Popular Councils of the municipality of Vitória, the Municipal Social Housing Council, the Municipal Urban Master Plan and Appeal Council participated, where each one can present suggestions for an improvement agenda for Vitória.

Parallel to the meetings with leaders, the entire population can participate with management proposals via the internet. All the main demands presented by community representatives, councilors and residents of Vitória were classified by area and served as a prerequisite for the final stage of Strategic Planning and the Multi-Year Plan (PPA) where the selection and prioritization of projects were made according to the established criteria. The PPA is the legal planning instrument with the greatest temporal scope in establishing priorities and directing government actions.

Establishes for public administration, generally in a regionalized manner, the guidelines, objectives and goals that guide the application of resources, which can be public or private, in this case when resulting from partnerships, for a period equivalent to the mandate of the head of Power Executive, displaced in a financial year. The Municipal Health Department (SEMUS), based on municipal law nº 7684, of June 2009, coordinates the municipal policy on medicinal plants and herbal medicines, which established the concept of therapeutic gardens as a space for exchanging knowledge to encourage cultivation, preparation and use medicinal and food plants in public spaces. This policy is articulated and



interfaced with public policies of the Department of Education, Environment and Social Assistance.

Consequently, actions are developed with popular participation that culminate in the PPA (2014-2017) with the decision to implement community urban gardens, and in the PPA (2018-2021), with the expansion of the number of community urban gardens and includes the therapeutic gardens in social goal nº.5 (Vitória,2018). The aim was to report and reflect the experience of developing the Community Urban Gardens Program in the municipality of Vitória and its interface with the Sustainable Development Goals (SDGs).

METHODOLOGY

The Urban Community Gardens Program was developed in an intersectoral manner in line with the guidelines of national policies on popular health education and health promotion and sustainable development objectives, with the coordination of technicians from the health promotion team and Integrative and Complementary Practices of SEMUS.

After being appointed to coordinate the Project, in 2015, we began holding meetings with technicians from the Social Assistance, Environment and Education Departments for alignment and preparation of activity planning. Land was sought and recommended by residents associations, as well as meetings were held with managers of health units and community health agents in the São Pedro Region, considering indicators and social determinants in order to raise awareness of involvement and empowerment.

Meetings were held with the community to implement the gardens, namely: definition of the space, meeting for collective construction of the local project, Horta da Saúde course to train groups of garden guardians guiding implementation planning, technical alignment and theoretical basis-practical agroecology. To implement the gardens, periodic intersectoral meetings were held with technicians from the municipal departments of education, environment



and social assistance; survey of values for purchasing inputs and gardening materials, technical visits to locations indicated by the community, from different neighborhoods of the city, directors of municipal schools and managers. The implementation of the project was approved by the Social Policies Committee and territorial meetings began with managers of social facilities and community leaders.

Conversation circles and workshops were held to mobilize knowledge, articulating theory and practice, in a methodological proposal that promotes reflection and sharing of knowledge, encourages dialogued expositions and discussion of experiences, with technical content as its guiding axis. T

through participatory and emancipatory practices (BRASIL, 2013) that aim to empower and belong to communities and promote socio-environmental education; inserting the themes in the formation of groups of garden guardians. Themes of educational activities: SDGs and the importance of society's participation; technical alignment and theoretical-practical basis on agroecology, such as the importance of the vegetable garden for residents quality of life; choice and definition of plants; guidance on plant cultivation, seedling preparation and pest control using natural methods; holding workshops on preparing traditional recipes aiming to guide the rational use of medicinal and food plants; about cultivation, pest care and plant diseases.

RESULTS AND DISCUSSION

Eight community urban gardens were established in the following spaces: Manoel Cabral Municipal Park; City center; Romão; São Pedro Church; Quadro Neighborhood Church; Adelvani Sysesmundo Ferreira de Azevedo Municipal School; Pedra da Cebola Municipal Park; Maruípe Municipal Park. 80 garden guardians were trained. 4 Municipal Seminars on urban agriculture and organic foods were held annually (2016 to 2019) with the involvement and participation of teachers and students from the primary, secondary and higher education



network of various faculties in the state, resulting in the development of research projects, teaching and extension.

Interviews were conducted on television stations and local newspapers, with the participation of guardians. In addition, Instagram pages were created to publicize the gardens. To maintain collective spaces, Vitória City Hall, through SEMUS, acquires materials and inputs to ensure the continuity of projects. In 2019, a total of R\$ 17.799,00 was invested, coming from the PROCON Fund, allocated to 9 therapeutic gardens/vegetable gardens, resulting in an average value of R\$ 1.977,66 per project. In 2022, the investment increased to R\$27.446,20, covering 18 therapeutic gardens/vegetable gardens, with an average value of R\$1.524,79 per project.

