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2nd Edition of the International
Conference on Children and
Adolescence



ICCA 2018

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on **Childhood**
and **Adolescence**



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Sobre o Congresso

Com uma primeira edição de sucesso em 2017, que reuniu no Porto cerca de 500 participantes de várias partes do mundo, o ICCA rumou a Lisboa, para a recriação de um espaço de diálogo aberto sobre a Infância e Adolescência. Mais de 3 centenas de trabalhos submetidos para apresentação, oriundos de vários países distintos, 15 mesas redondas, 4 palestras, workshops e simpósios em três dias de programação intensa e multidisciplinar.

A 2a. edição do Congresso Internacional sobre a Criança e o Adolescente, juntamente com a 5.o Reunião Anual da Secção de Pediatria Social da Sociedade Portuguesa de Pediatria contou com a presença de mais de 65 oradores especialistas nas mais diversas áreas, desde a Pediatria à Psicologia, passando pelo Direito, História, Medicina Legal, Artes, Nutrição, Sociologia, Desporto, Serviço Social, Educação, entre muitas mais; de 3 dias de discussão em torno de um conjunto de temas estruturantes da Infância e Adolescência.

Temas de 2018:

Desporto, Competição e Lesão | Adições | Parentalidade e Co-parentalidade | Novas e Velhas Dietas | Criança, Ambiente e Risco | The Kids Are All Right: (Sub)(Post)subcultural belongings in the late modernity | Pobreza e bem-estar | Adolescência - O corpo ao Espelho | Moral, Empatia e Autismo | Memórias Traumáticas e Testemunhos Infantis | Multiculturalidade, Migrações e Privações | Novas e Velhas Doenças | Desigualdades em Saúde | Pensar a Educação | Sono na

Ancorado numa abordagem participativa, na qual a audiência é parte do debate, o ICCA potencia o encontro entre saber e o saber-fazer nas mais variadas áreas ligadas ao tema.

About the Congress

After a successful first edition in 2017, which gathered over 500 participants from around the globe, the second edition purpose took place in Lisbon and, once again, offered a healthy discussion environment about some of the most relevant issues regarding childhood and adolescence to researchers, students, professors, and everyone else who wishes to join us. More than 300 abstracts submitted, 15 round table discussions, 4 lectures and symposia in 3 days of intense and multidisciplinary discussion.

The 2nd edition of ICCA | International Conference on Childhood and Adolescence, together with the 5th Annual Meeting of the Social Paediatric Subcommittee (SPS-SPP) of the Portuguese Society of Paediatrics, counted with the presence of more than 65 specialists in several areas such as Pediatrics, Psychology, Law, History; Forensic Science, Arts, Nutrition, Sociology, Sports, Social Work, Education, among others.

Themes of 2018:

Sport, Competition, Injury | Addictions | Parenting and Co-Parenting | New and Old Diets | Child, Environment and Risk | The Kids Are All Right: (Sub)(post)subcultural belongings in the late modernity | Poverty and Well-being | Adolescence - The Body in the Mirror | Moral, Empathy and Autism | Traumatic Memories and Childhood Testimony | Multiculturalism, Migrations and Mistreatment | New and Old Diseases | Health Inequalities | Thinking Education | Sleep in

The conference's main goal was to promote a discussion on social issues of childhood, introducing innovative discussion formats which are more open to active participation of the audience, by allowing a broad sharing of knowledge and know-how

Declaração ética e procedimentos sobre práticas abusivas

No sentido de garantir valores essenciais de integridade, que se refletem inevitavelmente na qualidade da publicação e do conhecimento produzido nos eventos científicos, qualquer procedimento irregular detetado relativo a autoria ou propriedade intelectual, potenciais conflitos de interesse, validade e/ou veracidade dos dados ou resultados apresentados, serão alvo da averiguação devida por parte da organização e respetivos comités envolvidos no evento em causa. Todos os dados disponibilizados nesta publicação são passíveis de serem reproduzidos, mediante adequada citação. Os metadados de cada artigo encontram-se de forma clara enunciados no início e no fim de cada artigo.

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A eventQualia sujeita todas as submissões a um processo rigoroso de revisão por pares, que ocorre de forma anónima, e durante um período alargado de tempo, permitindo que os potenciais participantes integrem o feedback dos revisores nos seus trabalhos. O grupo destacado para a revisão consiste num conjunto de indivíduos reconhecidos

académica e profissionalmente em diversas áreas de conhecimento, organizados em equipas multidisciplinares. As relações de autoridade sobre a propriedade dos conteúdos reunidos encontram-se enunciadas no início de cada artigo, devendo sempre e indubitavelmente encontrar-se referenciadas em qualquer momento que sejam utilizados por terceiros.

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eventQualia subjects every submission to blind peer review, allowing the participants to incorporate feedback from the revisers on their work, through an extended period of time. The group of revisers consists in several individuals which are acclaimed experts of different fields, recognised for their merits in academia but also their professional activity, forming multidisciplinary teams.

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Ciências da Educação | Education Sciences

Prática da Correção de Testes como Estratégia de Diferenciação Pedagógica em Contexto Escolar

António Luís Montiel (1)

1- Escola Superior de Educadores de Infância Maria Ulrich

Resumo

O presente trabalho pretende analisar se as aulas de correção de testes, que muitos professores praticam, constitui atualmente (ou poderia vir a constituir) uma estratégia que confira aos testes uma dimensão formativa de avaliação.

Para o efeito, procurou-se indagar na revisão da literatura pedagógica quais são as características diferenciadoras da avaliação formativa, procurou-se ter algum conhecimento de como é que essas aulas de correção de testes funcionam na prática, o suficiente para reconhecer se essas aulas contribuem ou poderiam vir a contribuir para realizar uma avaliação formativa de cada aluno. Foi possível concluir que a aula de correção de testes pode ser efetivamente um procedimento sistemático de autoavaliação que confira caráter formativo ao processo de ensino-aprendizagem, mas um inquérito por questionário a professores e uma análise documental mostrou que os professores reconhecem aquela potencialidade nas aulas de correção de testes, mas não parece que efetivamente sejam praticadas com essa intencionalidade pedagógica.

Palavras-chave: avaliação formativa; testes; correção de testes.

Introdução

A literatura pedagógica e os diplomas legais, nomeadamente em Portugal¹, têm vindo a promover três conceitos que se revelam interligados: inclusão, diferenciação pedagógica e avaliação formativa.

- A inclusão, que defende o direito de todos os alunos desenvolverem as suas potencialidades mediante uma educação de qualidade, adequada às suas necessidades, interesses e características (Freire, 2008, p. 5).
- A diferenciação pedagógica, que realiza uma gestão curricular que atenda aos diversos ritmos de aprendizagem e também aos diversos modos de pensar e de aprender (Santos, 2009, p. 52).
- A avaliação formativa, que oferece a informação necessária para regular os processos de ensino e aprendizagem (Cid & Fialho, 2011, p. 115) e propiciar assim “uma efetiva igualdade de oportunidades de sucesso escolar” (Marinho, Leite & Fernandes, 2013, p. 310) a todos e cada um dos alunos.

Mas uma coisa é o que literatura pedagógica recomenda e a lei manda, outra coisa é levar à prática e mudar os métodos de trabalho na sala de aula (Oliveira, 2016, p. 138). Na escola parece prevalecer uma «pedagogia do exame» (Luckesi, 2008) sobre uma pedagogia do ensino-aprendizagem.

Por maior que seja o imperativo de diferenciação pedagógica, por mais que a formação de professores procure consciencializar para a importância e potencialidades da avaliação formativa (como pretendem mostrar Barreira, Boavida & Araújo, 2006, p. 95), revela-se difícil introduzir essa mudança no papel do professor e do aluno (Hernández-Nodarse, 2017). O próprio Despacho Normativo 30/2001 reconhece a “absoluta necessidade de repensar práticas uniformes e pobres de avaliação que não estão de acordo com a atual formulação do currículo nacional” (Abrantes, 2002, p. 11-14). Segundo reconhece

1 O Despacho Normativo 30/2001 reforçou, entre outros princípios já expressos na legislação anterior, a ênfase no carácter formativo da avaliação e os princípios da diferenciação pedagógica e da adequação na gestão curricular de modo a atender aos diversos percursos e à evolução de cada aluno (Abrantes, 2002, p. 11-14). Também o Despacho Normativo 1/2005, logo no texto introdutório da sua primeira versão, declarava retomar e reforçar a ênfase no carácter formativo da avaliação expressa no Despacho Normativo n.º 30/2001 e define a avaliação (no n.º 2 da sua republicação pelo Despacho normativo n.º 14/2011) como “um elemento integrante e regulador da prática educativa, permitindo uma recolha sistemática de informações que, uma vez analisadas, apoiam a tomada de decisões adequadas à promoção da qualidade das aprendizagens”, visando, em primeiro lugar, “apoiar o processo educativo, de modo a sustentar o sucesso de todos os alunos, permitindo o reajustamento dos projetos curriculares de escola e de turma, nomeadamente quanto à seleção de metodologias e recursos, em função das necessidades educativas dos alunos”. Esta ideia é reforçada no n.º 6 do mesmo Despacho quando afirma que a avaliação das aprendizagens e competências assenta, entre outros princípios, na “primazia da «avaliação formativa» com valorização dos processos de autoavaliação regulada e sua articulação com os momentos de avaliação sumativa”.

Fernandes (2005, p. 23), em Portugal persistem práticas de avaliação que, fundamentalmente, “visam à classificação dos alunos, em detrimento de práticas de avaliação que visem à melhoria das aprendizagens”. Ainda que a maioria dos professores possa concordar com a necessidade de diversificar as técnicas e instrumentos de avaliação, não demonstram uma prática consonante com aquela necessidade (Fernandes, 2004, pp.23 e 24).

Para que a avaliação seja capaz de interpretar, refletir, informar e decidir “sobre os processos de ensino e aprendizagem, tendo como principal função ajudar a promover ou melhorar a formação dos alunos”, têm sido destacadas (também em textos legislativos, como o Despacho Normativo 1/2005, n.º 19 e 20) duas práticas concretas de avaliação (Abrantes, 2002, p. 10):

- Utilizar “uma variedade de modos e instrumentos de avaliação” para atender à diversidade e natureza das aprendizagens e à individualidade de cada aluno (o percurso e evolução de cada um, as suas dificuldades e os seus interesses e aptidões);
- E “promover a confiança social na informação que a escola transmite, (...) envolvendo-se neste processo, de modos apropriados, os alunos e os encarregados de educação”.

Por oposição, há dois rituais de avaliação em que “os professores encontram a sua «paz» e segurança” (Barbosa & Neves, 2006, p. 226), mas que se mostra necessário alterar:

- É necessário diversificar os contextos e formas de avaliação e acabar com o uso praticamente exclusivo da formalidade do teste como técnica de recolha da informação;
- E é importante promover uma autêntica autoavaliação dos alunos, que não se reduza a uma forma rudimentar de autoclassificação.

Aproximamo-nos assim ao objeto material do presente estudo: os testes. E em concreto, interessamo-nos por observar uma prática corrente: as aulas de correção dos testes. Acreditando que a primazia da avaliação formativa não desconsidera o valor do teste, mas apenas o considera insuficiente (como também o uso de qualquer outro instrumento isolado); e reconhecendo que os testes podem fornecer indicações úteis (Abrantes, 2002, p. 11-14), perguntamo-nos: ***será que a prática de aulas de correção dos testes constitui um contributo para uma avaliação formativa?*** Esta pergunta, por sua vez, exige resposta a estas outras que acabam por estruturar os seguintes capítulos do presente estudo:

- Quais são as características diferenciadoras da avaliação formativa?

- Quais são as reais potencialidades e constrangimentos dos testes para uma avaliação formativa?
- Constitui a prática de aulas de correção dos testes um contributo para uma avaliação formativa?

Para responder esta pergunta somos obrigados a percorrer duas vias complementares:

- Por um lado e em primeiro lugar, somos obrigados a uma revisão da literatura que nos permita indagar e refletir sobre quais sejam as características diferenciadoras da avaliação formativa e quais sejam as reais potencialidades e constrangimentos dos testes.
- Por outro lado, teremos que ir ao terreno para conhecer melhor essa prática das aulas de correção de testes e comprovar se são capazes de realizar uma avaliação formativa relevante sobre a evolução de cada aluno.

2. Características diferenciadoras da avaliação formativa

A revisão da literatura pedagógica apresenta-nos um conceito de avaliação formativa que não é unívoco, pois tanto pode denominar uma «modalidade» de avaliação como uma específica «natureza» ou categoria de avaliação.

- A avaliação formativa é por vezes entendida como uma «modalidade» de avaliação. É assim, por exemplo, no Artigo 13.º do Decreto-Lei n.º 6/2001: a avaliação diagnóstica, formativa e sumativa partilham a mesma finalidade (regular e apoiar o processo educativo) e apenas se distinguem pelo momento em que a avaliação formativa ocorre (nem no início nem no final do ano, mas continuamente) e por não ter a função «certificadora» da avaliação sumativa².
- Há, porém, um outro entendimento da avaliação formativa, que a diferencia substancialmente da avaliação sumativa. Na linha de Scriven (1967), que é considerado o primeiro em usar essa terminologia (Fernandes, 2004, p.12), a diferença reside no próprio objeto que avaliam: a avaliação sumativa está centrada no resultado final das aprendizagens, na verificação de conhecimentos (Abrecht,

2 “(2) A avaliação diagnóstica realiza-se no início de cada ano de escolaridade, devendo articular-se com estratégias de diferenciação pedagógica, de superação de eventuais dificuldades dos alunos, de facilitação da sua integração escolar e de apoio à orientação escolar e vocacional. (3) A avaliação formativa assume carácter contínuo e sistemático, recorre a uma variedade de instrumentos de recolha de informação, adequados à diversidade das aprendizagens e aos contextos em que ocorrem, tendo como uma das funções principais a regulação do ensino e da aprendizagem. (4) A avaliação sumativa traduz-se na formulação de um juízo globalizante sobre as aprendizagens realizadas pelos alunos, tendo como funções principais o apoio ao processo educativo e a sua certificação, e inclui (a) a avaliação sumativa interna (...); (b) a avaliação sumativa externa”.

