O MUNDO DA SAÚDE

Intimate partner violence in adolescence: Action of the protection network during the COVID-19 pandemic

Marcella do Amaral Danilow[1] Rafaela Gessner Lourenço[1] Thammy Novakovski dos Santos[1]
Andressa Boza de Melo[1] Raquel Tavares[1] Gabriela Ortelan Soares Amaral[1] Tatiane Herreira Trigueiro[1]

[1]Setor de Ciências da Saúde, Departamento de Enfermagem, Universidade Federal do Paraná –UFPR . Curitiba/PR, Brasil.
E-mail: thammynovakovski@gmail.com

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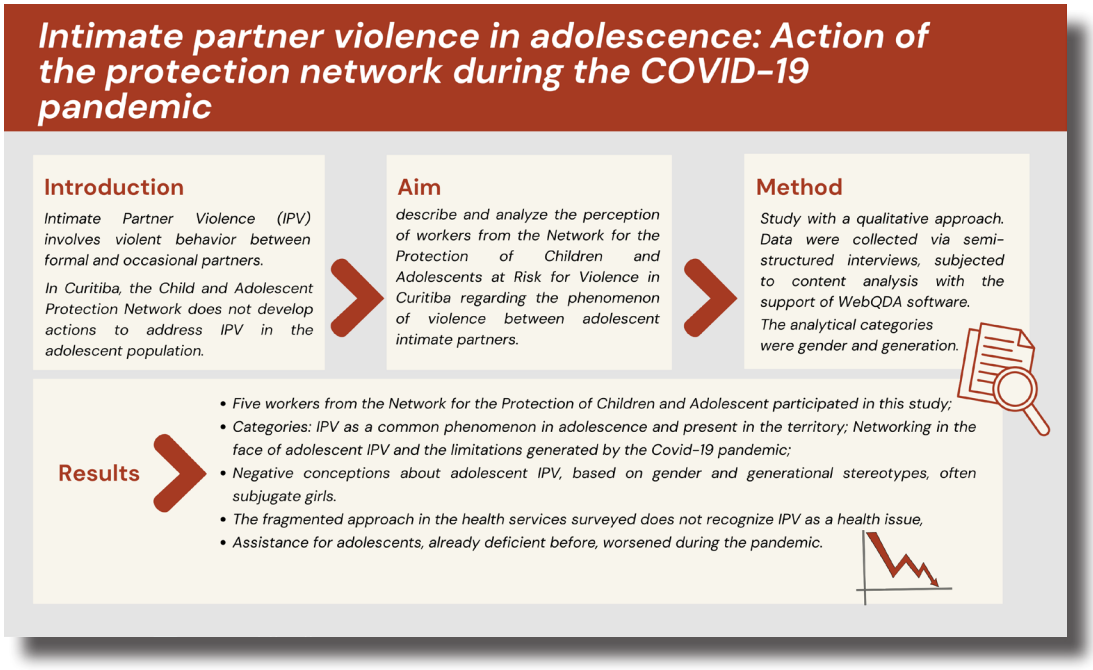
Graphical Abstract



Abstract

Intimate Partner Violence (IPV) involves violent behavior between formal and occasional partners. Although Curitiba has a Child and Adolescent Protection Network, there are no specific actions to address IPV in this population. It is crucial that healthcare professionals identify and implement interdisciplinary measures to prevent and combat this problem. Therefore, this study aimed to describe and analyze the perception of workers from the Network for the Protection of Children and Adolescents at Risk for Violence in Curitiba regarding the phenomenon of violence between adolescent intimate partners. This is a qualitative study based on the theoretical framework of the Theory of Praxis Intervention in Public Health Nursing. Data were collected in 2022 via semi-structured interviews, subjected to content analysis with the support of WebQDA software. The analytical categories were gender and generation. Five workers from the Protection Network participated and two categories emerged: IPV as a common phenomenon in adolescence and in the territory, and network action in the face of adolescent IPV and limitations during the Covid-19 pandemic. Negative conceptions about adolescent IPV, based on gender and generational stereotypes, often subjugate girls. The fragmented approach in the health services surveyed does not recognize IPV as a health issue, and assistance to adolescents, already deficient, worsened during the pandemic. Despite this, the Protection Network is seen as a hope to combat adolescent IPV, being a promising tool, but it still needs to be more integrated into health services.

Keywords: Intimate Partner Violence. Teenagers. Primary Health Care. Nursing.