The scope of the project was so promising that it resulted in the institutionalization of the community garden program, Law nº 9144/2017, aiming to encourage families to work on the quality of their diet and consumption of fresh vegetables with a view to promoting health and social well-being. In 2017, the city's backyard garden was visited by the FAO-UN representative who came to Vitória to participate in a municipal seminar on school feeding.

Several guardians of the vegetable garden projects implemented in the city of Vitória based on the municipal management initiative, created the Urban Agroecology Network (RUCA), proving that the municipal management's initiative in including the community in the elaboration of municipal planning for the development of urban vegetable gardens communities, the emancipatory participatory method that we used for mobilization, encouraged society to create RUCA in 2021, and in the Open Letter for public policies for urban agroecology in Espírito Santo (2021) demanded that municipal management maintain it in the Pluriannual Plan (2023 -2025) the maintenance of urban community gardens as a Public Policy to improve the population's quality of life, however, in the search we carried out, this action or goal was not found in the PPA of the municipality of Vitória (2022-2025).



CONCLUSION

Strengthening urban agroecology means contributing to almost all of the 17 SDGs established by the United Nations (UN). The search for sustainability, quality of life, health and well-being based on interventions in the environment and valorization of social capital, in an urban and globalized society was affected during the COVID-19 pandemic, because although there was the implementation of several vegetable gardens did not continue due to the need for distance, which led to disarticulation among residents.

Although an open letter was created and sent to municipal managers, the population that mobilized for community urban gardens probably did not actively participate in the construction of the PPA, demonstrating that there were few efforts to strengthen intersectorality and dialogue with the technicians who coordinated the program in the period from 2015 to 2021.

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43- SYPHILIS IN PREGNANT WOMEN AND PRENATAL CARE IN PRIMARY HEALTH CARE

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Abstract

Introduction: Syphilis is a sexually transmitted disease and is currently one of the major public health problems in Brazil, especially when it comes to maternal and child health. **Objective:** To analyze the assistance provided during prenatal care in primary health care for women with syphilis. **Method:** This is a literature review developed through a systematic search carried out in the Virtual Health library. **Result:** The results reveal failures during the assistance provided by primary health care professionals in cases of syphilis during pregnancy. Such as, insufficient guidance, late start of prenatal care, failed diagnosis and/or late diagnosis, failure to carry out testing and inadequate treatment of the woman and partner. **Conclusion:** There is a need to develop strategies to train professionals who work in primary care in search of improvements in care and actions capable of offering knowledge to reduce damage and reduce the number of cases.

Keywords: syphilis, pregnancy, primary health care, prenatal care.



INTRODUCTION

Currently, one of the biggest public health problems in Brazil is syphilis, a disease caused by the bacterium *Treponema pallidum*, transmitted predominantly sexually. However, vertical transmission can occur during pregnancy when the woman is not treated or when the treatment is inadequate. (BRASIL, 2021; BRASIL, 2022).

The transmission of syphilis most often occurs in the initial stage of the disease in primary and secondary syphilis and this higher number of transmission is due to the treponemas found in the most common lesions in these stages. In vertical transmission there is a rate of 80% intrauterine, in addition to cases that occur during vaginal birth, if the mother has any injury (PEELING et al., 2017)

For diagnosis in cases of syphilis, it is important to make a correlation between clinical data, laboratory results, exposure history and diagnostic tests. When considering sensitivity, it is recommended to begin the investigation with a treponemal test, followed by a non-treponemal test (BRASIL, 2022) .

In the treatment of syphilis, the medication of choice is Benzathine Benzylpenicillin, considered the only one with confirmed efficacy for treatment during pregnancy. Therefore, any other medication used by women during pregnancy is considered inappropriate treatment (BRASIL, 2022).

Syphilis is considered a curable chronic disease, with enormous potential to cause major problems for maternal and fetal health. Its treatment prevents it from progressing to the most serious form that can affect different organs and systems of the human body. In pregnant women, it can have serious consequences, such as miscarriage, prematurity and stillbirth. For this reason, it is important to know about the disease, and health professionals must be capable of diagnosing and providing control and treatment guidelines (BRASIL, 2019; BRASIL, 2022).



Prenatal consultations are essential to guarantee women qualified and humanized assistance, so it is important that professionals work to create a relationship of trust and bonding. Furthermore, it is necessary for professionals to monitor and treat partners, carry out active searches, build notification flows and for services to train their professionals to properly manage cases (VASCONCELOS et al., 2016; BARBOSA, GOMES, DIAS, 2011; SOARES et al., 2020).

Therefore, the study's general objective is to analyze the care provided during prenatal care in primary health care for women diagnosed with syphilis.