1994, p. 19), enquanto a avaliação formativa está centrada no processo da aprendizagem de modo a identificar falhas de percurso e os meios para vencer as dificuldades. É também a noção enunciada nos números 20 e 24 do Despacho Normativo 1/2005: a avaliação formativa informa «para» a aprendizagem (para rever e melhorar os processos de trabalho), enquanto a avaliação sumativa formula um juízo «das» aprendizagens do aluno, correspondendo assim à distinção que vários autores têm vindo a estabelecer (Fernandes, 2007, p.265) entre uma avaliação «para as aprendizagens» (que influencia os processos de ensino e aprendizagem) e uma avaliação «das aprendizagens» (que regista e torna público o que parece ter sido aprendido pelos alunos).

A coexistência destas duas definições de avaliação formativa e sumativa é compreensível. Sobretudo é clara a conveniência de uma avaliação na modalidade formativa (contínua e recorrendo a instrumentos diversos) para realizar uma avaliação de natureza formativa (centrada no processo de aprendizagem). Mas também é compreensível que essa falta de univocidade possa gerar alguma confusão na prática:

- Tanto pode a avaliação sumativa (enquanto modalidade de avaliação final que certifica o que o aluno aprendeu) ser também formativa (Rosado & Silva, 2010, p. 7);
- Como pode haver uma avaliação formativa (contínua e sistemática, com a função de regular o ensino e a aprendizagem) que não seja efetivamente formativa pois apenas avalie os «resultados» que a cada passo são alcançados pelo aluno.

Por isso, revela-se crucial neste estudo que se chegue a identificar as características distintivas da avaliação autenticamente formativa e capaz de realizar a diferenciação pedagógica.

- a) Fundamentação teórica. A avaliação formativa emerge entre as teorias cognitivistas, construtivistas, socioculturais e sociocognitivas da aprendizagem, por oposição à primazia que as teorias behavioristas conferiam nas primeiras três décadas do século XX à avaliação sumativa (Roos & Hamilton, 2004, p. 1; Marinho, Leite & Fernandes, 2013, p. 312).
- b) Objeto. A avaliação formativa está centrada na avaliação de competências, perspectivadas como "saber em uso" (numa diversidade de situações; na «vida» fora da escola e em "tarefas reais") ou processo que integra conhecimentos, capacidades, atitudes e valores (Abrantes, 2002, pp. 11-14; Alonso, 2002, pp. 22-23; Fernandes, 2004, p.3; Barbosa & Neves, 2006, pp. 229-230). Corresponde à noção de competência descrita no currículo nacional (no Despacho Normativo 30/2001, por

exemplo). Por sua vez, a avaliação sumativa reduz a avaliação de competências à constatação de um resultado, de uma resposta que o aluno dá perante situações «académicas» em momentos formais de testagem (Barbosa & Neves, 2006, pp. 229-230).

- c) Instrumentos: O objeto da avaliação formativa obriga à recolha de múltiplas informações, quantitativas e qualitativas, ao longo de todo o processo de ensino e aprendizagem, enquanto a avaliação sumativa pode ser suportada apenas por alguns testes em momentos formais.
- d) Expressão. A avaliação formativa é (pela sua natureza e pela natureza dos instrumentos de observação de que se serve) descritiva e interpretativa: partindo da recolha, análise e interpretação de resultados, questiona e problematiza os processos e os contextos, assim como as consequências e implicações pessoais e sociais das decisões adotadas (Alonso, 2002, p. 20). Preferirá por isso ser expressa numa linguagem qualitativa, enquanto a avaliação sumativa é preferencialmente quantitativa e factual.
- e) Finalidade. A avaliação formativa é, como antes se referiu, uma avaliação «para» a aprendizagem, com a missão de fornecer orientações para uma melhoria dos processos de ensino e aprendizagem, enquanto a avaliação sumativa é uma avaliação «das» aprendizagens, em que é dada primazia à classificação do que parece ter sido aprendido pelos alunos.
- f) Comunicação. Para a avaliação formativa cumprir a finalidade de melhorar os processos de ensino e aprendizagem, é necessário envolver os professores, os pais e os alunos (Fernandes, 2004, p.12). Por isso, a comunicação do *feedback* e a “partilha de metas de aprendizagem” (Romero & Gomes, 2016, p. 131) constituem uma condição essencial da avaliação formativa. Certamente, para esse *feedback* ser eficaz (Coelho Oliveira, 2016), não poderá reduzir-se ao mero mecanismo behaviorista da rejeição de respostas erradas, mas deverá revestir-se de características que desenvolvam competências metacognitivas de autoavaliação e de autorregulação nos alunos, para que, conscientes dos seus progressos e do caminho que devem seguir, se tornem mais autónomos e responsáveis pelas suas aprendizagens (Pinto, 2003, p. 5; Fernandes, 2004, p. 20; Barbosa & Neves, 2006, pp. 229-230).

Tendo presente estas características diferenciadoras da avaliação formativa e a questão inicial («será que a prática de aulas de correção dos testes constitui um contributo para uma avaliação formativa?»), quais são as reais potencialidades e constrangimentos dos testes para uma avaliação formativa?

3. Potencialidades e constrangimentos dos testes para uma avaliação formativa

Antes de mais, como já foi adiantado, somos obrigados a admitir que a prática do teste está instalada na vida da escola (Fernandes, 2004, p.23). O facto pode dever-se a variadas razões que nos interessa considerar. Antes de mais, encontramos três razões (a que aludem, por exemplo, Barbosa & Neves, 2006, p. 219 e pp. 226-227) que podemos caracterizar como circunstanciais:

- a) Por um lado, a primazia do teste na prática docente pode ser consequência de uma rotina com que os professores (também os principiantes) convivem durante muito tempo, mesmo antes de entrarem na profissão, e em que, ainda enquanto principiantes, são «socializados» pelos professores mais experientes (Ferreira, 2006, p. 90).
- b) Por outro lado, o recurso sistemático aos testes pode estar associado à importância que a sociedade tem atribuído à certificação das aprendizagens (Cid & Fialho, 2011, p. 109) e a uma conceção positivista da educação, em que o ensino está centrado na exposição do professor e a aprendizagem do aluno é avaliada pela reprodução objetiva dos conteúdos que lhe foram transmitidos.
- c) Além disso (e talvez por isso), os testes (assim como as classificações de final de período) são percecionados pelos alunos e suas famílias como a principal referência da progressão nas suas aprendizagens.

Mas, antes de mais, deveremos aceitar que o valor atribuído aos testes seja resultado das suas potencialidades intrínsecas, que os tornam necessários e instrumentos muito úteis no desenvolvimento das aprendizagens dos alunos (Fernandes, 2004, p. 15):

- a) Fornece indicações relevantes sobre a aprendizagem de determinados aspetos (Abrantes, 2002, p. 13), nomeadamente sobre os conteúdos constantes nos programas (Fernandes, 2004, p.23).
- b) Confere objetividade e rigor à avaliação (Barbosa & Neves, 2006, p. 219; Fernandes, 2004, p.23).
- c) Propicia uma oportunidade para os alunos mostrarem os saberes adquiridos e, por isso, cria-lhes a necessidade de redobrar a atenção e de reter, processar e consolidar os conteúdos lecionados (Fernandes, 2002, p. 68; Fernandes, 2004, p. 15).

No entanto, são cada vez mais frequentemente assinaladas as insuficiências de uma avaliação que recorre ao teste como instrumento exclusivo (ou mais importante) da avaliação das aprendizagens:

- a) Sobrevaloriza a função classificativa da avaliação sumativa, o que lhe confere uma percepção punitiva e angustiante (Barbosa & Neves, 2006, p. 219), em detrimento da perspectiva da avaliação formativa que vê no erro uma oportunidade de aprendizagem (Ministério da Educação, 1994, capítulo B/16, s/p.).
- b) Enquanto instrumento de avaliação sumativa, sintetiza aprendizagens dos alunos (uma «nota», expressa em valor numérico ou equivalente), com base em critérios gerais, sem ser capaz de captar elementos essenciais para que todos os intervenientes (e, muito especialmente, os alunos na sua autoavaliação) possam identificar e orientar os passos a dar a seguir, numa perspectiva integrada de currículo e avaliação (Abrantes, 2002, p. 13; Fernandes, 2007, p. 267).
- c) É insuficiente para realizar uma avaliação de competências na perspectiva prevista no currículo de "saber em uso", pois, como refere Fernandes (2004, p. 15), fraciona o conhecimento em objetivos educacionais independentes (quicá inertes e apenas retidos acriticamente na memória a curto prazo), em vez de os perspetivar na sua complexa interdependência.

A consciência das potencialidades e insuficiências dos “testes de papel e lápis” no processo de avaliação das aprendizagens tem conduzido os autores a sugerir estratégias complementares e alternativas à formalidade dos testes, sem os substituir (Abrantes, 2002, p. 11-14; Fernandes, 2004, p. 19), como, por exemplo:

- Elaboração de relatórios (de projetos e outras atividades) e portfólios;
- Apresentações e discussões orais;
- Observações (mais ou menos estruturada e registadas pelo professor) de conversas dos alunos e outros trabalhos e produtos realizados por eles; etc..

Sem duvidar do interesse dessas estratégias alternativas de avaliação, é curioso não encontrar entre elas nenhuma sugestão que aproveite os próprios testes para realizar uma avaliação formativa. Uma vez que é consensual a utilidade dos testes para aferir alguns indicadores de aprendizagem, não poderiam ser também rentabilizados para avaliar o processo de pensamento que conduziu os alunos a dar as suas respostas, certas ou erradas?

Na gênese deste trabalho está precisamente a intuição de que a aula de correção de testes possa ser uma estratégia para realizar uma avaliação formativa, tal e como antes foi caracterizada.

Com efeito, a aula de correção de testes pode ser um procedimento sistemático de autoavaliação que confira carácter formativo ao processo de ensino-aprendizagem em que se integra. O «questionamento» do professor na sua «entrevista com o aluno» pode dar a

compreender a ambos o funcionamento cognitivo (Cid & Fialho, 2011, p. 116) do aluno: tomar consciência das suas competências e dificuldades e obter orientação para melhorar o processo de ensino e aprendizagem. Bastará que as aulas de correção de testes reúnam os pré-requisitos da avaliação formativa, que podemos resumir a três:

- Procurar uma participação mais ativa do aluno na sua autoavaliação mediante uma reflexão metacognitiva (e não a mera autoclassificação) que favoreça a análise dos erros e acertos (em que consistem, porque aconteceram, qual a sua lógica e como podem ser ultrapassados) e ganhar consciência das aprendizagens que ainda falta realizar.
- Estar focada nos processos que conduzem a uma resposta certa ou errada e não se limitar a dar as respostas certas;
- Ser orientada para tirar conclusões e formular princípios que possam ser transferidos para outras situações futuras.

Mas, será que a prática de aulas de correção dos testes constitui um contributo para uma avaliação formativa? Essa era a terceira das três questões que orientam o presente estudo. Esperamos vir a saber nos próximos capítulos se é mesmo isso que acontece realmente nas aulas de correção de testes que se praticam nas escolas.

4. Contributo da prática de aulas de correção de testes para uma avaliação formativa

De modo a tomar conhecimento da extensão da prática das aulas de correção de testes, dos seus objetivos e modo de funcionamento, optou-se por dois instrumentos:

- Um inquérito por questionário a professores, que foi distribuído (em papel ou por *link* via *e-mail*) de forma aleatória por centenas de escolas e professores e disponibilizado em página pública de redes sociais (nomeadamente, o *Facebook*) durante 25 dias.
- E a análise documental dos critérios de avaliação que, tendo em conta o Despacho Normativo 1/2005, todas as escolas devem definir e divulgar anualmente e de que falaremos posteriormente.

O inquérito por questionário seguiu as recomendações metodológicas que a literatura oferece sobre este instrumento de recolha de dados (por exemplo, Ghiglione & Matalon, 1997 ou Larossi, 2011), nomeadamente no que se refere à composição da amostra e estruturação das perguntas.

a) Destinatários e amostra.

Sabemos que a qualidade das conclusões que podemos retirar de um inquérito depende da composição da sua amostra (Ghiglione & Matalon, 1997, p. 43). No presente caso, os destinatários do inquérito eram todos os professores no ativo em Portugal do ensino básico (1.º e 2.º Ciclo) e a amostra é um conjunto heterogéneo de pouco mais de cem professores de diversas zonas do país, de escolas públicas e privadas. Ao certo, foram validadas 128 respostas de professores do 1.º e 2.º Ciclos do Ensino Básico em 62 escolas (ou agrupamentos de escolas) de todo o país, tanto do sector público como do sector privado, como se resume no seguinte quadro:

	Ensino Público	Ensino Privado	Total
Professores do 1º Ciclo	46	26	72
Professores do 2º Ciclo	23	33	56
Total	68	59	128
Escolas ou Agrupamentos	44	18	62

Quadro 1: Respostas ao inquérito de professores do ensino público e privado

Trata-se de uma amostra que, em sentido estrito, pode não ser representativa, mas é representativa num sentido lato (a que aludem, por exemplo, Ghiglione & Matalon, 1997, p. 58), na medida em que se adequa aos objetivos estabelecidos no presente estudo. Com outras palavras, a amostra é representativa porque o nosso único objetivo é verificar a existência dessa prática de aulas de correção de testes e tentar compreender a intenção que orienta essa prática, sem pretender inferir qual seja o padrão dominante nas práticas dos docentes em Portugal.

b) Estrutura do questionário e estilo de perguntas

O questionário teve o cuidado de ser breve (resposta completa com duração aproximada de dois minutos) e foi concebido em conformidade com as três perguntas que motivam e orientam a recolha de informação sobre a prática das aulas de correção de testes:

- Sobre a sua dimensão: qual é a real extensão da prática das aulas de correção de testes?
- A sua finalidade: quais são os objetivos que presidem a implementação dessa prática?
- O seu funcionamento: como se organizam essas aulas de correção de testes?