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INTRODUCTION

Intimate Partner Violence (IPV) is a subcategory of interpersonal violence (family/partner) which involves violent behaviors, in different natures of violence such as: physical, sexual, psychological, verbal aggression and stalking, which occur personally or through electronic, between intimate partners regardless of the status of the formal relationship and casual partners. It is a global health concern due to its associations with depression, substance abuse, sexually transmitted infections, physical injuries, social isolation and mortality. This form of violence, when perpetrated among adolescents, results in the premature emergence of unhealthy relationships that can persist throughout adulthood[1,2].

Adolescent perpetrators and victims have difficulty identifying abusive behaviors and tend to normalize the use of violence in their relationships. This was demonstrated by a survey carried out in the metropolitan region of Porto Alegre - RS with 560 adolescents, which identified a perpetration rate of 76.43% for some forms of IPV, with verbal violence being the most prevalent, present in 91.1% of situations[3].

Episodes of adolescent IPV, such as those described in the speeches, have been identified in other countries. A study carried out with 13,677 students in the United States revealed that 8.2% reported having suffered physical violence during dating, and 8.2% suffered sexual violence during dating[4]. It is noteworthy that in the speeches, only one report of adolescent IPV was found that was actually identified in the health service. When comparing this information with the evidence of the incidence of adolescent IPV in the population, it is suspected that these cases are underreported, as despite the knowledge of the occurrence of these cases in the territory, they are not captured and registered by the Basic Health Unit (BHU).

In Curitiba, the Network for the Protection of Children and Adolescents at Risk for Violence, established in 2008, aims to prevent and combat violence, and offers training to professionals, monitors cases, supports victims and promotes prevention actions in the community. However, the Protection Network protocol does not address adolescent IPV. Therefore, it is crucial to incorporate this form of violence into the network combat and prevention strategy, requiring financial, organizational, educational and social support. This is due to its link to historical and social issues, such as gender norms that affect communities and families, resulting in the vulnerability of girls and women to violence in intimate relationships[5].

It is assumed that by recognizing that the way in which a problem is interpreted and approached will influence the intervention, it is assumed that in health services the naturalization of gender and generational inequalities and the violence resulting from them can culminate in another type of violence, that is, the omission of effective and resolute care, empathy and protection. This makes professional practice difficult as a means of combating social oppression related to gender and generation[6].

Thus, to understand the possibilities of coping with adolescent IPV, it is essential to understand how Protection Network professionals perceive and deal with this issue. Therefore, this study aims to: Describe and analyze the perception of workers from the Child and Adolescent Protection Network at risk of violence in Curitiba regarding the phenomenon of violence between adolescent intimate partners.

METHOD

Exploratory and descriptive study with a qualitative approach that used the theoretical framework of the Theory of Praxis Intervention in Public Health Nursing (TIPESC)[7]. This Theory focuses on nursing research and intervention in the context of the community's health-disease process. This study focused on the first two stages of TIPESC, which are dedicated to the apprehension and interpretation of objective reality, this in light of social categories.

The study setting was a health district in

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the city of Curitiba, which covers three neighborhoods. The selection of the scenario is justified due to the significant activity of the Protection Network in this location, which presents a high percentage of notifications of violence against adolescents.

In-depth interviews were conducted with professionals involved in the local coordination of the Protection Network within the scope of Primary Care (PC). The participant selection criteria included: 1- Being a professional from the Municipal Health Department involved in the local coordination of the Protection Network; 2- Having at least one year of experience working within the Protection Network. No exclusion criteria were established, except those opposite to those for inclusion.

The data collection instrument was a semi-structured script, developed by the study researchers, consisting of two parts: characterization of the participant and open questions about the object of study. From April to July 2022, five interviews were carried out, which were recorded and transcribed in full.

In this study, nurses, nursing technicians and assistants were included. This choice is justified due to the relevance of this category for combating adolescent IPV in the context of the Protection Network investigated. Therefore, it is essential that these professionals are trained to address the problem in order to break the cycle of violence, since the lack of adequate professional training to deal with situations of violence is combined with the professionals' own perspective on the phenomenon and its causes, influencing the actions that will be taken to combat it6.

The study followed the standards of Resolution CNS 466/2012 and was approved by the Research Ethics Committee of the Health Sciences Sector of UFPR, under opinion number 3,743,062 and by the Research Ethics Committee of the Municipal Health Department of the city of Curitiba, under opinion number 4,312,769. To maintain anonymity, research participants were identified using the letter P, followed by Arabic numerals corresponding to the order of participation in the research.

The data was analyzed considering social hierarchies related to gender, race, ethnicity nd social class, in order to explore health inequalities[8]. They were subjected to Bardin's Thematic Analysis (2011)[9], which covers pre-analysis, material exploration, coding, categorization, treatment of results and interpretation. The WebQDA software was used through the direct coding function, which automatically assigns codes to descriptive data and makes empirical data available in the system from internal sources. Based on the coding system, code trees were constructed, which emerged from the exhaustive reading of the interviews, taking into account the analytical category of gender.