METHOD

This is a literature review developed through a systematic search carried out in the Virtual Health Library (VHL), using as selection criteria for articles that were part of this study: complete texts, published in the last ten years (2014-2024), in Portuguese, who discussed the topic addressed in this research.

RESULTS AND DISCUSSION

The results reveal that it is possible to find some flaws during the assistance provided by professionals in primary health care services (PHC) for patients with syphilis during pregnancy. Such as insufficient guidance, late start of prenatal care, failed diagnosis and/or late diagnosis, failure to test for Sexually Transmitted Infections (STIs) and inadequate treatment of the woman and her partner.

Among the studies evaluated by Rosa et al., (2020), only one revealed adequate management of syphilis, as the others revealed that the services performed late diagnosis and late or inadequate treatment by the pregnant woman and her partner. Thus, as in the results of this research, the challenges mentioned were found in another study, indicating the difficulty in capturing pregnant women at the beginning of pregnancy, carrying out adequate treatment,



including that of the partner, the discontinuity of monitoring and the absence of health actions (DOMINGUES , LEAL, 2016).

When evaluating the gestational history of mothers among the 3,407 cases of congenital syphilis, a total of 73,6% underwent prenatal care, however, only 31,7% had the diagnosis confirmed during this period, that is, most of the women only discovered the diagnosis of syphilis at the time of abortion, childbirth or even after birth (MORAES, CORREIA, MACHADO, 2022).

In Belo Horizonte, the study revealed that among pregnant women with syphilis, 51,6% started prenatal care after the first trimester and that the average number of consultations was 7,1. The *Venereal Disease Research Laboratory* (VDRL) was also delayed for 56,6% of pregnant women (NONATO, MELO, GUIMARÃES, 2015).

In agreement with these findings, when it comes to the obstetric history of parturients positive for syphilis during pregnancy, most of them underwent more than six consultations, however, the rapid test was not carried out in the first consultation and despite the consultations being carried out, access to the exams recommended during the prenatal period happened late (FELIX et al., 2022; BECK, SOUZA, 2018).

In a study carried out with 93 primary care teams, only two of them do not perform the rapid test as a routine in prenatal care. Among the reasons are the lack of available tests, the lack of structure in health units and the lack of training of professionals to carry out the tests (ARAÚJO, SOUZA, 2020).

The difficulties in carrying out the tests were highlighted by Paula et al., (2022), revealing that of the 20.286 service locations in different regions of Brazil, a total of 47,7% did not have sufficient test availability to carry out diagnoses, presenting inadequate conditions to diagnose and treat pregnant women with syphilis.



No longer the study by Figueiredo et al., (2020), among the health services in Brazilian municipalities, most carry out rapid tests for syphilis. It was also possible to observe that among teams from municipalities that had a higher incidence of syphilis during pregnancy, they also had a higher number of tests and treatments carried out. Therefore, as the detection rates of syphilis in pregnant women have shown a considerable increase over the years, the effect of coverage of rapid tests for syphilis in primary care is assessed. (RONCALLI et al., 2021).

In other municipalities evaluated, around 59% had a total number of congenital syphilis cases lower than the total number of gestational syphilis cases. These represent the teams with the highest percentage of performing rapid tests and using penicillin. Therefore, the idea is reinforced that the increase in the ability to detect syphilis cases may be one of the factors that justify the increase in the number of cases of acquired, gestational and congenital syphilis (FIGUEIREDO et al., 2020).

Another difficulty encountered refers to the inadequate treatment of pregnant women and their partners, increasing the risks for the woman and her baby, in addition to reducing the chances of ending the disease transmission chain. Some teams prescribe and administer penicillin, while others face problems in prescribing, which reveals that there are still some deficiencies within the services, especially during prenatal care (ARAÚJO E SOUZA, 2020). Despite the administration of penicillin being carried out by a considerable number of healthcare teams, services throughout Brazil still have limitations regarding treatment for syphilis, which directly reduces access to treatment and the disease transmission chain (FIGUEIREDO et al., 2020).

One study revealed that treatment with penicillin was carried out in 71,4% of pregnant women, however, only 19% of partners were treated with at least one dose of the medication (NONATO, MELO, GUIMARÃES, 2015). However, it is important to highlight that although the partner's treatment is being carried out



inappropriately, this fact occurs not only due to professionals prescription errors, but also due to the low adherence and acceptance of these partners in using the medication, causing new infections (LUCENA et al., 2021; BECK, SOUZA, 2018).

Corroborating the findings of the study by Moraes, Correia and Machado (2022), observed inadequate treatment during pregnancy, where nine out of every ten women were not treated or were treated inappropriately, with only 1,6% of women mothers received adequate treatment and in relation to partner treatment, 67,2% did not receive treatment.