Consequentemente, o inquérito foi estruturado em três capítulos:

- Perfil do inquirido e verificação da sua prática de correção de testes;

- Avaliação da utilidade que encontra nessa prática;
- Caracterização de como funcionam tais aulas.

Por sua vez, houve a preocupação por formular perguntas de leitura fácil e dando alternativas de resposta que não fossem «penosas» nem «sensíveis», isto é, que pudessem comprometer a sinceridade dos inquiridos. Com essa intenção, recorreu-se a escalas de classificação (cinco níveis, do «discordo totalmente» ao «concordo plenamente») para as perguntas subjetivas (Larossi, 2011) sobre a utilidade das aulas de correção de testes e sobre o modo como elas funcionam.

O questionário concluía com uma pergunta aberta no final para dar a liberdade aos inquiridos de partilharem livremente a sua experiência sobre a utilidade e o funcionamento das aulas de correção de testes.

5. Extensão da prática das aulas de correção de testes

Após a identificação da escola, do sector de ensino (público ou privado) e da turma de que eram titulares (no caso dos professores do 1.º Ciclo), o questionário inquiria se os professores costumavam dedicar algum tempo de aulas à correção de testes e em quais disciplinas. Pretendia-se assim saber a real extensão desta prática. As respostas obtidas são resumidas no seguinte quadro e são bem elucidativas:

- A maioria absoluta dos professores do 1.º e do 2.º ciclo costumam dedicar algum tempo («frequentemente» ou «sempre ou quase sempre») à correção dos testes (respetivamente, 54,1 e 76,6%).
- A prática é ainda mais acentuada no 2.º Ciclo: 53,4% dos inquiridos costuma realizar «sempre ou quase sempre» essas aulas de correção de testes.
- Esta prática ocorre na generalidade das disciplinas, sendo que as respostas recolhidas evidenciam especialmente o seu uso a Português e Matemática.

	1.º Ciclo	2º Ciclo	Total
Total de Respostas recolhidas	72	56	128
Nunca	12 (16,7%)	7 (12,5%)	19 (14,8%)
Algumas vezes	21 (29,2%)	5 (8,9%)	26 (20,3%)
Frequentemente	14 (19,4%)	13 (23,2%)	27 (21,1%)

Sempre ou quase sempre	25 (34,7%)	31 (53,4%)	56 (43,8%)
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Disciplinas com correção de testes	1.º Ciclo	2º Ciclo	Total
Total de Respostas recolhidas	47	39	86
Português	44 (93,6%)	11 (28,2%)	55 (64%)
Matemática	45 (95,7%)	9 (23,1%)	54 (62,8%)
Estudo do Meio	37 (78,7%)		
Ciências Naturais		6 (15,4%)	
História e Geografia de Portugal		3 (7,7%)	
Inglês		6 (15,4%)	
Educação Visual		1 (2,6%)	
Educação Física		2 (5,1%)	
Formação Musical		3 (7,7%)	
Outras	5 (10,6%)	6 (15,4%)	11 (12,8%)

Quadro 2: Respostas ao inquérito referentes à extensão da prática das aulas de correção de testes.

6. Benefícios da implementação das aulas de correção de testes

A segunda parte do inquérito apresentava uma lista de 12 possíveis benefícios das aulas de correção de testes e procurava descortinar a finalidade que motiva os professores nessas aulas. Tendo em conta a intenção desta investigação, de avaliar se essas aulas conferem aos testes uma dimensão de avaliação formativa, a lista continha aleatoriamente objetivos próprios de uma avaliação formativa (assim considerados porque cumprem com os três pré-requisitos anteriormente identificados: provocar a reflexão metacognitiva na análise dos erros e acertos; estar focada nos processos que conduzem a uma resposta certa ou errada; e ser orientada para tirar conclusões e formular princípios que possam ser transferidos para outras situações futuras) junto a outros que não transcendem a dimensão sumativa dos testes.

O próximo quadro contém as respostas recebidas em relação a benefícios das aulas de correção de testes adequados a uma avaliação formativa.

		1.º Ciclo	2.º Ciclo	Total
Total de Respostas recolhidas		48	39	87
Para que os alunos avaliem criticamente a justificação dada às respostas	CP	16 (33%)	20 (51%)	36 (42%)
	MP	4,00	4,36	4,18
Para os alunos identificarem a origem dos seus erros	CP	25 (52%)	27 (69%)	52 (61%)
	MP	4,46	4,62	4,54
Para eu alterar a minha planificação das aulas e fazer uma gestão curricular adequada ao perfil da turma e dos alunos	CP	16 (33%)	9 (23%)	25 (28%)
	MP	3,54	3,64	3,59
Para eu verificar que as respostas certas estão bem justificadas	CP	1 (2%)	5 (13%)	6 (8%)
	MP	2,52	2,85	2,71
Para eu identificar alunos que «não sabem» e só deram respostas certas «por acaso»	CP	1 (2%)	4 (10%)	5 (6%)
	MP	2,44	2,82	2,63
Para eu identificar a causa dos erros dos alunos	CP	10 (21%)	13 (33%)	23 (27%)
	MP	3,71	4,00	3,85
Para eu provocar a tomada de consciência dos alunos sobre as causas dos seus erros e acertos	CP	24 (50%)	21 (54%)	45 (52%)
	MP	4,31	4,49	4,4
Para eu indicar um apoio adequado para cada aluno que o precisar	CP	16 (33%)	11 (28%)	27 (31%)
	MP	3,85	3,95	3,9

Quadro 3: Objetivos das aulas de correção de testes adequados a uma avaliação formativa³

A análise das respostas obtidas e resumidas no quadro anterior mostram o reconhecimento dos professores da utilidade das aulas de correção de testes para alguns dos objetivos de uma avaliação formativa. No entanto, o total da média ponderada (3,72) não chega ao nível 4 do «concordar bastante» e há uma disparidade nas respostas que apelam à nossa reflexão:

- Os professores «concordam bastante» sobre a utilidade das aulas de correção de testes em relação a alguns propósitos que, curiosamente, o professor apenas pode «supor»: *será que essas aulas servem efetivamente «para que os alunos avaliem criticamente a justificação dada às respostas»? E para «provocar a tomada de consciência dos alunos sobre as causas dos seus erros e acertos»? E «para que os alunos avaliem criticamente a justificação dada às respostas»? Pode-se desejar e esperar que seja afirmativa a resposta a estas perguntas, mas não se pode «garantir» que aconteçam efetivamente nos alunos.*
- Os professores também concordam em afirmar que as aulas de correção de testes servem para outros três objetivos associados a uma avaliação formativa: *«para eu indicar um apoio adequado para cada aluno que o precisar», «para eu identificar a causa dos erros dos alunos», «para eu alterar a minha planificação das aulas e fazer uma gestão curricular adequada ao perfil da turma e dos alunos».* Curiosamente, estes são os objetivos que fazem referência direta a ações do professor e são os que mais explicitamente se orientam para a diferenciação pedagógica, mas são aqueles em que o nível de concordância dos professores é menor, com média ponderada inferior ao nível 4 do «concordo bastante».
- Finalmente, os inquiridos nem sequer «concordam em parte» em que essas aulas de correção de testes sirvam *«para o professor verificar que as respostas certas estão bem justificadas»* ou *«para identificar alunos que «não sabem» e só deram respostas certas «por acaso».*

Passemos a ver agora (no Quadro 4) as respostas dos professores inquiridos em relação aos outros possíveis benefícios das aulas de correção de testes.

³ Indica-se o número total e a percentagem de professores que expressou «concordar plenamente» (CP) e a média ponderada (MP) tendo em conta a seguinte escala: 1 (Discordo totalmente), 2 (Não concordo), 3 (Concordo em parte), 4 (Concordo bastante) e 5 (Concordo plenamente).

		1.º Ciclo	2.º Ciclo	Total
Total de Respostas recolhidas		48	39	87
Para que os alunos saibam onde é que acertaram e erraram	CP	26 (54%)	17 (44%)	43 (49%)
	MP	4,31	4,10	4,20
Para verificar que não houve qualquer erro na correção dos testes	CP	5 (10%)	6 (15%)	11 (13%)
	MP	2,69	3,64	3,16
Para uma autoavaliação dos alunos, no sentido de se pronunciarem sobre a classificação de que se julgam merecedores	CP	7 (15%)	17 (44%)	24 (28%)
	MP	3,50	3,92	3,71
Para realizar uma revisão do «conteúdo» do teste	CP	12 (25%)	15 (38%)	27 (31%)
	MP	3,73	4,08	3,90
TOTAL DA MÉDIA PONDERADA				3,72

Quadro 4: Objetivos das aulas de correção de testes que não expressam uma avaliação formativa

A análise destas respostas mostra que a média dos professores inquiridos «concorda plenamente» ou «concorda bastante» com esses quatro propósitos das aulas de correção de testes, que, como agora justificaremos, não são próprios de uma avaliação formativa:

- A maioria dos professores (49%) «concorda plenamente» com a utilidade das aulas de correção de testes “*para que os alunos saibam onde é que acertaram e erraram*”. Para que este objetivo correspondesse a uma avaliação formativa não se poderia conformar por os alunos saberem «onde» erraram, mas precisaria de incluir o processo metacognitivo que permitisse saber como ou porquê erraram e, se possível, que indicasse o que poderia evitar novo erro em situações futuras.

- Em média, os professores «concordam bastante» em que essas aulas sirvam «para verificar que não houve qualquer erro na correção dos testes» e «para uma autoavaliação dos alunos, no sentido de se pronunciarem sobre a classificação de que se julgam merecedores». Esses dois objetivos, que apenas se centram na validação dos «resultados», excluem o olhar sobre o «processo» que é característico da avaliação formativa. Os professores também «concordam bastante» em que as aulas de correção de testes possam servir «para realizar uma revisão do ‘conteúdo’ do teste», o que é certamente uma finalidade muito útil, mas alheia a uma avaliação formativa.

7. O funcionamento das aulas de correção de testes

A terceira parte do inquérito procurou saber como é que na prática decorriam efetivamente as aulas de correção dos testes, com dois objetivos:

- Para saber precisamente qual é o funcionamento habitual dessas aulas;
- E, por outro lado, para conferir indiretamente se essa prática é condizente com os objetivos de avaliação formativa com que os professores concordaram na fase anterior do inquérito.

A abordagem do questionário ao funcionamento das aulas de correção de testes foi realizada mediante duas perguntas diferentes. A primeira pergunta pretendia saber «quando» é que os professores realizavam preferencialmente essas aulas de correção dos testes. A segunda pergunta inquiria sobre «como» é que os professores costumavam fazer essas correções de testes nas aulas.

Na primeira pergunta sobre «quando» ocorriam aquelas aulas, ofereciam-se três hipóteses de resposta. Os resultados obtidos constam no seguinte quadro.

	1.º Ciclo	2º Ciclo	Total
Total de Respostas recolhidas	48	39	87
Antes de entregar os testes corrigidos aos alunos	6 (12,5%)	4 (10,3%)	10 (11,5%)
Depois de entregar os testes corrigidos aos alunos	34 (70,8%)	33 (84,6%)	67(77,0%)
Indiferentemente antes ou depois de entregar os testes corrigidos aos alunos	8 (16,7%)	2 (5,1%)	10 (11,5%)

Quadro 5: Momentos em que se realizam as aulas de correção de testes

Na segunda pergunta o questionário inquiria o grau concordância dos professores (em escala de cinco níveis, do nada à plena concordância) sobre 13 possíveis modos de «como» eles costumam realizar aquelas aulas de correção de testes.