RESULTS

Five workers participated in this study, all over the age of thirty, belonging to four different BHUs in the Health District investigated. Of the participants, three were nurses who held the position of health authority, one nursing technician and one nursing assistant. All are mothers, four of them have two children and one has three children. Table 1 shows the training time, experience in the Family Health Strategy (FHS) and in the Child and Adolescent Protection Network at Risk for Violence.

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Table 1 - Professional experience.

Participant	Profession	Time since graduation	FHS experience time	Network experience time
1	Nurse	20 years	11 years	3 years
2	Nurse	17 years	1 years and 9 months	2 years
3	Nursing technician	14 years	2 Months	5 years
4	Nurse	36 years	15 years	22 years
5	Nursing assistant	15 years	15 years	3 years

Two categories and seven subcategories emerged from the thematic analysis, as shown in the table below:

Table 2 - Study categories and subcategories, Curitiba, 2022.

Category	Subcategory
IPV as a common phenomenon in adolescence and present in the territory	Stereotypes about adolescence
	Naturalization and reproduction of IPV
	Characteristics of adolescent IPV in the territory
	IPV as a social problem
Networking in the face of adolescent IPV and the limitations generated by the Covid-19 pandemic	Adolescent population far from health services
	Networking in the face of adolescent IPV and the limitations generated by the Covid-19 pandemic
	Impact of the pandemic on adolescent care in PHC

The first category, entitled "IPV as a common phenomenon in adolescence and present in the territory", is made up of four subcategories. The first subcategory "stereotypes about adolescence" showed that some respondents consider adolescence to be the worst phase of human development, being characterized by problematic concepts, such as the use of psychoactive substances and immaturity. Furthermore, they assume that teenagers do not usually expose their personal problems to adults.

Adolescence is the worst phase there is, which they will be starting, they don't know if they are a child or an adult, this is usually what causes it in them. (P5)

Also, the use of drugs, there is a lot of that among them. (P3)

(...) the teenager, he doesn't really like to open up about situations with anyone, not even with a health professional, they have to be very intimate to talk. (P1)

With regard to the occurrence of adolescent IPV, females were blamed for the occurrence of jealous behavior on the part of male adolescents, which can lead to situations of violence.

(...) This generation nowadays ends up exposing themselves too much. Girls, I'm not against wearing short clothes or anything, but girls are very open to things, you know. And then what happens? Someone else passes by and looks, the boyfriend doesn't like it, or comments on social media, because they also expose themselves and that's where violence begins. (P3)

The second subcategory "Naturalization and

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reproduction of IPV" revealed that, for the participants, IPV is a common phenomenon and accepted by adolescents who maintain some type of relationship. For the participants, the origin of these behaviors is linked to a violent and sexist family structure.

You already bring the example from home. The father who beats the mother, the man is in charge, the woman obeys, sometimes they try to do the same thing, he forces the girl who doesn't have such a structure, and that's where disagreements arise. (P4)

Often, depending on the family they come from, they reproduce what they live, if aggression is normal in the house, they will resolve it with aggression. (P1)

The third subcategory, "Characteristics of adolescent IPV in the territory", covered the report of cases of adolescent IPV that were noticed in adolescent health care, as in the following statement:

We had a case [...] the 14-year-old girl and the 16-year-old boy, they ended up having a disagreement and he punched her in the hand, and even after a while he came do his time at the unit. He stayed with me for 3 months doing community service, you know? She was the one who came looking for the service, because she was injured, with some bruises. (P4)

According to the respondents, a form of IPV perceived in the territory is intergenerational, characterized as that which happens between an adult and a teenage girl.

There was a teenager whose boyfriend was an adult; it wasn't a relationship between teenagers. In fact, she was pregnant when she was 13 years old, and she suffered serious violence in the street, while she was pregnant, this happens all the time. (P1)

The fourth subcategory of this category was "IPV as a social problem", which showed that attention to adolescents in situations of violence, especially IPV, is seen by the participants as a social problem and not as an issue pertinent to health, in addition, it is approached, in the health service, by the technocratic and fragmented model.

I say this, this is what we could do, actively listen to the abused teenager, the situation of the physical part, there is no doctor, there is a nurse, there is a team that can assist in this regard and the psychological part and that can take care of that part. , but I think it's limited. It's more of a social situation than a health one, I see it this way, health care will respond after an injury occurs, it's more a question of social education. (P1)

The second empirical category entitled "Networking in the face of adolescent IPV and the limitations generated by the Covid-19 pandemic" was composed of three subcategories. The first category "Adolescent population far from health services" showed that in the study corpus, a recurring discourse was that the adolescent population does not attend or seek out health units, being considered a public that is difficult to access and form a bond with.