Thus, it is evident that the provision of adequate treatment carried out by PHC services impacts the number of cases of vertical transmission and for this reason, it needs to be expanded. This reinforces the need to develop communication skills, health surveillance actions and qualification of professional conduct, in order to expand the diagnosis and guarantee quality of treatment for pregnant women and their partners (FIGUEIREDO et al., 2020).

Another fact highlighted was underreporting, where around 55,2% of cases of pregnant women with syphilis were not reported, which makes it difficult to know the reality of the service (NONATO, MELO, GUIMARÃES, 2015). For Beck and Souza (2018), the lack of notification or incorrect performance is related to the professionals difficulties when filling out the forms and this reveals how much lack of professionals who work in the care of pregnant women, empowering themselves with knowledge, incorporating all them in their work needs, seeking to reduce errors (FELIX et al., 2022).

In order to guarantee the quality of care, it is necessary to provide pregnant women with knowledge about the disease. The information offered during prenatal care is essential to help understand and collaborate in care. Knowledge about the disease, its risks and the importance of treatment are fundamental. In the study carried out on the information received, it was possible to identify that, despite carrying out follow-up, many women did not receive sufficient guidance regarding syphilis. Lacking guidance on possible complications and harm to the



health of the mother, newborn and partner, in addition, information on diagnostic methods and appropriate treatment was also insufficient (GOMES et al., 2021).

However, social conditions and vulnerabilities such as low education and difficulties in accessing services in which patients are included can influence access and the quality of care received, as they become obstacles to understanding the guidance received (FELIX et al., 2022; FELIPE et al., 2019).

Some pregnant women have basic knowledge about the disease and care during pregnancy, about condoms, tests and medications, however, some showed that the information was obtained via posters, television advertisements or educational lectures at schools. Thus, it is possible to suggest that there are flaws in the assistance provided in terms of the guidance provided by health professionals (GOMES et al., 2021).

And because it is a persistent health problem, syphilis needs to be addressed in an important way in prenatal care, so that measures are taken that include the expansion of diagnosis, early treatment and the organization of care flows. Therefore, teams that carry out appropriate guidance, testing and appropriate treatment increase the opportunity to guarantee better results (MACEDO et al; FIGUEIREDO et al., 2020).

In this context, it is possible to consider that the occurrence of congenital syphilis is related to failures that occur during prenatal care, such as late onset, the low number of consultations carried out by pregnant women, the lack of tests carried out during pregnancy, in addition to the history individual, socioeconomic profile and acceptance of pregnancy. For this reason, it is essential that these patients are recruited and adhered to in a timely manner, enabling quality care, where pregnant women will receive crucial information for the prevention and protection of their health and of their child (NONATO, MELO, GUIMARÃES, 2015).



In view of this, there is a need to implement new actions that are capable of reducing the syphilis transmission chain, suggesting restructuring the service care model and training professionals for adequate care, revealing the importance of quality prenatal care in combating cases of gestational syphilis (ROSA ET AL., 2020). Therefore, it is necessary to change the health care model for women with syphilis and the assistance offered, in order to reinforce prevention and health promotion actions with the aim of ensuring better quality of care and reducing rates of gestational syphilis.

CONCLUSION

The results found in this study reveal the need to develop strategies that seek to train professionals who work in primary care in search of improvements in the care offered to pregnant women with syphilis and actions capable of offering knowledge to help reduce the damage caused by the disease and decrease in the number of cases.

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44- CHALLENGES IN PROMOTING GYNECOLOGICAL HEALTH OF QUILOMBOLA WOMEN

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Abstract

The present study deals with the gynecological health of quilombola women, highlighting the racial and social inequalities present in access to health services in Brazil. While the Family Health Strategy (FHS) has been a milestone in promoting women's sexual and reproductive health, emphasizing reproductive planning and female autonomy, quilombola women face considerable challenges in accessing health services, understanding that the reality of these women's health is marked by obstacles, including limited access to basic gynecological health services, such as consultations and preventive exams, due to geographic barriers and institutional racism. Faced with these challenges, inclusive public policies sensitive to cultural diversity become essential to guarantee these women's right to health and promote equity in access to health services. The methodology of this study was based on a qualitative literature review, which sought to examine the health conditions of quilombola women, especially in the context of gynecological health, thus contributing to an in-depth reflection on this topic and its impact on the promotion of comprehensive health.

Keywords: quilombola women, gynecological health, social differences.