		1.º Ciclo	2.º Ciclo	Total
Total de Respostas recolhidas		48	39	87
Fazer a correção de todas as perguntas do teste	CP	11 (23%)	28 (72%)	39 (45%)
	MP	3,4	4,4	3,9
Fazer a correção só de algumas perguntas selecionadas do teste	CP	8 (17%)	4 (10%)	12 (14%)
	MP	3,2	2,2	2,7
Dedicar praticamente uma aula inteira (no mínimo) à correção do teste	CP	5 (10%)	13 (33%)	18 (21%)
	MP	3,0	3,7	3,4
Dedicar apenas parte de uma aula à correção do teste	CP	7 (15%)	4 (10%)	11 (13%)
	MP	3,1	2,6	2,9
Ser eu a dizer as respostas aos alunos (oralmente e/ou escritas no quadro)	CP	1 (2%)	2 (5%)	3 (3%)
	MP	2,1	2,7	2,4
Ser eu a explicar e justificar as respostas aos alunos	CP	0 (0%)	5 (13%)	5 (6%)
	MP	2,4	3,2	2,8
Pedir aos «alunos que acertaram» que digam as respostas aos colegas	CP	1 (2%)	6 (15%)	7 (8%)
	MP	2,6	3,0	2,8
Pedir aos «alunos que acertaram» que expliquem e justifiquem as respostas aos colegas	CP	7 (15%)	6 (15%)	13 (15%)
	MP	3,2	3,3	3,3
Pedir aos «alunos que erraram» que digam as respostas aos colegas	CP	2 (4%)	2 (5%)	4 (5%)
	MP	2,3	2,2	2,3

Ser eu a interagir com os alunos quando não dão as respostas certas ou foram inadequadamente explicadas ou justificadas	CP	11 (23%)	10 (26%)	21 (24%)
	MP	3,7	3,8	3,8
Pedir a intervenção de outros alunos quando não foram dadas as respostas certas ou foram inadequadamente explicadas ou justificadas	CP	13 (27%)	9 (23%)	22 (25%)
	MP	3,9	3,8	3,9
Pedir aos alunos que escrevam nos seus cadernos as respostas corrigidas	CP	8 (17%)	18 (46%)	26 (30%)
	MP	3,5	4,1	3,8
Pedir aos alunos que corrijam as repostas erradas nas próprias folhas dos testes	CP	0 (0%)	2 (5%)	2 (2%)
	MP	2,1	2,3	2,2
TOTAL DA MÉDIA PONDERADA				3,1%

Quadro 6: Funcionamento das aulas de correção de testes⁴

Tendo a preocupação de avaliar se as aulas de correção dos testes cumprem os pré-requisitos da avaliação formativa, a leitura dos quadros anteriores permite-nos constatar que:

- A generalidade dos professores realiza as aulas de correção do teste «*depois de entregar os testes corrigidos aos alunos*». Esta é, por certo, a única prática que permite a reflexão sobre o processo que conduziu os alunos ao acerto ou erro nas suas respostas, como é próprio numa avaliação formativa.
- A maior parte dos professores «concorda totalmente» em «*fazer a correção de todas as perguntas do teste*», especialmente no 2.º Ciclo (72%) e dedicam praticamente uma aula inteira (no mínimo) à correção do teste.
- Não se reconhece um padrão de comportamento dominante sobre quem dá, explica e justifica as respostas nessas aulas: os próprios professores ou os «alunos que acertaram» nas respostas? O certo é que a maior parte não chega a concordar em pedir aos alunos que erraram a dizer as respostas aos colegas, o que, podendo ser compreensível, impede que essa aula ajude a perceber a causa dos seus

⁴ Indica-se o número total e a percentagem de professores que expressou «concordar plenamente» (CP) e a média ponderada (MP) tendo em conta a seguinte escala: 1 (Discordo totalmente), 2 (Não concordo), 3 (Concordo em parte), 4 (Concordo bastante) e 5 (Concordo plenamente).

erros, como seria expectável numa avaliação formativa. Mas regista-se que um quarto dos inquiridos (24 ou 25%) entende que o professor deve interagir (diretamente ou por intervenção de outros alunos) quando não são dadas as respostas certas ou foram inadequadamente explicadas ou justificadas.

- Também merece atenção o facto de grande parte dos professores (30%) «concordar plenamente» em pedir aos alunos que escrevam nos seus cadernos as respostas corrigidas. É uma prática instalada, mas não é clara qual seja a sua finalidade nem parece relevante em função de uma avaliação formativa.

8. Comentários livres dos professores sobre as aulas de correção de testes

Como foi previamente referido, o questionário concluía com um convite aos professores para partilharem livremente o que pensavam sobre a utilidade e o funcionamento das aulas de correção de testes. Recolheram-se comentários de 28 professores, o que corresponde aproximadamente a 22% dos inquiridos.

A próxima tabela mostra quantos professores coincidiram no teor dos seus comentários. É significativo constatar que quase todos os comentários valorizam essas aulas por contribuírem para uma avaliação formativa e diferenciação pedagógica, nomeadamente os dois comentários mais repetidos: 50% faz referência à utilidade das aulas de correção de testes para permitir a «tomada de consciência dos erros e da causa dos erros» e 25% diz que essas aulas os ajudam a «ajustar a planificação das suas aulas».

	1º	2º	Total
	CEB	CEB	
Respostas recebidas	18	10	28
Permite tomada de consciência dos erros e da causa dos erros	7	8	15
Ajuda para replanificar as aulas	5	2	7
Oportunidade para revisão e consolidação de conteúdos	6		6
Uma mais-valia para o meu trabalho e dos alunos (sem especificar)	3		3
Promove autoavaliação do aluno	3		3
São momentos reflexivos e de interação	2		2
Permite ao professor avaliar a pertinência do teste.	1		1
Ocasão para aprender com os colegas		1	1

Quadro 7: Síntese dos comentários livres dos professores inquiridos

9. Referências à prática das aulas de correção de testes nos critérios de avaliação das escolas

A pesquisa dos critérios de avaliação das escolas tinha o objetivo de saber, antes de mais, se havia nesses documentos alguma referência a essa prática das aulas de correção de testes; e, em caso afirmativo, conferir se por acaso aludia a ela como uma possível estratégia de avaliação formativa.

Em coerência com a representatividade atribuída à amostra dos inquiridos, optou-se por restringir a análise dos critérios de avaliação às escolas dos professores que responderam ao questionário.

A consulta dos documentos disponíveis nas páginas oficiais das escolas na Internet (especialmente os critérios de avaliação) obteve poucos achados, pois apenas foram encontradas referências à correção de testes nos documentos de duas das 62 escolas, uma pública e outra privada. E o que esses documentos dessas duas escolas diziam era também muito breve:

- O Regulamento Interno da referida escola privada determina que *“a correção e entrega das provas escritas de avaliação são feitas nas aulas da disciplina ou área disciplinar a que respeitam, dentro do período letivo em que foram realizadas, num prazo de cerca de duas semanas após a sua realização”*.
- O Projeto Curricular do Agrupamento da mencionada escola pública indica que *“a correção dos testes deve ser sempre feita, oralmente ou por escrito, ou ainda mediante a entrega de uma chave de correção sob a forma descritiva ou esquemática”*.

Com base nesta primeira constatação, em que pouco mais de 3% das escolas refere explicitamente as aulas de correção de testes, parece razoável julgar que a prática das aulas de correção de testes, quando ocorre (e acabámos de ver que ocorre com elevada frequência), ocorre por opção pessoal de cada professor e não por uma imposição exterior.

Por sua vez, os sucintos textos acima transcritos contêm um imperativo (fazer a correção dos testes), mas não explicitam qual seja a sua finalidade e dão poucas indicações sobre o modo como devem acontecer. Em suma, não há nada nestes textos qualquer indício que associe a correção de testes a uma estratégia de avaliação formativa.

Em jeito de conclusão, a consulta da documentação das escolas não permite verificar nem rejeitar a hipótese inicial que deu título a este trabalho: se a prática da correção de testes funciona como estratégia de diferenciação pedagógica em contexto escolar. Por isso, será necessário restringir-nos ao que os próprios professores nos disseram para sabermos se aquela prática da correção de testes serve efetivamente, ou não, como estratégia de avaliação formativa e de diferenciação pedagógica.

10. Conclusões e recomendações

Depois de analisada a informação recolhida, retomamos o propósito inicial de perspetivar a aula de correção de testes como possível estratégia complementar para uma avaliação formativa. Atualmente parece possível concluir o seguinte:

- a) Confirma-se a prática instalada nas escolas de haver aulas de correção de testes (após a entrega dos testes corrigidos aos alunos) na generalidade das disciplinas, (especialmente a Português e Matemática). Esta prática inclui com bastante frequência a tarefa dos alunos passarem nos seus cadernos as respostas corrigidas.
- b) É raríssimo encontrar nos documentos oficiais das escolas alguma alusão à prática de correção de testes e, quando aludem, não há qualquer indício que associe essa prática à avaliação formativa ou à diferenciação pedagógica. Por isso, somos levados a concluir que essa prática ocorre por iniciativa individual de cada professor.
- c) A maior parte dos professores concorda com a utilidade das aulas de correção de testes, especialmente *«para que os alunos saibam onde é que acertaram e erraram»*, *«para verificar que não houve qualquer erro na correção dos testes»*, *«para uma autoavaliação dos alunos, no sentido de se pronunciarem sobre a classificação de que se julgam merecedores»* e *«para realizar uma revisão do 'conteúdo' do teste»*. Curiosamente, nenhuma destas utilidades contribuem para uma avaliação formativa.
- d) Opostamente, os professores reconhecem, mas não reconhecem o bastante, a utilidade dessas aulas para cumprir os requisitos da avaliação formativa: provocar a reflexão metacognitiva na análise dos erros e acertos; valorizar os processos que conduzem a uma resposta certa ou errada; e tirar conclusões que adequem a planificação do ensino às necessidades de aprendizagem dos alunos.
- e) Por último, não se reconhece um padrão de comportamento dominante sobre quem dá, explica, corrige e justifica as respostas nessas aulas, mas parece que a

maior parte dos professores evita pedir as respostas aos alunos que tinham errado, o que, como já foi dito, impede que essa aula ajude a perceber a causa dos seus erros, que é o que seria expectável numa avaliação formativa.

Em suma, parecem coincidir o resultado da nossa inicial revisão da literatura com as conclusões da pesquisa no terreno

- A literatura consultada valorizou o recurso ao teste, mas expressou a necessidade de recorrer a outras estratégias alternativas de avaliação para realizar uma avaliação formativa. Em momento algum foi encontrada a sugestão de rentabilizar os próprios testes para a avaliação formativa do processo de pensamento que conduziu os alunos a dar as suas respostas, certas ou erradas. Iniciamos este trabalho pensando que as aulas de correção de testes pudessem cumprir essa função.
- O resultado do inquérito confirma que os professores reconhecem a potencialidade das aulas de correção de testes para realizar uma avaliação formativa. Como vimos, especialmente nos comentários livres do inquérito, os professores valorizam essas aulas por contribuírem para uma avaliação formativa e diferenciação pedagógica. Mas não parece que efetivamente sejam praticadas com essa intencionalidade de avaliação formativa e de diferenciação pedagógica.

É certo que sobre as conclusões inferidas a partir de um inquérito, especialmente quando lida sobre opiniões e pensamentos (Sousa, 2005, p. 157), pode sempre pairar a sombra da dúvida e de menor credibilidade. Será por isso recomendável procurar outras estratégias de continuar este estudo.

- Por exemplo, será interessante aprofundar este estudo com um trabalho de campo que permita, seguindo os princípios da investigação qualitativa (Bogdan & Biklen, 1994), conhecer ao certo como é que funcionam essas aulas de correção de testes, como são percebidas pelos próprios professores e alunos, quais efeitos tem de diferenciação pedagógica no reajuste da planificação das aulas do professor ou na conceção de um plano de apoio individual.
- Outra possível via de aprofundar o estudo seria a criação de uma equipa de professores disposta a realizar uma investigação-ação nas suas salas de aulas. Partindo de uma ação de formação inicial, que avive nos professores os pré-requisitos da avaliação formativa, poderiam ser perfilhados critérios e modos de agir que modificassem o modo como realizam as aulas de correção de testes e, assim, poder avaliar o impacto dessas modificações, nomeadamente para o desenvolvimento da autoavaliação regulada dos alunos, graças a abordagem

positiva do erro (Santos, 2002); e para gerir o currículo e atender aos diversos ritmos de aprendizagem.

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Ciências da Nutrição | Nutrition Sciences

Nutritional Evaluation of Children From a Public Day Care of São Luís Brasil

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Abstract

This study aimed to evaluate the nutritional status of children aged 2 to 4 years of a public day care center in São Luís-MA / Brazil. To this end, a cross-sectional study with 35 children aged 2 to 4 enrolled in a public day-care center for families low income region of the municipality of São Luís-MA, located in northeastern Brazil. The evaluation of the nutritional status of the children considered weight / height and age / sex (male / female). To measure the weight, the KRATOS CAS digital balance was used, with a capacity of 150kg and 50g. Children's length was checked with an inelastic tape measure. The results showed that 30 (85.7%) of the children evaluated were eutrophic, 4 (11.4%) were at risk for overweight, while only 1 (2.9%) presented low BMI for age. O PI (Weight / Age) revealed that 28 (83%) of the Eutrophic children are with adequate PI, 2 (6%) are with high PI, 2 (6%) are with PI at risk of overweight and in addition, PI is also high, 1 (3%) PI low for age. The present study pointed to the need for good nutrition children in the first five years of life, especially when from low income families, thus revealing that preventive measures that guarantee are essential in this area to ensure the full development of public day care centers in Brazil.

Keywords: Nutritional Evaluation; Children; Public day care.

The care that the child receives in the first years of life is essential and contributes to the satisfactory development necessary for its formation, expanding its possibilities and reducing the social and economic disparities (Victora, Aquino, Leal, Monteiro, Barros, Szwarcwald, 2011). In this respect, the ingestion of a healthy diet is important from childhood, the period that constitutes the basis of the formation of the human being, it is precisely at this stage that the eating habits are formed (Sampaio, 2012).

The document Criteria for a Day Care Center that respects the Fundamental Rights of the Child (Brasil, 2012, 2004) defines some quality principles related to the organization and

internal functioning, which allows the child the right to play, individualized attention, a warm environment, safe and stimulating, the contact with nature, the right to hygiene and health, a healthy diet, the development of the imagination and capacity for expression in its various forms, the movement in broad spaces, the right to protection, affection and friendship, special attention in the period of adaptation to day care routine and the development of their cultural, racial and religious identity (American Dietetic Association, 1994).

In general, it is important to highlight that day-care centers serve children aged 0 to 3 years, so it is necessary to pay special attention to this age group, in order to provide food in quantity and quality that satisfies their real nutritional needs in order to minimize health risks and enable their growth and development to be achieved. (Pedraza, Queiroz e Sales, 2014; Pedraza, 2016; Vitolo, 2008; 2003).

The last three national surveys on the nutritional status of Brazilian children demonstrate a decline in the prevalence of malnutrition in children under five years of age (Brasil, 2006, 1990, 1974). This study aimed to evaluate the nutritional status of children aged 2 to 4 years of a public day care center in São Luís-MA / Brazil. In addition, it also sought to relate the nutritional diagnosis of children to the growth advocated by the World Health Organization (World Health Organization, 2005).