(...) At BHU, it is very difficult for teenagers to attend the health unit, the population we have the most difficulty reaching is teenagers. I rarely see teenagers at BHU, rarely. (P1)

Due to the adolescent's absence from the health service, only situations of serious physical violence are usually identified by service professionals. Furthermore, it was reported that this population only attends the UBS with the presence of their parents, who are normally working during the service's opening hours, which constitutes another barrier to access.

The teenager ends up looking for the health unit when this violence becomes a little more aggressive, if they have an injury, something, they end up looking for the unit. (P5)

Parents of teenagers are at a productive working age. They are usually alone all day, it is difficult for them to come to the unit alone to

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deal with any situation. (P1)

The second subcategory "Action in an intersectoral network to combat adolescent IPV" showed that a potential that contributes to combating adolescent IPV in the territory is the Protection Network that operates in an intersectoral and articulated manner.

Wow, we are so organized in this.[...] Health is involved in this meeting (...) as we are responsible for the network here, all the teachers and school directors come because they do a lot of reporting, you know? (...) it has the support of district social assistance, the Protection Network. We discuss the case and see what we will do best for that case. Ah, but we weren't able to resolve this, we're going to articulate our situations here, whether we're going to call the clinician again and everything else, and then, in the next meeting, we can explain what we managed to do. (P4)

The third subcategory "Impact of the pandemic on adolescent care in PHC" highlighted the ways in which the COVID-19 pandemic affected the health system, including with regard to health care for adolescents and combating violence in this population. Assistance for adolescents, which was already considered precarious in the period preceding the health crisis, has become even more weakened. Furthermore, it was highlighted that when services were resumed, the adolescent was not considered a priority for action. As shown in the following excerpt:

Since the beginning of the pandemic, nothing has been done again, now that we are going to start resuming actions. And we are returning to those that are more serious. So, in quotation marks, as the teenager is physically healthy, much more than a group of diabetics, for example, who are losing their kidney, we are working on priority. (P1)

DISCUSSION

In the category "IPV as a common phenomenon in adolescence and present in the territory", participants represented adolescence based on stereotypes. These results are in line with the findings of other research that suggests that professionals involved in initiatives aimed at adolescents often have a perspective that associates adolescence with moments of crisis and rebellion. In this context, adolescents are not seen as autonomous individuals; Instead, views that impose regulations and stigmatize these young people predominate, reflecting a pattern similar to that observed in the study in question[8].

The participants reported that the origin of IPV among adolescents is the family environment characterized by gender-based violence and misogyny. A national survey revealed that boys generally tend to tolerate physical aggression from girls. This situation is correlated with social stigma and the reproduction of sexist and misogynistic behaviors, which consider female aggression to be less offensive. Looking back at the family dynamics of teenagers allows for a clearer understanding that gender inequalities are also constructed within this environment[10].

It was mentioned by the professionals that it is common, in the territory investigated, to find adolescents who have relationships with adult men and that these relationships are often permeated by various forms of violence. In this sense, the greater vulnerability of adolescents stands out, as they do not have the same social skills to respond to and protect themselves from violence as adults, for example[11].

When analyzing the results in light of the

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generation category, as part of the interpretation of objective reality through TIPESC, it is clear that this category influences the position of adolescents in society and creates a polarized power relationship with the adults involved in the study. On one side are adolescents, whose historical and social determination institutes experiences in relationships and expected gender roles that shape their social space, and on the other side are health professionals, who belong to another generation and who have stereotypical perspectives that subjugate adolescents and deprives them of power in the adult-adolescent relationship. This generational gap results in the subordination of adolescents and makes it difficult to establish an effective dialogue between the two generational groups[7].

Most discourses addressed gender relations based on the hegemonic and heteronormative perspective, which seeks to explain these relations based on innate biological characteristics of femininity and masculinity, considering them, therefore, as something inherent and natural. This is in line with the findings of a research that sought to identify and analyze the perceptions and practices of health and third sector professionals regarding adolescence and violence between intimate partners in adolescence[8].

Professionals applied harsher moral judgments to girls in relation to relationships, placing both sexes in a subordinate position in the generational structure but penalizing girls doubly, in the spheres of generation and gender. This naturalizes the subordination of adolescents and devalues their choices in intimate relationships. Addressing adolescent partner violence requires a broad gender vision, challenging entrenched patterns and seeking a more equitable society, preventing physical and emotional harm to victims[12,13].