INTRODUCTION

The gynecological health of quilombola women is an area of great importance due to the racial and social inequalities that permeate access to health services and adequate care in Brazil. The Family Health Strategy (FHS) has stood out as a reference for women's sexual and reproductive health, prioritizing reproductive planning and their autonomy. In this sense, the National Policy for Comprehensive Women's Health Care (NPCWHC) was created in 2004 to support women's care, including issues of gender, race and diversity (BRASIL, 2004). However, access barriers, institutional racism and the geographic conditions of quilombola communities represent significant challenges for promoting the gynecological health of these women.

The term "quilombo" dates back to an important Brazilian historical context, representing spaces of resistance and autonomy built by communities formed by black people who fled slavery. These places not only sheltered fugitives, but also became centers of cultural preservation and political resistance against oppression. As stated in the Public Policy Guide for Quilombola Communities, prepared by the Brasil Quilombola program in 2013, the concept of "quilombo" can be defined as:

They are ethnic groups-racial according to criteria of self-attribution, with their own historical trajectory, endowed with specific territorial relationships, with a presumption of black ancestry related to resistance to the historical oppression suffered. (Brazil, 2013, p. 08)

Quilombola women play a central role in this context, as, throughout history, they have been fundamental in maintaining traditions, caring for the family and transmitting ancestral knowledge. They have faced and continue to face specific challenges related to health, access to basic services and the fight against racism and gender discrimination. Thus, the term "quilombola woman" not only describes an ethnic and cultural identity, but also carries with it historical experiences and struggles for recognition, equality and social justice. Lopes (2005, p.09) states:



In Brazil, the fight to make health issues viable for the black population was not, and has not been, easy. Beliefs and attitudes about black people have been translated into policies and social arrangements that limit opportunities and life expectancy. This is because, as racism is an ideological phenomenon, its dynamics are revitalized and maintained with the evolution of societies, historical situations and the interests of groups, making racism the manufacturer and multiplier of the vulnerabilities to which the black population is subjected. (Lopes, 2005, p. 09)

The reality of quilombola women's health is marked by a series of challenges and obstacles that reflect the structural inequalities present in Brazilian society. Despite advances in health policy and the promotion of racial equality, women living in quilombos still face significant challenges in accessing basic health services, such as adequate gynecological care.

Regarding this thought,

Black women have less access to education, have lower social and economic status, find themselves in the worst living and housing conditions and, with regard to reproductive health, have less access to contraceptive methods and have greater chances of get pregnant even if they don't want to. It is no coincidence that they are in greater numbers in the poorest regions and that they have greater problems in pregnancy, childbirth, the postpartum period and maternal death. (Cordeiro, 2006, p.90)

In this sense, it becomes possible to understand that the geographical conditions of quilombola communities, often located in remote rural areas that are difficult to access, make access to these services even more complex. Furthermore, institutional racism and socioeconomic barriers contribute to the exclusion and marginalization of these women in the health system, negatively impacting their physical, mental and reproductive health. In this context, it is essential to implement effective and inclusive public policies that consider the cultural specificities and needs of quilombola women, aiming to guarantee their right to health and promote full access to these services.

When it comes to gynecological care, the process for this vulnerable section of society can be quite challenging. Due to the geographic conditions of quilombola communities, often located in remote and difficult to access areas,



access to health services, such as gynecological consultations and preventive exams, may be limited.

Furthermore, institutional racism can lead to a lack of acceptance and respect on the part of health professionals, which can generate discomfort and distrust on the part of these women in relation to health services.

As a result, many quilombola women end up resorting to informal care practices, such as home remedies and traditional knowledge passed down from generation to generation.

METHOD

The methodology adopted in this work is based on the bibliographic review approach, as proposed by Lakatos and Marconi (2003), which emphasizes that this method allows us to come into direct contact with the knowledge produced on the topic, examining it from different perspectives and focuses. Thus, we seek not only to repeat or copy what has already been said, but to contribute to an in-depth reflection on the gynecological health of quilombola women and their role in promoting comprehensive health in our country.

This study was based on a literature review that sought to analyze the health conditions of quilombola women, focusing on gynecological health. Articles were selected that addressed the topic of gynecological health for Afro-descendant women, with an emphasis on quilombola communities. The analysis of the articles was carried out qualitatively, considering the main aspects related to gynecological health.

RESULTS

The results of the literature review highlight the difficulties faced by quilombola women in accessing gynecological health services. The geographical conditions of communities, often located in difficult to access areas, make it difficult to carry out routine gynecological consultations and exams, as well as



access to healthcare in general. Furthermore, institutional racism and the lack of public policies suitable for these traditional peoples contribute to the vulnerability of these women in relation to gynecological health.

While these practices may be valuable in some cases, they do not replace the need for regular, preventative medical care. Therefore, it is essential that there are health policies and programs that take into account the cultural specificities and needs of women in this reality, guaranteeing equal access to quality gynecological health services, with respect for their autonomy and dignity.