Method

For the purposes of this study, the methodology was quantitative in the descriptive and exploratory type of 35 children from 2 to 4 years of age enrolled in a municipal day-care center in São Luís-MA, being cross-sectional characterized by the observation of a certain amount of individuals in a only opportunity (Sampieri, Lucio e Collado, 2006).

Period and Place of Study

This study was carried out from 01/09/2017 to 11/30/2017, in a day care center in the city of São Luís, capital of the State of Maranhão, with a total of 35 children, 20 males and 15 females, in the age group of two to four years.

Sample

The research nursery has 4 classes with 20 children enrolled in the age group of 2 to 4 years, thus totaling 80. Therefore, the sample of this study corresponded to 44% of this total, being 35 children in the said age group of the Municipal Daycare Maria de Jesus Carvalho, located in the neighborhood Câmboia in São Luís - MA.

Inclusion and Exclusion Criteria

The inclusion criteria prioritized in the study were: the child is frequent the day care activities and those whose parents gave consent. Also, the conditions necessary for participation were: the nursery belong to the municipal school system, as well as the operation occurring in full time. In this sense, day care centers were excluded from the study, in which the operation takes place on a part-time basis (morning and / or evening).

Collection Instruments and Procedures

The data were collected during the third week of October, comprising a period of two days, with the consent of parents or guardians through the Informed Consent Term (TCLE) in accordance with Resolution 196/96 (BRASIL, 1996). Thus, by allowing the participation of their children in this research, the children took the terms home on the agenda, soon after, the receipt of the terms filled by the parents or guardians, began to collect data.

The evaluation of the nutritional status of the children was done considering weight and length or height, as well as age and gender (male and female). The technique of Jelliffe (1968) was adopted to obtain weight and length / height.

For weight measurement, on a calibrated digital scale of the KRATOS CAS brand with a capacity of 150 kg and a precision of 50 g, the child was placed standing erect in the center of the base of the scale, barefoot and in light clothes with the feet together and the arms extended along the body, was read and recorded.

In order to measure height, an inelastic tape measure with a total length of 150 cm was used, and it was fixed to the wall vertically with a maximum height of 180 cm, fixed after 50 cm from the floor. The children were positioned erect, with their backs to the inelastic tape, with their arms extended along the body. The feet were joined at a right angle to the legs. The heels, shoulders and buttocks were pressed against the flat wall and without a baseboard, with a ruler placed under the highest point of the head, the child's height was checked (Brasil, 2004).

The Body Mass Index was calculated by dividing the weight in kilograms (kg) by height in meters (m), squared, resulting in a value expressed in kg / m².

Data analysis

The indicators used for height / age and weight / age analysis were compared to using the percentile in the height / age classifications as the diagnostic criterion: short stature for age (<p = 3) and adequate height for age (≥ p3); (p = 0.1), low weight for age (≥ p 0.1 and <p3), eutrophic (≥ p 3), and weight for age (p = 97). The percentile was also used as the

criterion for body mass / age index: low BMI for age ($\geq p0.1$ and $<p3$), eutrophic ($\geq p = 3$ and $<p = 85$), overweight 85 and $<p = 97$) and obesity ($> p = 97$).

The data were tabulated and analyzed in the statistical program SPSS, version 17.0.

Ethical Considerations

A meeting was held with the coordinator of the São Luís Municipal Department of Education responsible for Early Childhood Education with the intention of requesting authorization to carry out the research, and later, the head of the nursery was contacted in person to present authorization for research in the dependencies of the institution and also the objectives and work methodology, as well as the benefits derived from the results of the study. Participants were informed through the Informed Consent Form. The study participants are guaranteed confidentiality regarding identification. Also, the participant daycare will be given the return with the results found.

Results

The sample of the present study consisted of 35 children, 15 (42.9%) of the female gender and 20 (57.1%) of the male gender. The descriptions of the nutritional status of the sample studied in relation to the percentage of Body Mass Index (BMI) and the age group of the sample investigated, in which the minimum age was 2 years and 3 months, with a mean (3.4) and the maximum of 4 years. While the minimum percentage of BMI was 11% and the maximum was 18.48% with mean (15.18%), as shown in Table 1.

	N	Minimum	Maximum	Average	Standard Deviation
Age	35	2,3	4,0	3,4	,5352
BDI	35	11,00	18,48	15,18	1,64138
TOTAL	35				

Table 1 – Body Mass Index by age Statment

To better present our study, we will detail below in Table 2 the summary of the data of the children processed in relation to the Age. It can be seen that the majority of the participants are 3 years old.

Age	Children		
	Valid	Lose	Total

	N	%	N	%	N	%
2,3	1	100	0	0%	1	100
2,9	1	100	0	0%	1	100
3,0	18	100	0	0%	18	100
4,0	15	100	0	0%	15	100

Table 2 – Distribution of children in relation to age

Regarding the BMI result, the majority of children in our study 30 (85.7%) are Eutrophic, 4 (11.4%) are at Risk for Overweight, while only 1 (2.9%) presented Thinness.

Final Considerations

The main objective of this study was to determine the nutritional status of children in the day care center. The main results revealed a high correlation between age and the variables weight and height that is essential to the process of child growth and development.

The investigation of the nutritional status of children in a daycare environment opens possibilities for the understanding of certain variables involved in the process of child development, thus collaborating with the adoption of prevention and intervention measures for this public. In this regard, the objectives of our study are intended to contribute to research in this area.

On the other hand, the weight / age relationship according to the WHO curves revealed a high index (6%) in the studied sample, thus confirming that overweight was the prevalent disorder in this population of 35 daycare children. Thus, justifying the need for nutritional guidelines as a measure of prevention and intervention to this situation.

Therefore, with this research, evidence was found that good nutrition related to good eating habits in the first years of life contributes to the healthy development of day care children. In addition to providing guidance for future research in the field of nutrition.

It is worth mentioning that the present study presented some limitations, namely: a small sample to make it possible to generalize the results and lack of information of the children in the registration forms of the day care center to allow the analysis of some social variables, such as family income, schooling of the mother, dwelling, among others. However, despite these limitations, it is reinforced that this research represents an advance in the evaluation of the nutritional status of children aged 2 to 4 years in a public day-care center in the city of São Luís-MA.

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Educação | Education

Educational / Psychoeducational Intervention for a Student with Difficulty of Learning in a Public School: report of internship experience in psychopedagogy

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Abstract

This article proposes to describe an educational / psychoeducational intervention carried out with a student with learning difficulties, based on a complaint raised by the parents and teacher of a public school. This is a case study with a 9-year-old student resulting from 110 hours of supervised internship experience in Clinical and Institutional Psychopedagogy. Twenty-five intervention sessions with the student. The psychopedagogical evaluation was performed based on the of an initial anamnesis in order to identify general and specific aspects of the development of the participant considering, the school and family contexts. Interview with the teacher to understand the student development process in the context of the school. Operational Interview Centered on Learning - OICL, used at the beginning of the diagnosis, before the application of the tests. Projective Tests - with the objective of investigating the links that the subject can establish in three main domains: the school, the familiar and with himself. When analyzing the aspects to be investigated in the development process of the student, it is considered that the focus is not only on the subject, but also on their relations with the their social group, institution and object of learning. Therefore, we verified that the child referred presented some learning difficulties that interfere with their development. We checked although the student managed to obtain some advances in the school activities and to surpass some difficulties in relation to written production tasks and logical reasoning.

Keywords: Student; Difficulty in learning; Psychoeducational intervention.

Introduction

Learning disabilities have been a well-discussed topic in academia, it is a generic term that involves a heterogeneous group of problems capable of compromising a person's learning possibilities (Rotta, 2006). The causes may be related to questions that involve the understanding of different contexts: the school, the family and the learner. In this sense,

they occur during the acquisition or development of competencies and, consequently, delay or reduce their achievement (Capovilla, 2011).

It should be noted that some learning difficulties can be identified by pre-school teachers, such as difficulties in understanding the alphabet, numbers, colors, days of the week and forms, among others. The evidence suggests that in the school context, large numbers of students have characteristics that require differentiated educational attention (Fermino, Boruchovith & Diehl, 2001). In this sense, in the face of the difficulties of school learning, present in situations of low performance and repetition, these students may feel inadequate, experiencing feelings of frustration and maladaptation (Carneiro, Martinelli, & Sisto, 2003).

The literature has emphasized the importance of psycho-pedagogical support programs for a better school performance to students with learning difficulties (Almeida, Piza, Cardoso & Miranda, 2016; Cosden, Morrison, Albanese & Macias, 2001). It is worth mentioning, a study carried out in Uberaba-MG that sought to identify the protection value of a program of psychopedagogical support offered at the school to 48 students of the municipal school system that at the beginning of elementary school presented difficulties in school indicated behavior improvements, academic performance and self-concept revealing the protective value associated with psycho-pedagogical support at school (Okano & Loureiro, 2008). In this paper, we present the results of the study, which are presented in Table 1 and Table 2.

Faced with this reality is essential to describe the educational process of students with these difficulties in a broad perspective of education and how we can intervene to enable cognitive acquisition of these students. Thus, this experience report reflects on the importance of psychoeducational intervention for a student with learning difficulties, based on a complaint raised by the parents and teacher of a public school.

Methodology

Cross-sectional study with a qualitative research approach, comprising a student with learning difficulties at a public school in a city of São Paulo.

Participant

A student with learning difficulties, aged 11 years, enrolled in the third grade of elementary school, with a history of repetition.

Procedures

The first contact was made through the school manager and the pedagogical coordinator in which the student is enrolled to inform the objectives of the investigation and request authorization. She contacted several times with her mother on the phone and in conventions for parents' meetings.

Through availability, anamnesis, questionnaire application and interview evaluations were initiated. Twenty-five intervention sessions were held three times a week for two consecutive months (May and June / 2014) in a 45-minute classroom. Also, an interview with the teacher was applied to understand the student's development process.

Interventions were carried out in the following areas: Emotional, Cognitive, Motor Perceptive, and in the emotional area were worked several techniques such as: observation of the behavior of the child through drawings and coping with new situations. In the cognitive area, the child demonstrated that its development is within the expected according to its chronological age. We work directly with regard to literacy, working all the letters of the alphabet until the conception of small texts for the making of a book. It was also explored with her in the sessions exercises of logical sequence and problem solving. As for the perceptual-motor area, several techniques were developed: reading and writing research (EOCA), but in this area, before the applied techniques, the child presented deficits in reading and writing skills, and more interventions in the literacy issue are required.

Instruments

(1) Anamnesis in order to gather information about the student's first learning, as well as their general evolution, life history, family history and school history. Moreover, it was also applied to Family Interview Exploratory Situational - EFES, in order to understand the complaint in the family and school size, uptake of family relationships and expectations focused on school learning, acceptance and student engagement and their parents in the process diagnosis, the accomplishment of the framework and the clarification of what is a psycho-pedagogical diagnosis (Weiss, 1997).

(2) Interview with the Teacher - Semi-structured interview with five open questions about the student's performance in the classroom in relation to reading, writing, interpretation and calculation tasks. In addition, a question about the relationship with colleagues and the teacher was also included.

(3) OICL-Based Operational Interview Learning, used at the beginning of the diagnosis, prior to the application of the tests. Is to ask the subject to show the interviewer what he

can do, what they taught you to do and what you have learned to do, using the materials arranged on the table after the following observation of the interviewer, various materials are left to mood of the interviewee, such as letter sheets of A4 size, rubber, pen, scissors, ruler, books or magazines, string, glue, pencils, modeling clay, colored pencils, crayons, puzzle or other materials which it deems necessary (Visca, 2013).

(4) Projective tests - with the objective of investigating the links that the subject can establish in three main domains: the school, the familiar and with himself, by which it is possible to recognize three levels of relation to the degree of awareness of the different aspects that constitute the bond of learning. With these tests, we can evaluate through the drawing or the report, the capacity of the thought to build a coherent and harmonious organization and to elaborate the emotion, besides allowing to evaluate also, the deterioration that occurs in the own thought that speaks by means of the drawing and where it is said poorly or not said anything, which offers the opportunity to know how the subject ignores (Visca, 2013).

Results

Anamnesis

The anamnesis emphasized the life history of the student and his parents, the mother who acts with more participation in school life, was completely free to expose their thoughts and feelings about the child and the events lived in his past and from this, we can understand some aspects related to learning, the father showed greater introspection and little interaction.

The mother reported that the child had always had difficulty learning, however, does not give so much expectation to this question. During the interview questions were asked about the socioeconomic conditions of the family, information about gestation, health, habits, emotional development, development: psychomotor, cognitive, linguistic and social. The mother answered the questions that were in the script and others that arose during the interview, which was held in a room reserved by the director of the school to hold the sessions, the student's father agreed to the answers of the mother, in no time interfered .

According to the mother, the reason for the demand for clinical care was the insistence of the school staff of the previous schools attended by the student who identified the suspicions about the difficulties that he presented to learn to read, write and concentrate during the school tasks. However, the mother pointed out that the child only needs a reinforcement class or a specific methodology. The participant student has attended classes of pedagogical support that the school offers, however, according to the teacher of

this room, the results presented by him are always of little evolution, although the teacher present great concern with their learning.

Situational Exploratory Family Interview - EFES

The results of the application of the Situational Exploratory Family Interview - EFES verified the relations established with the family: - father / mother, stating that the student was more confident in the initial contact and can perceive how the type of relationship in the domestic environment is. During this moment, the mother presented an authoritarian posture to the son who constantly interrupted his speech with random words to get his attention. Also, he made it clear that he denied the condition of the child and the need presented by him. We followed the session without further problems, just observing and making the notes. We sequentially scheduled our next meeting.

Some issues raised in the evaluation: (1) Serious emotional problems regarding the family context; (2) Social refusal of the participant to others, by not following the performance of the other room; (3) Lack of understanding of the mother (authoritarian giver,) who preferred to act as we had nothing to investigate; (4) Maternal figure presents with feeling of overprotection not to admit of the need of the child; (5) School failure related to the affective and emotional process and the omission of the family in the face of the problem.