Only one of the speeches characterized adolescent IPV as a social problem, belonging to the health sector. However, since the 8th National Health Conference, in 1986, in which the bases for the creation of the SUS were provided, the concept of health has become more comprehensive[14]. Considering that health is determined by social issues, there is no way to look at the problem in a fragmented way, as the origin of IPV is historical and social, but its consequences determine the health-disease process.

The second category "Networking in the face of adolescent IPV and the limitations generated by the Covid-19 pandemic", showed that adolescents do not attend health services. Research carried out in the state of Pernambuco with 2,454 adolescents showed that 42.79% sought some health service in the 12 months prior to the research. The study showed that the greatest demand was for females, showing that gender issues are present in the groups' perception of their health-disease process[15].

Another Brazilian survey showed that low-income adolescents with black, brown, yellow and indigenous skin colors were those who least sought health services[16]. In the study in question, the perception of adolescents not seeking health services may be linked to the fact that the health district investigated is located in an area marked by social vulnerabilities and characterized by a low per capita income. Data confirmed by a study carried out by the Municipal Health Secretariat of Curitiba in 2018, which created the Vulnerability Index of the Areas Covered by Municipal Health Units (IVAB) that classifies the researched region as high risk for social vulnerabilities and with low access for health services[17].

This research identified that another reason that makes it difficult for adolescents to access health services is the mandatory presence of parents at consultations. According to the Child and Adolescent Statute (ECA), patients aged 0 years to 12 years of age must necessarily be accompanied by a guardian for consultations and examinations. However, for minors aged between 12 and 17, presence is only necessary for invasive examinations[18]. This fact may be related to the condition that normally the most serious situations of violence against adolescents

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are identified in services.

The limitation of this study is the number of participants interviewed. The number of workers interviewed is justified due to the data collection period, which coincided with a critical period of the Covid-19 pandemic in the municipality researched. As a result, the number of workers available to participate in the research may have been reduced, as professionals working in PHC experienced increased demands and work overload. Despite this condition, the results provide important contributions to coping with adolescent IPV in a network.

The reports highlight the promising perspective of the Protection Network in tackling violence between intimate partners in adolescence. The importance of combining technical skills of health professionals with sensitivity and community involvement to promote the mental health of young people is highlighted. The articulation of this network is crucial to developing effective strategies, especially in partnership with the educational sector, although the scarcity of actions highlights the urgent need to include this issue in the public policy agenda at all government levels[19].

The COVID-19 pandemic brought new challenges to healthcare in Brazil and around the world. The adoption of emergency measures to manage cases of the disease was prioritized20. According to what was reported in the study, assistance to adolescents, which was already precarious in the service, deteriorated even further. The SUS is vital to guarantee the constitutional right to health of the adolescent population. In addition to the difficulties of the pandemic, there are other structural issues that impede this approach, mainly the lack of financing, which implies a loss of quality and provision of services.

CONCLUSION

The study in question fulfilled the first two stages of TIPESC. In the first, the apprehension of objective reality, adolescent IPV was captured as a complex phenomenon in the territory in which professionals from the Network for the Protection of Children and Adolescents in Situations of Violence work. In the second stage, the interpretation of objective reality, the data that emerged were confronted, explored, analyzed and interpreted. This critical understanding of the object in focus promoted reflections on the network confrontation of violence between adolescent intimate partners and, in addition, supports the intervention stage foreseen by the theoretical framework adopted to be carried out in the future.

Perceptions about adolescence, affective relationships, sexuality and violence between intimate partners in adolescents are determined by the historical and social context. These perceptions often marginalize the experience of adolescents, denying them rights and consideration as social subjects. This is reflected in health practices, in which adults direct their actions towards young people, often without taking into account the different historical and social experiences of each generation.

This study identified a problem: The participants in this research perceive IPV as a problem of a social nature, not related to health, and the approach in health services follows a biomedical and fragmented model. It was identified that adolescents do not usually seek care from health services, which has worsened due to the health crisis caused by the new coronavirus. Primary care prioritized

actions to combat the COVID-19 pandemic, resulting in the neglect of several intersectoral actions that included adolescents, which can make it difficult to identify cases of this form of violence in health services.

The generational perspective is crucial in addressing adolescent partner violence. Empowering young people to recognize and discuss violence, considering their experiences, is essential. Generational and gender inequalities especially affect adolescent girls, who face vulnerabilities made worse by social norms. Despite the geographic limitation of this study in Curitiba, its findings provide valuable foundations for interventions on adolescent partner violence.

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