CONCLUSION

Given the difficulties faced by quilombola women in accessing gynecological health, it is necessary to develop more effective and inclusive public policies. The FHS can play a fundamental role in this process, promoting awareness, prevention and care actions aimed specifically at women in this reality. Furthermore, the involvement of the quilombola community in the development and implementation of health policies that meet the specific needs of their people is essential. Promoting the gynecological health of quilombola women is essential to guarantee their reproductive rights and quality of life.

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45- PROJECT OF FORTE SÃO JOÃO TERRITORY: PROMOTING HEALTH WITH MEDICINAL PLANTS

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Abstract

Introduction: Based on the guidelines of the National Health Promotion Policy (PNPS) and the national Policy for Integrative and Complementary Practices (PNPIC), in 2014 the Jardim da Saúde Project at the Family Health Unit Forte São João – Vitória-ES (region of conflicts and violence) arises from the high demand from users complaining of insomnia, anxiety, stress, which affect the quality of life, generating a great demand for “controlled” medication. **Objectives:** Provide a space for exchange and experiences about healthy living, health benefits of medicinal plants and organic foods; recover self-esteem and traditional knowledge of the use of teas and syrups; encourage cultivation in small spaces; encourage the use of natural treatments to reduce medicalization. **Methodology:** Conversation circles and periodic workshops alluding to the calendar of commemorative dates and the epidemiological situation in the territory (dengue, pink October); environmental education action with children. Sustainability occurs with the collection of water from the air conditioning to irrigate the plants and common use containers for planting. **Results:** There was an improvement in self-esteem, sleep quality, stress reduction, empowerment, adoption of healthy habits, recovery of local culture, promoting environmental education and increased consumption of teas and syrups by the community, grown in their own gardens. **Conclusion:** It was observed in the narratives that the use of teas and syrups helped to improve health. The distribution of plant seedlings encouraged the cultivation and creation of gardens, impacting the family and community.

Keywords: Medicinal plants. Health Promotion. Sustainability. Popular culture.



INTRODUCTION

Health Promotion in Primary Health Care (PHC) aims to develop actions that reflect on the health-disease process, motivating broader forms of intervention on the conditioning factors and social determinants of health, in an Intersectoral way and with popular participation, favoring healthy choices by part of individuals and communities in the territory where they live and work (Brazil, 2010).

Our institutional basis is the guidelines of the National Health Promotion Policy (PNPS), the National Policy for Integrative and Complementary Practices (PNPIC) and the Municipal Policy for Medicinal Plants and Phytotherapeutic Medicines (2009), which 21 years ago defined the therapeutic garden concept, as a space for exchanging knowledge and respecting the traditional knowledge of medicinal plants (Brazil, 2006).

The Jardim da Saúde Project at the Forte São João Family Health Unit, in the municipality of Vitória-ES, located in a region of conflicts and violence, was born in 2014 based on reflections by the health team (psychologist and social worker) on the determining factors and health conditions, with high demand from users for care, complaining of insomnia, anxiety, stress and other ailments that directly affect the quality of life of these people and others around them, generating a great demand for “controlled” medication.

Provide a space for exchange between users and professionals about healthy living and experiences on the health benefits of medicinal plants and organic foods, recovering self-esteem and traditional knowledge of the use of teas that help in the care of symptoms such as insomnia, anxiety, agitation, stress; encourage cultivation in small spaces (urban gardens); encourage the use of natural treatments to reduce medicalization.



METHOD

In 2015, we began with the internal mobilization and training of professionals with the assistance of a homeopathic doctor and Technical Reference in Integrative and Complementary Practices, (PICs) from the Municipal Health Department. In the planning and execution of the actions, we involved Social Service professionals, psychology, pharmacy, dentistry, homeopathic doctor and agronomist of the Phytotherapy Program.

Available areas were identified in the Health Unit and an area was defined in front of the Health Unit. Aiming at the sustainability of the project (started in times of water rationing) water is collected from the air conditioning to be used to irrigate plants and common use containers (milk carton, gallon of fabric softener) to serve as watering cans and pots for planting in partnership with the community, seedlings from the PMV medicinal plant nursery and donations from third parties.

The work with the community is carried out through conversation circles and periodic thematic workshops alluding to the calendar of commemorative dates and the epidemiological situation in the territory, such as: International Women's Day, workshops are held on plants that help to alleviate the stress, menstrual cramps, PMS, menopause; Mother's Day, plants and foods that provide beauty, reduction of swelling in the legs since the territory has elevated geography; pink October, plants that help increase immunity and improve sleep, and syrup and tea workshop in the months before winter, repellent as a form of prevention against dengue, zika and chikungunya, aromatic herb salt to reduce the use of spices industrialized.