Operational Interview Centered on Learning - OICL

During the application of the OICL, the student was receptive and interacted well throughout the interview. Materials used: white craft sheets, crayons, water pens, rubber, ruler, scissors and glue so that a detailed investigation could be done. As he was drawing and scribbling freely, he answered the blunt questions to the investigation. He was interested in knowing why he was being interviewed and knew that we were there to help him overcome the difficulties he had in school. He spoke of his likes and desires. He vehemently told us what he knew how to do. Then he took out a pencil and then made his full name and some simple addition to it, all very limited. He demonstrated during the session, to be active, intelligent and very curious. It was possible to establish a good relationship with him in a climate of tranquility, which favored their collaboration.

Before the interview, we felt that this session was the most formal and in the course of the procedure became quite difficult, because we touch on aspects that involve feelings. In this case, we can observe that when the word "liking" was affirmed, resistance was created. It is as if we touch on its weak point. In view of this observation, it was necessary to give a more playful look to the interview, to favor the participation of the student in the

investigative process and consequently, making him more comfortable to conclude the session. From there, it was clear that at the end there was already a decrease in the initial anxiety and we were able to continue our work.

Projective tests

The results of the application of the Projective Educational Pair test used to investigate the subject's learning links brings the following question to the student: I would like you to draw two people: one that teaches and one that learns. The assessed student reported that he could not draw at first. However, he made a drawing without base and in the center of the leaf, very simple, without any finishing using the human form in sticks. He drew two figures, one of which he teaches a woman named Flora the other, a boy named Luca, aged 11, both side by side separated by a small distance, without a blackboard, table, chairs.

Analyze

The size of the drawing is small, which leads us to think that the link with learning is quite negative. According to the positioning, it can be noticed that there is a distance between the teacher and the student that are placed side by side. The drawing shows the simplification of the characters, which can be characteristic of a devaluation of the learning bond with the teacher.

Already the result of the projective test Educational Family that seeks to verify the bond with the family group and each of its members, raises the following challenge: I would like you to design your family, doing what each one knows how to do. The student used geometric human shapes (squares, and triangles to draw his family). She started the drawing in the upper corner of the page, from right to left, with an aunt washing dishes, not knowing how to tell the age, shortly after, another aunt who sells clothes, but also does not teach then two cousins: Juliana and Monica (fictitious names), ages 13 and 12, and finally a great-aunt who he said was very grumpy. In his drawing, he did not include his mother, his father, and him. He did not color the characters and made them without distinction of sex, without feet and hands (geometric drawings). The age of the characters is mostly unknown and for him nobody teaches anything under all circumstances.

Analyse

Among the most significant indicators of Educational Parity, we observed that the side-by-side position gives us an indication of poor learning bond, as well as, regarding the relative

size of the characters, we observed that there was no discrimination in the sizes, indicating a confused bond with the one who teaches. In the family test, we noticed a lack of affective bond between the members and, consequently, absence of a learning bond. The student informs us that "nobody teaches anything", a factor that hinders his learning process. And in this drawing he did not include his parents and his own figure inserted in the family. What we can deduce is that it does not recognize itself within this familiar context described.

The Projective Test of the Learner test raises awareness of the affective-cognitive aspects that impede learning, and are pertinent to the subject itself; detecting by means of the projection in the drawing as this one is perceived, subsidizing the confirmation of hypothesis and delineating the work of treatment; to verify the link that the individual has with learning and the object of knowledge, analyzing the cognitive (maturational) point of view, corresponding to reality and motor. I wish you could draw someone else by learning something. The student designed his cousin Juliana teaching him how to play a game called ONE. He told us that he likes to play with his cousin and he designed only the figure of another person without the projection of the self as a figure of the situation presented. He showed immaturity from the psychomotor point of view. He explained that he had a great affection for this cousin. He did not refuse to perform the task, on the contrary, had a good involvement with the activity.

Analyze

The student does not perceive himself learning a particular situation, this is so explicit that he only managed to draw without projecting the other, in the case in the perception of himself in front of the established situation. This demonstrates that he has no connection with the act of learning, even in everyday situations.

Conclusions

The objective of the article was to evaluate and to know the learning problems of a student to be able to intervene, in this aspect, the psychopedagogy intervention seeks the reasons of the difficulties of the act of learning, considering the human being in its multiple dimensions.

In front of the interventions carried out with the student in the following areas: emotional, cognitive, perceptive motor, and in the emotional area were worked several techniques such as: observation of the behavior of the child through drawings and coping with new situations. With the interventions, cognitive acquisitions were observed in the tasks of

reading, interpretation, calculation and writing, the child demonstrated that their development is within the expected according to their chronological age. In addition, there were gains in problem-solving tasks. As for the perceptual-motor area, several tasks were developed, such as association between figures and words, games with an emphasis on reading, among others.

Therefore, in view of the relevant aspects, in this case, we can affirm that the goal was reached, because although the child still presents some emotional difficulties that interfere in their development, such as self-esteem, insecurity, an improvement was observed in these aspects .

The results demonstrate how much pedagogical, psychological and psychopedagogical support is needed so that the student can continue to learn.

With the family, some orientation sessions were conducted to clarify doubts, proposing activities for the development of intellectual abilities in school learning, helping them to find the best way to guide them about their understanding and memorization.

These lived and worked experiences with the participating student were expressive, allowing the understanding of psychoeducational interventions in the school environment, providing an understanding of the processes of how people learn and guiding future research in this area.

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Demands of Autistic Teenagers on Sexuality and Sex Education

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Abstract

Although Autistic Spectrum Disorder (ASD) doesn't involve compromising sexuality, the particularities of this condition can lead to difficulties at different levels. Contributing to this the common neglect of the sexual education of autistic children, increasing their vulnerability to sexual abuse and convictions for inappropriate acts. This research aimed to identify the demands of autistics on sex education. This is a qualitative study carried out between September and November 2017, with 6 mild autistic men, between 11 and 17 years of age, students from regular schools and living in Fortaleza, Ceará, Brazil. Data were obtained through semi-structured interviews and analyzed by content analysis. The research project was approved by the Ethics and Research Committee of the University of Fortaleza under number 435/2011. Three analytical categories were identified: denial of the sexuality of the autistic person; inefficiency of school sex education; demands on sex education. The results showed that it is difficult for parents, teachers, and therapists to recognize autistic individuals as sexed individuals, and demonstrated the inability of informants with the myth of autistic are eternal children. The inefficiency of school sex education was characterized by excessive use of abstractions, focus on biological aspects, and neglect of behavioral aspects. The informants considered that the demand on sex education depends on the degree of autism. It is concluded that sexual education for autistic individuals should be clear and objective, considering the particularities of each one, and it is crucial to listen the autistic individuals for effective planning of these actions.

Key-words: autism, sex education, sexuality

Introduction

According to *Diagnostic and Statistical Manual of Mental Disorders* - DSM-V (American Psychiatric Association, 2013), Autistic Spectrum Disorder (ASD) is diagnosed when social-communication deficits are associated with repetitive behaviors, restricted interests

and persistence in the same things. These characteristics can be detrimental to the social, personal and sexual development of the individual.

Due to these social deficits, autistic individuals may present difficulties related to sexuality in different levels, depending on the particularities of the spectrum. Individuals with “high functioning” autism may present difficulties socializing. On the other hand, individuals with “classic” autism, whose social skills are more compromised, may present socially unacceptable sexual behaviors (Beddows & Brooks, 2016). Thus, these individuals may be exposed to critical situations, such as sexual abuse and sexual violence, both as victims and as offenders, basically because they do not understand the social and privacy rules (Curtis, 2017).

It is important to highlight that autistics are people who, despite being neurologically different or neuroatypical, have rights over their own body. In 1999, Judy Singer, a sociologist with Asperger Syndrome, created the term neurodiversity (Singer, 1999). Thus, autistics may manifest the desire of engaging in affective, sexual or romantic relationships, just like any other person. It is important, therefore, to deny the false belief that autistics are asexual people or are “eternal children” (Hancock, Stokes, & Mesibov, 2017). Nevertheless, we should also recognize that the socialization deficits inherent to ASD create the need to guide them throughout stage of life when affective, sexual or romantic desires begin (Beddows & Brooks, 2016).

Notwithstanding, the sex education of ASD bearers is usually neglected, both in schools and at home by parents and therapists (Beddows & Brooks, 2016). Therefore, this research aimed to identify the demands of autistics on sex education, aligned with the neurodiversity paradigm.

Methodology

Part of a broader ongoing research is presented here. This is an action research aimed at sex education of teenagers with autism. The first part of the research is described below, which provided rich data for the planning of subsequent steps.

The stage herein described consists of a qualitative research. Social media was used to invite participants from a group including autistics and their family members. The decision of participating in the research came from them. The inclusion criteria were the following: individual had to be verbal autistic and regularly enrolled in a regular school. Teenagers under 18 without parents/guardian authorization or nonverbal autistics were excluded. It is

important to mention that these criteria were chosen for the purpose of an initial approximation, and a subsequent research including nonverbal autistic patients and using alternative communication methods is required. Six mild autistic male students, between 15 and 17 years old, enrolled in regular schools and residents of Fortaleza, Ceará, Brazil, accepted to participate in the study. No autistic women volunteered to participate in the research, hence, this should also be studied in subsequent researches. The data was collected through semi-structured interviews conducted between September and November 2017. The data were then analyzed based on content analysis proposed by Bardin (Bardin, 2011). The research project was approved by the Ethics and Research Committee of the University of Fortaleza under number 435/2011.

Results

Three analytical categories were identified: denial of the sexuality of the autistic person; inefficiency of school sex education; demands on sex education.

Denial of sexuality

The category of denial of the sexuality of the autistic person states the difficulty that parents and teachers have to recognize autistics as sexual people. It also emphasizes the discomfort that informants feel with the myth of autistic people being eternal children.

“We are people, we have desires, we feel things, but it is difficult for our parents to understand this. Maybe because they were taught to look at us as ‘blue angels’” (A1, 15 years)

“I am not a child. I have a girlfriend. But it is still hard for people to accept this, because they want us to be children forever” (A2, 16 years)

“It was an awkward moment. Because the teacher seemed confused with my question. And all I had said was that I found it difficult to let people touch me, but I wanted to be touched. She looked at me really shocked and told me that I should not think about these things.” (A5, 15 years)

Inefficiency of school sex education

The inefficiency of school sex education has come up in reports about the excessive use of abstractions, focus on biological aspects and negligence of the behavioral aspects.

“They do offer sex education in school. But it is all very abstract. It is difficult for us to understand what they are trying to say. And they always focus on preventing diseases and pregnancy. There is no room to clarify our doubts.” (A2, 16 years)

“There was sex education. In the senior year, we don't have it anymore. But, the class was really about biology.” (A4, 17years)

“At the other school there was, now there isn't. But they showed us movies or played songs and I felt that everyone could understand what they meant, but for me it always took a while because it wasn't to the point. And I was embarrassed to ask, because, well, you know?!” (A3, 15 years)

Demands on sex education

The main demands pointed out by the participants were about how to relate to other people, how to deal with sexual desire and touch aversion, how to understand the social rules related to intimate and social contact with other people.

“It depends. What I really wanted was to understand the rules. [...] the rules of communicating, of leading up to this because I simply find it difficult to approach people.” (A1, 15 years)

“The contact is difficult. It bothers. It's awkward. And it's not that I don't want it, but, I don't know, if there was a way to deal with this desire and the desire of not touching at the same time, it would be good. But I'm not sure if it is possible.” (A2, 16 years)

“I have a problem with social rules. They should be clearer. Because in one situation you can't touch. Then later, you should touch. And it's very confusing.” (A3, 15 years)

“People think that we don't care. We do care. And a lot. What is difficult is to understand [...] that a person is feeling like this or like that. [...] It makes social contact harder. And this is also related to sex education. I believe.” (A4, 17years)

Nevertheless, the participants considered that these demands may vary based on the level of commitment and the communication deficit. Regarding autistics considered to be at a

severe level, the interviewed ones implied that it was necessary to work on social rules and the relationship with their own body.

“It’s different for those with Asperger’s, ok. Everyone is autistic, ok. Everyone finds the rules difficult. But when you have more difficulty to understand and to communicate, it is even harder to understand the rules. [...] Rules about their own body, too. About what is allowed to do and where” (A5, 15 years)

Discussion

Sexuality is a very important and central aspect of the human being’s life and it involves many issues, such as sex, gender identity, reproduction, pleasure, erotism and relationships. It can be expressed through thoughts, desires, opinions, behaviors and attitudes in relationships. Sexuality is formed by the interaction of biological, social, cultural, psychological, political, religious and historical factors (World Health Organization, 2015; Chou *et al.*, 2015). During the adolescence, our body starts to get ready to reproduce and there are changes regarding the psyche.

The autistic individual develops physically and sexually according to the regular stages of development (Curtis, 2017; Dewinter, Vermeiren, Vanwesenbeeck, & van Nieuwenhuizen, 2013). However, the neuroatypical condition may affect their social interaction and communication, which can lead to repetitive behaviors. These can lead to several difficulties regarding their sexuality, because they are important for the sexual development and sexual health of the individual (Dewinter, De Graaf, & Begeer, 2017a).

These individuals have lower awareness about privacy rules; therefore, they may present inadequate sexual behaviors (Ginevra, Nota, & Stokes, 2016). However, these behaviors are not present in all individuals with autism. They are more common in individuals with a more severe level of autism. Despite such difficulties, autistics show interest in sexual activities and romantic relationships. Many people with autism are or have been in a relationship, in many cases considered satisfactory (Dewinter, Van Parys, Vermeiren, Van Nieuwenhuizen ., 2017b)

People with autism say that they have difficulty to find and approach a possible partner. One of the reasons for this is the fact that many autistic individuals only have contact with people with the same disorder and usually from the same gender (Dewinter et al, 2017b; Dewinter et al., 2013). Furthermore, there is the inability of social contact, the inappropriate sexual behaviors and a sex education deficit (Ginevra et al, 2016). The

difficulty in identifying or interpreting nonverbal communication or in communicating this way has also affected the patients' ability to recognize the possibility of a relationship or to insist on something when there is no reciprocity (Barnett & Maticka-Tyndale, 2015).

Recent studies have shown that autistic individuals are not getting effective sex education from their parents or other reliable sources (Brown-Lavoie, Vecili, & Weiss, 2014). This is often due to the fact that the parents of autistic children and teenagers with more severe symptoms do not expect their children to fall in love or have an affective or sexual relationship with a partner (Holmes, Himle, & Strassberg, 2016). Another research points out that parents often do not know how to approach this subject with their children, because they often unsure whether their children have any sexual interest and are afraid of awaking their interest by talking about it (Dewinter, Vermeiren, Vanwesenbeeck, & Nieuwenhuizen, 2016a).

Moreover, it has been reported that school sex education is also ineffective and its focus is often only on reproduction, and, additionally, many autistic individuals do not even have access to this basic education, because they are segregated in classrooms of special education where this subject is not mentioned (Barnett & Maticka-Tyndale, 2015). The lack of effective sex education leads young people to look for other sources of information about sexuality, such as friends, the internet and pornographic films (Dewinter et al., 2017b; Dewinter, Vermeiren, Vanwesenbeeck, & Nieuwenhuizen, 2016b; Dewinter et al 2017b; Dewinter, Vermeiren, Vanwesenbeeck, Lobbestael, & Van Nieuwenhuizen, 2015), where they will often find inaccurate information about the topic.

Sex education is of great importance for the proper sexual development of any individual, not just for autistics. It is important that to introduce it at an early age and to customize it according to the needs of each individual. It is also necessary to develop social skills and to understand the rules of social coexistence. Frequently, if the autistic child has difficulty understanding how these social rules work, it may be more appropriate to teach them how to act in a certain situation than to explain why they should not do something (Beddows & Brooks, 2016).

In addition to sex education, autistic people should also be taught other topics, such as the aspects of Autism Spectrum Disorder and how the development of these individuals may be different from the others; how to relate to people in order to create meaningful relationships; and how rules and social rules work (Beddows & Brooks, 2016; Dewinter et al, 2016b). Also, it is strongly recommended that the parents continue this education at home, as studies show that conversations about sexuality between parents and their

children is very important for the transfer of values, information and skills on how to make decisions related to the sexual aspect. Such education is necessary to prevent negative consequences in their sexual lives, as well as to build a good sexual health (Brown-Lavoie et al., 2014).

Autistic people are more vulnerable to sexual abuse when compared to the general population. This happens because many of these individuals find it difficult to perceive attitudes that can be dangerous and threatening, since their sexual awareness is lower when comparing to the general population (Hannah & Stagg, 2016; Lehan Mackin, Loew, Gonzalez, Tykol, & Christensen, 2016). Moreover, due to inappropriate behaviors, such as masturbation in public places, harassment and inappropriate touching of others, they may end up with legal issues for being accused of sexual abuse (Curtis, 2017).

Then, it is worth mentioning the relevance of the recent paradigm of neurodiversity, which has only become possible due to the rise of support groups to autistic people, as well as testimonials and actions taken by the autistics themselves. This facilitated the organization of groups with free sharing of information, the growth of political movements for people with disability, self-defense and self-advocacy movements, which encouraged the self-representation of the autistic identity (Singer, 1999).

Thus, it is of extreme importance to emphasize that researches including sexuality in the autistic individual are still scarce and that those performed did not have a large number of participants. In addition, many of these studies were carried out based on the perception of parents and caregivers, and studies based on the opinions of the autistics themselves are rare. This is a critical issue since effective policies cannot be created without listening to the target audience.

Conclusion

The results show that autistic people have sexual desire like any human being; however, they have greater problems related to inappropriate sexual behaviors and difficulty with human interaction. Therefore, they may be exposed to situations of risk.

It is necessary to emphasize the importance of education in the lives of these patients, since sexuality is necessary for a healthy life, and the individuals who have better knowledge about the subject consequently have a more healthy and enjoyable sexual life.

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Medicina Legal e Forense | Legal and Forensic Medicine

Analysis of Drug Poisoning in Children and Adolescents Treated at a Toxicology Treatment Center

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Abstract

Drug poisoning in childhood and adolescence is a public health problem of global importance, since it has a worldwide distribution and high frequency. The aim of this study was to analyze the reports of drug poisoning in children and adolescents admitted at a toxicology treatment center. This is a retrospective, documental study with a quantitative approach of 563 records of drug poisoning notifications in children and adolescents from 2010 to 2014. Data collection was developed in the toxicology treatment center, located in the city of Fortaleza, state of Ceará, Brazil. The analysis included absolute and relative frequencies. The research was approved by the Research Ethics Committee of Instituto Dr. José Frota (N. 1,060,172). Of the 563 children and adolescents with drug poisoning, 340 (60.4%) were poisoned by psychoactive drugs and 82 (14.6%) by NSAIDs. Of these, most were females (323, 57.4%), with an individual accident (286, 50.8%) and suicide attempt (240, 42.6%), characterizing the poisoning as single acute incident (n = 554, 98.4%) and a mild poisoning case (298, 52.9%). The drug poisoning resulted in clinical manifestations (509, 90.4%), and most patients were cured and discharged from the hospital after treatment (n = 453, 80.5%). Drug poisoning in children and adolescents demonstrates the need for preventive strategies based on drug access control and providing information to parents and guardians, aiming at reducing the incidents and promoting the rational use of medications.

Keywords: Poisoning; Medications; Children; Adolescents.

Introduction

Drug poisoning in children and adolescents is a public health problem of global importance, as it has a worldwide distribution. Hence, the use of any medication poses a risk to human health under specific conditions due to the toxicity inherent to the chemical agent (MOTA, 2012).

Drug poisoning can be understood as the set of signs and symptoms that result in an organic imbalance caused by the use of medications, a pharmaceutical product that is technically obtained and can cause damage and death (OSLON, 2013).

In Brazil the treatment of drug poisoning must take place in an urgency and emergency hospital that has a Toxicology Treatment Center (CEATOX - *Centro de Assistência Toxicológica*), responsible for providing specific information to health professionals regarding the management of patients with the most varied types of poisoning, constituting a referral health service (FORTALEZA, 2015).

In 2012, according to the National System of Toxic-Pharmacological Information (SINITOX - *Sistema Nacional de Informações Tóxico-Farmacológicas*), 99,035 human poisonings were recorded (96.2%), with drug poisoning accounting for 27.0% of the cases. In this context, poisoning incidents, especially unintentional ones, constitute one of the main causes of pediatric emergency care (PRESGRAVE; CAMACHO; VILLAS BOAS, 2008).

It can be observed that accidental poisonings, which are typical of the pediatric age range, decrease during child development, with the consequent emotional and cognitive evolution, while it becomes a possible escape from problems in adolescence, due to the maturation of the conception of death (BRITO.MARTINS, 2015).

The investigation of drug poisoning incidents in children and adolescents represents an immersion strategy into a public health problem that has an impact on patients, parents/guardians and health professionals. This strategy still guides the planning and implementation of health actions regarding drug access control and prevention of poisoning episodes.

The study aims to analyze drug poisoning notifications in children and adolescents admitted to a toxicology treatment center.

Method

This is a retrospective, documental study with a quantitative approach, based on the analysis of 563 medical records of drug poisoning reports, corresponding to the recorded period of 2010 to 2014.

The Toxicology Treatment Center (CEATOX), the study site, located at Instituto Dr. José Frota (IJF) and popularly known as “Frotão”, is a hospital unit founded in 1932, located in Fortaleza, capital of the state of Ceará, northeastern Brazil. The IJF is the largest Urgency and Emergency hospital in the state, being a referral hospital for the care of patients with trauma, burns and victims of poisoning.

The study had the following inclusion criteria: drug poisoning notification form performed by CEATOX; description of the related International Code of Diseases (ICD-10) classification, providing information that confirmed drug poisoning, and age between 0 and 18 years. The exclusion criterion was illegibility or lack of information confirming the drug poisoning.

Data collection was carried out at the IJF CEATOX, from June to August 2015, using a semi-structured form based on the notification record, consisting of patient social data, poisoning characteristics and clinical management. The participants' social characteristics included: gender; age at the time of data collection in full years; occupation/profession, stated as student, housewife, unemployed and others.

The poisoning characteristics include a description of the toxic agent (s); hospital care in the emergency room; poisoning circumstances, such as suicide attempt, individual accident, self-medication, drug abuse, and others; area of the municipality where the poisoning occurred; place where the poisoning occurred, which could be the victim's home, workplace, external environment and others; route of administration, whether oral or nasal; type of poisoning, being classified as acute single, repeated and acute on chronic incident; whether it was associated with other poisonous agents; time from the exposure to the psychodrug until hospital arrival in hours.

The characteristics of the clinical management include the presence of the clinical manifestation and its respective description; need for hospitalization; treatment used; whether toxicological analysis was performed through laboratory examination; poisoning evaluation as mild, moderate, or severe; classification of clinical evolution as cure, unconfirmed cure, sequela(e) and death.

Data were stored and analyzed using the software Statistical Package for Social Sciences (SPSS)[®] 19.0 (GRAY, 2011).

The analysis plan included obtaining the relative and absolute frequencies, social characteristic variables, poisoning episodes and clinical management of the poisoned participants. The project was approved by the Research Ethics Committee of Instituto Dr. José Frota (CEP / IJF), under Opinion n. 1,060,172 / 15.

Results

Most of the poisoned participants were females (n=323; 57.4%), with an even division between children and adolescents and whose occupation was that of being a student (n=253; 44.9%) (Table 1).

Variables	Absolute	Relative
	Frequency (N)	Frequency (%)
Gender		
Male	240	42.6
Female	323	57.4
Age range		
Up to 09 years	276	49.0
10 to 19 years	287	51.0
Occupation		
Student	253	44.9
Does not apply	171	30.4
Caucasian	91	16.2
Others	48	8.5

Table 1 – Sociodemographic profile of the participants poisoned by psychotropic drugs treated at the Toxicology Treatment Center (CEATOX). Fortaleza, Ceará, Brazil, 2010-2014.

Source: Toxicology Treatment Center (CEATOX /CE)

As for the poisoning characteristics, the most frequent circumstances were individual accident (n=286, 50.8%) and suicide attempt (n=240, 42.6%), occurring in the urban area (n=533, 94.7%), more specifically at home (n=542, 96.3%). The most common type of poisoning was the single acute incident (n=554, 98.4%) (Table 2).

Variables	Absolute	Relative
	Frequency (N)	Frequency (%)
Circumstance		
Individual accident	286	50,8
Suicide attempt	240	42,6
Others	37	6,6
Area		
Urban	533	94,7

Rural	30	5,3
Place		
Home	542	96,3
Others	21	3,7
Route		
Oral	559	99,3
Nasal	4	0,7
Type of incident		
Single acute	554	98,4
Repeated acute	6	1,1
Acute on chronic	3	0,5

Table 2 - Characteristics of poisoning by psychoactive drugs in participants treated at the Toxicology Treatment Center. Fortaleza, Ceará, Brazil, 2010-2014.

Source: Toxicology Treatment Center (CEATOX /CE)

A high frequency of psychoactive drugs (n=340; 60.4%) was observed, followed by NSAIDs (n=82; 14.6%) in children's and adolescents' poisoning incidents (Chart 1).

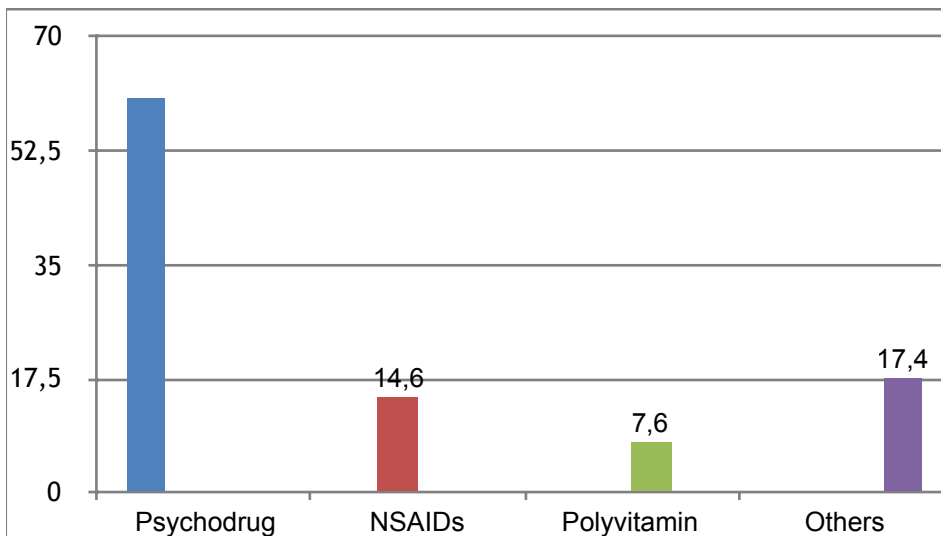


Chart 1 - Distribution of drug classes used in the poisoning incidents of children and adolescents. Fortaleza, Ceará, Brazil, 2010-2014.

Source: Toxicology Treatment Center (CEATOX /CE)

There was a high frequency of clinical manifestations in the participants (n=509, 90.4%), with the most frequent being drowsiness (n=183, 32.5%) and vomiting/gastric pain (n=78, 13.9%). Clinical manifestations did not indicate the need for hospital admission (n=329; 58.4%) or toxicological analysis (n=537; 95.4%), with the incidents being classified as mild (n=298; 52.9%) or moderate (n=167, 29.7%) poisoning (Table 3).