The workshops are promoted on Tea Day, where tea made with plants from Jardim da Saúde is offered and an invitation is given to the next workshop and there is also publicity on the local community's social networks. The workshops also distribute seedlings of medicinal plants grown in the Health Unit's Garden.



Another practice that is carried out is auriculotherapy, with prior appointment.

In 2020, activities were suspended due to the Covid-19 pandemic. In 2021, even with the epidemic restricted, workshops were not held, but the benefits of medicinal plants were promoted through a thematic panel set up at the reception of the Health Unit and with Tea Day once a week, we distributed seedlings to users can make teas and syrups.

RESULTS

According to the National Policy on Integrative Practices - PNPIC of the Unified Health System (SUS) and studies have demonstrated that integrative practices and their approaches contribute to increasing individuals' co-responsibility for health, thus contributing to an increase in the exercise of citizenship. The implementation or implementation of the PNPIC in the SUS allows access to services previously restricted to private practice.

During the circles and workshops, changes in attitudes, an improvement in self-esteem, sleep quality, stress reduction, motivation to leave home, empowerment, adoption of healthy habits that replicate in the family and in the community. There are reports that residents already have their own garden and are using its plants to make their own teas and syrups.

In auriculotherapy, we have reports of improvement in sleep, anxiety, pain relief and tobacco addiction.

CONCLUSION

Among the advances are the recovery of local culture and increased consumption of tea and syrups by the community, expansion of care for the population and appropriation of the Health Garden as they began to help maintain it with more solidarity, being more proactive. It was also noticed in the narratives that they miss popular health education activities with medicinal plants during the



pandemic period and that they continue using recipes with medicinal plants and replicating the idea in the neighborhood where they live. The results with auriculotherapy are more willing patients with an improvement in their quality of life, less tension, pain, improved sleep, reduced anxiety.

When we hold workshops/groups we are not only working on physical and biological health, but also mental health, the individual's social interaction, strengthening and feeling of belonging to a community, a group, rescuing childhood stories and popular culture local and working on environmental education.

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46- MAIN FACTORS OF FOOD INSECURITY AND THEIR RELATIONSHIP WITH SOCIAL VULNERABILITY

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Abstract

Introduction: The Sustainable Development Goals (SDGs) developed by the United Nations (UN) aim to promote a global pact and develop a more sustainable population, where one of these objectives aims at food security, making the idea of promoting habits essential healthy. **Objective:** To analyze the main factors of food insecurity and their relationship with social vulnerability. **Method:** This is an integrative review carried out in a search in the Virtual Health Library (VHL) database. For the search, we used descriptors based on Decs, and thus created the search strategy: Food Security AND Sustainable Development Goals AND Agenda 2030. The inclusion criteria defined for the present review were: Articles with full text, and portuguese language and english, available in the last 5 years. Therefore, theses, master's degrees and dissertations were excluded from this study. **Results:** 31 studies were found in the VHL. In the inclusion process, being complete texts, in portuguese and english and published in the last 10 years, 72 articles remained, where, later, after reading the title, 10 articles were selected for careful and complete reading. After reading, 7 composed the final writing. **Conclusion:** There was a need for public policies to preserve the right to a healthy diet, aiming to combat food insecurity and promote adequate nutrition for the entire population.

Keywords: Food Security. Sustainable Development Goals. 2030 Agenda.



INTRODUCTION

The Sustainable Development Goals (SDGs) correspond to an agenda developed by the United Nations (UN) with the aim of promoting a global pact on the subject and developing society worldwide in a sustainable way. This action plan involves and has the support of 193 member countries.

However, one of these objectives is SDG 2, which aims to “End hunger, achieve food security and improved nutrition and promote sustainable agriculture”, making it essential to promote healthy habits, a sustainable diet with good foods. quality provided by agriculture, avoiding the problems of malnutrition worldwide, this line of goals continues according to the agenda until 2030.

The United Nations develops indicators on the status of each SDG objective, which analyzes how close or far it is to reaching the final goal. To improve these indicators, large-scale multinational involvement is needed, with the help of public programs and policies to end hunger. One of these compositions clearly shows how Brazil faces this problem of hunger and food insecurity. According to the report, 70,3 million people were in a state of moderate food insecurity in 2022, which is when they have difficulty eating. The survey also points out that 21,1 million people in the country were in severe food insecurity in 2022, characterized by a state of hunger (Brazil, 2023).

It is pertinent that this expanded study contributes positively to the scientific community that reveals its significant value on a holistic and territorial approach that aims to end poverty and hunger for all individuals. Analyzing the data and the reasons why there is restricted access to quality nutrition, this work helped to understand public policies, implement new strategies to reduce poverty and provide access to a healthy diet, rich in good nutrients. origin, willing to improve the quality of life of society worldwide

Therefore, the main objective of this study is to analyze the main factors of food insecurity and their relationship with social vulnerability.



METHOD

This is an integrative review drawn up from the following steps: establishment of the hypothesis and objectives of the review; sample selection through the establishment of article inclusion and exclusion criteria; definition of the information to be extracted from the selected articles; analysis of results; discussion and presentation of results and presentation of the review.

To guide the review, the following question was formulated: What are the main factors of food insecurity in Brazil and their relationship with social vulnerability?

To select the articles, a search was carried out in the Virtual Health Library (VHL) database. For the search, we used descriptors based on Decs, and thus created the search strategy: Food Security AND Sustainable Development Goals AND Agenda 2030. The inclusion criteria defined for the present review were: Articles with full text, and portuguese language and english, available in the last 5 years. Therefore, theses, master's degrees and dissertations were excluded from this study.

RESULTS

Initially, 31 studies were found in the VHL. In the inclusion process, being complete texts, in portuguese and english and published in the last 10 years, 72 articles remained, where, later, after reading the title, 10 articles were selected for careful and complete reading. After reading, 7 composed the final writing.

Table 1 -Description of the main studies found with their respective years of publication.

Authors, year of publication	Title	Type of study	Objective	Main factors of food insecurity:
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<p><u>Olumide Arigbede, Oluwaseun Kilanko, Oluwatomilola Joy Arigbedelt is Olayemi Mateus</u></p> <p>2023</p>	<p>Hunger, food security and sovereignty: need for evidence-based public health approaches to meet sustainable development goals</p>	<p>Not identified</p>	<p>Analyze the need for evidence-based public health approaches to meet sustainable development goals</p>	<p>Level of education of vulnerable populations;</p> <ul style="list-style-type: none"> • Lack of education and food security programs; • Development of a reliable food surveillance system; • Strengthening sociopolitical systems; • Availability and accessibility of fresh products;
<p>Maria Fernanda Petrolí Frutuoso, Cássio Vinícius Afonso Viana, Rosilda Mendes, Paulo Santos de Almeida, Nina Wallerstein, Marco Akerman</p>	<p>Human right to adequate food and sustainable development objectives: collective interference with children in vulnerable peripheries</p>	<p>Qualitative study</p>	<p>Analyze the relationships between the Human Right to Adequate Food (DHAA) and the Sustainable Development Goals (SDGs) that emerge from dialogic actions with children and adolescents in vulnerable urban outskirts of São Vicente, São Paulo</p>	<p>No access to food; place of residence in outskirts.</p>

DISCUSSION

In this integrative review, we searched for the main studies that address the main factors of food insecurity and their relationship with social vulnerability.

According to the Brazilian Ministry of Health, 2023, food and nutrition of the population are rights for the promotion and protection of health, as well as development and quality of life.

Therefore, according to the 2022 Food and Nutrition Security Situation report, approximately 29,3% of the world population was in moderate or severe



food insecurity in 2021. When analyzing the most serious levels of insecurity, the numbers are alarming, corresponding to 924 million people (Unicef, 2022).

Food insecurity can be measured internationally using The Food Insecurity Experience Scale (FIES-SM), made up of eight questions that talk about the population's access to adequate food (FAO, 2018). In contrast, in Brazil the Brazilian Scale for Household Food Insecurity Measurement - Ebia is adopted, which in data analysis classifies interviewed households into four categories: Food security, Mild food insecurity, Moderate food insecurity, Severe food insecurity (Brazil, 2023).

Furthermore, the socioeconomic level of the population has a great influence on food security, as almost 3,1 billion people could not afford a healthy diet in 2021, corresponding to an increase of 112 million when compared to the 2019 report. Furthermore, gender inequality increased, as 31,9% of women were food insecure compared to 27,6% of men (Unicef, 2022).

Finally, public policies are necessary to preserve the population's right to a healthy diet. In Brazil, as of law nº 11.346, of September 15, 2006, the National Food and Nutritional Security Policy - PNSAN was established, involving the government and civil society in programs such as: access to water, food acquisition program, food distribution and actions to support food and nutritional education (Brazil, 2023).

CONCLUSION

In short, the analysis of the data and information presented highlights the crucial importance of food and nutrition for promoting the health, development and quality of life of the population, as recommended by the Ministry of Health.

The alarming numbers revealed by the 2022 Food and Nutrition Security Status Report point to a worrying global scenario, with approximately 29,3% of the world's population facing moderate or severe food insecurity in 2021.



Therefore, the pressing need for public policies to preserve the right to a healthy diet is highlighted. These initiatives aim to combat food insecurity and promote adequate nutrition for the entire population.

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