Variables	Absolute Frequency (N)	Relative Frequency (%)
Had clinical manifestations		
Yes	509	90.4
No	54	9.6
Clinical manifestation		
Drowsiness	183	32.5
Vomiting/ gastric pain	78	13.9
Extrapyramidal reaction	68	12.1
Restlessness	58	10.3
Sensory decline	54	9.6
Required hospital admission		
Yes	234	41.6
No	329	58.4
Toxicological analysis was performed		
Yes	26	4.6
No	537	95.4
Poisoning evaluation		
Mild poisoning	298	52.9
Moderate poisoning	167	29.7
Severe poisoning	37	6.6
Poisoning not excluded	61	10.8

Table 3 – Clinical manifestations of the participants poisoned by psychodrugs treated at the Toxicology Treatment Center. Fortaleza, Ceará, Brazil, 2010-2014.

Source: Toxicology Treatment Center (CEATOX /CE)

A set of therapeutic measures used in the treatment of poisoning was observed, such as clinical / symptomatic observation, activated charcoal administration, gastric lavage and hydration, respectively. The most common outcome was hospital discharge (n=453; 80.,5%) (Table 4).

Variables	Absolute	Relative
	Frequency (N)	Frequency (%)
Management		
Gastric lavage	192	34.1
Activated charcoal	279	49.6
Hydration	191	33.9
Clinical/symptomatic observation	305	54.2
Outcome		
Hospital discharge	453	80.5
Other discharges	21	3.7
Transference	6	1.1
Not found	83	14.7

Table 4 - Management of participants poisoned by psychodrugs treated at the Toxicology Treatment Center. Fortaleza, Ceará, Brazil, 2010-2014.

Source: Toxicology Treatment Center (CEATOX /CE)

Discussion

Drug poisoning affected 563 children and adolescents, representing a daily average of less than one case. However, a survey of the National Toxic-Pharmacological Information System, considering 18 years of notifications, indicates a daily average of 37 drug poisoning incidents with children and adolescents (SBP, 2018), a much higher frequency than that obtained in the study, which suggests underreporting.

The study findings are consistent with studies in which the female gender predominate in episodes of poisoning by psychotropic drugs (SILVA; HERZOG, 2015; BORGES, HEGADOREN, MIASSO, 2015), but differ from a study showing that most victims are males (BRITO; MARTINS, 2015).

Medications were the main cause of poisoning in the age group of 0 to 19 years (SINITOX, 2013; FONTENELE et al., 2015), which justifies the equitable distribution of poisoning incidents in children and adolescents. Such distribution can be explained by the fact that children, being naturally curious and often putting everything into their mouths, are more susceptible to poisoning, while adolescents are more similar to adults regarding self-medication, according to the Brazilian Society of Pediatrics (SBP, 2018).

Regarding the occupation, students predominated among the cases, which coincides with the predominant age group, typical of the period of basic schooling, demonstrating the importance of using health education strategies on the rational use of medications in the school environment. (CORREA et al., 2016). Children who were not of school age at the time of collection were classified as not applicable or, when the notification form was not adequately filled out, they were classified as "blank".

Infants are the most susceptible to individual accidents because of the natural curiosity associated with motor development, which increases the risk of exposure (FONTENELE et al., 2015). In this sense, there is ample evidence that children under the age of 5 years are the main victims of drug poisoning caused by medications, with prevalence ranging from 30.6 to 45.3% (SINITOX, 1999, 2012, 2013; BORTOLETO & BOCHNER, 1999; SILVA, 2003).

Accidental poisonings are progressively replaced by suicide attempts, especially from the age of 9 (FONTENELE et al., 2015). Significant physical and psychological changes occur during adolescence, which is an adverse moment for the young individuals and their families. It is not uncommon at this stage to experiment with the new, with the adolescents placing themselves in risk situations (MAGNANI & STAUDT, 2018).

Therefore, one observes the importance of addressing parents and/or guardians in health services where cases of poisoning in children and adolescents are treated (VERAS; SILVA & KATZ, 2017). Guidance regarding the adequate storage of medications and supervision of children are indicated, as well as the necessary care and/or referral of adolescents and their parents/guardians, knowing that the family plays a crucial role in the process of identity building and transformation of these young individuals (MAGNANI & STAUDT, 2018).

This study also disclosed the following poisoning circumstances: self-medication, drug misadministration, abuse, violence, attempted abortion and therapeutic use, which due to their low representativeness, were grouped and classified as others.

Drug poisoning in children and adolescents occur predominantly in the urban area, more specifically at home, which is in agreement with national data (SINITOX, 2013) and reflect the demographic characteristic of population concentration in the common urban area in large cities (IBGE, 2010). Poisoning occurring in the home also presupposes that the main place of medication access is the household itself, which commonly has a place for keeping medicines, popularly known as the "home pharmacy", maintained by the adult family members (LOCH et al, 2015).

The oral route of drug administration is associated to the most frequently prescribed drug form, the tablet. Such choice is associated with self-administration, low cost and systemic effect, although it has a diverse absorption and the possibility of interaction with foods (RANG & DALE, 2011).

The high frequency of single acute poisoning incident, characterized by toxic effects caused by a single exposure to psychodrugs for a short period of time (FIOCRUZ, 2015), demonstrates the low recurrence of cases, perhaps due to the young age range and the consequent indicated motivations (accidental cases and attempted suicide). These initial occurrences can lead to greater attentiveness by the responsible adults and, therefore, hinder new episodes.

Access to psychodrugs, which are medications under special control, at sufficient amounts to produce poisoning suggests the use under medical prescription, prescribed to the participants themselves or someone close to them (MIASSO et al., 2015). Among the psychodrugs, the most often used classes are those used for the treatment of anxiety and depression (SANTOS; LEGAY; LOVISI, 2013).

Analgesics, antipyretics and non-steroidal anti-inflammatory drugs (NSAIDs) are widely used by children and adolescents, since they are over-the-counter medications. However, there are adverse effects and contraindications that are not known by the population, who keep them in the “home pharmacy”, although they are relatively safe drugs, if administered correctly (CRUZ. AZEVEDO. BODEVAN. ARAÚJO. SANTOS, 2017).

The drug overload triggers the clinical manifestations, which affect the neurological system, more often resulting in drowsiness, gastric disorders and extrapyramidal reactions (BRUNNER & SUDDARTH, 2015).

In this study, most children and adolescents did not require hospitalization and did not have toxicological analysis performed. The first, because the poisoning was characterized as a single, mild, acute poisoning incident, which reinforces the poisoning as a non-invasive, low lethality method (KIM et al., 2015). The second is restricted to more complex cases, with a more variable symptomatology, as it constitutes a long and expensive toxicological screening at high financial cost (WIEGAND, PATEL & OSLON, 2008). It is worth noting that the identification of drug poisoning occurs through a clinical diagnosis.

Treatment was based on clinical observation, gastric emptying and neutralization of the toxic agent, being successful in preserving life and resulting in hospital discharge after cure. However, the entire treatment is based exclusively on clinical management, not involving psychological support, which may represent a risk of relapse, mainly in cases of suicide attempts.

The study has as limitations the underreporting of cases treated through telephone call, as well as errors when filling out forms or incomplete information, caused by the lack of standardization when forms are filled out by the professionals.

Conclusion

Children and adolescents that are victims of drug poisoning are most often females, students, of which most frequent circumstance is the individual accident, characterizing a single acute poisoning incident, and who lived in the urban area. Most of them had clinical manifestations, especially drowsiness, but did not require hospitalization, since they were mild poisoning cases and were discharged after receiving clinical care.

Drug poisoning in children and adolescents demonstrates the need for preventive strategies based on drug access control and providing information to parents and guardians, aiming at reducing the incidents and promoting the rational use of medications.

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Pediatria | Pediatrics

Parents Knowledge and Attitudes to Sudden Infant Death Syndrome

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Summary

Sudden Infant Death syndrome (SIDS) is the sudden death of a child under 1 year of age, who remains unexplained after an in-depth investigation. The aim of this study was to investigate the parent's preventive knowledge and attitudes regarding SIDS. A survey was applied to 534 parents of healthy infants and the data analysis was made under SPSS 23® program.

The infants had a mean age of 5.6 months, 73% slept in cots in the parent's room and 11.2% shared the bed with them. The presence of soft mattress and/or dangerous objects was verified in 33% of the cribs. Regarding the sleeping position, 79.6% of the parents said that they have been advised by health professionals. About sleeping positions: 69.5% of the infant's sleep in dorsal decubitus and 37.3% do it in lateral decubitus.

Measuring the knowledge, 93% of the parents have heard of SIDS, 59% were able to appoint at least one correct prevention measure and 1.5% reported antecedents of SIDS in the family. There was a statistically significant association between age, schooling and the level of knowledge (Test χ^2 , $p < 0.05$). This study revealed an improvement in knowledge about SIDS compared to previous results. However, many parents still identify the lateral decubitus as an ideal protective factor and place objects that could cause suffocation in the cradle. The results reinforce the need to include orientations about this syndrome in health education strategies.

Keywords: Sudden infant death syndrome; Risk factors; Preventive measures; Health education.

Introduction

SIDS is the unexplained sudden death of a baby less than one year old and that remains unexplained even after an in-depth investigation (clinical history review, autopsy and

environmental research) (Bezerra *et al.*, 2015; Fernandes *et al.*, 2012; Moon *et al.*, 2011). Death occurs in seemingly healthy babies at their homes and usually during sleep (Cardoso, 2014; Neves, 2011; SPP, 2009).

In developed countries SIDS is the leading cause of death within the first year, excluding the newborn period. SIDS is more prevalent in boys than girls, the age group with the highest risk is between 2 and 4 months of life, with 95% of cases appearing before 6 months of age (Cardoso, 2014; Fernandes *et al.*, 2012; Maged & Rizzolo, 2018).

This syndrome is of multifactorial cause, with several pathophysiological mechanisms involved: individual risk factors (genetic/constitutional factors affecting the maturation of brain stem areas responsible for the control of vital functions), favorable causes (the environment where the infant lives) and triggering causes (habitual pathologies in this age group such as infection, gastroesophageal reflux, vagal hypertonia, among others) (Bezerra *et al.*, 2015; Duncan & Byard, 2018; Fernandes *et al.*, 2012; SPP, 2009). Thus, they constitute independent risk factors for the SIDS: late or nonexistent prenatal care, young mothers, maternal smoking during pregnancy, preterm delivery and/or low birth weight, the infant sleeping on soft surfaces and/or in the position of ventral or lateral decubitus and overheating (Duncan & Byard, 2018; Fernandes *et al.*, 2012; Maged & Rizzolo, 2018;). In the first 4 months of life, sharing the bed with parents, whether the mother smokes or with an adult who ingested alcoholic beverages, is associated with a higher risk. Likewise, sleeping on a couch with an adult is also associated with SIDS (Fernandes *et al.*, 2012; SPP, 2009).

As far as prevention is concerned, national and international recommendations include eviction from exposure to pre-and post-natal tobacco smoke, lay infants in dorsal decubitus in a bed/crib in their parents' room, with a firm mattress and no soft objects, avoiding overheating and that the head is covered with bed linen or other objects (Corwin & McClain, 2018; Duncan & Byard, 2018; Fernandes *et al.*, 2012; Maged & Rizzolo, 2018; Moon *et al.*, 2011; SPP, 2009). Although is not consensual, regarding protection against SIDS, breastfeeding should be promoted by the universally recognized benefits and the protective effect described in some studies. It is also recommended that a pacifier is used during sleep (Darnall *et al.*, 2014; Duncan & Byard, 2018; Fernandes *et al.*, 2012; Maged & Rizzolo, 2018; Moon *et al.*, 2011; SPP, 2009).

Although some children are already born with higher susceptibility, it is believed that by providing an adequate environment, eliminating the favorable causes, it is possible to

reduce mortality (Corwin, 2018; Crowley & Martin, 2018; Maged & Rizzolo, 2018). Several studies have found that the incidence of SIDS decreases significantly in the regions where campaigns are conducted to clarify the population regarding risk factors and preventive measures (Bezerra *et al.*, 2015; Fernandes *et al.*, 2012; SPP, 2009).

In Portugal there are no official statistics on the incidence of this syndrome and, despite the existence of recommendations for its prevention, both of the Portuguese Society of Pediatrics, and of the Directorate General of Health (National Program of Child and Juvenile Health, 2012) no information campaigns have been made to the general population (Fernandes *et al.*, 2012; SPP, 2009). This study aimed to evaluate the level of parents' preventive knowledge and attitudes regarding the SIDS.

Methods

Descriptive and transversal study, with completion of an anonymous and confidential inquiry, directly and online, applied to a sample consisting of parents of healthy infants from 29 days up to 12 months of life inclusive (disclosed at national level). In addition to the child's age, it was considered as inclusion criteria for children to be born and live in Portugal.

The applied survey consisted of multiple-choice questions (some of which could be more than a response) and an open question. The questions were elaborated based on surveys used in previous studies and according to a literature review on the risk factors associated with SIDS. A pilot test (total of 30 parents) was performed in order to detect difficulties in interpreting the questions or inconsistency.

In addition to demographic data (age, gender, nationality and schooling of parents; nationality, gender, gestational age and newborn weight), information was obtained on the location and position in which infants were sleeping. It was also addressed the exposure to tobacco smoke pre and postnatal, as well as the presence of protective factors, namely sleeping in parents' room, the use of pacifier and breastfeeding. The parents were also questioned about their knowledge and preventive attitudes about the SIDS. Three categories of knowledge on the SIDS were defined: no knowledge if the father is unaware

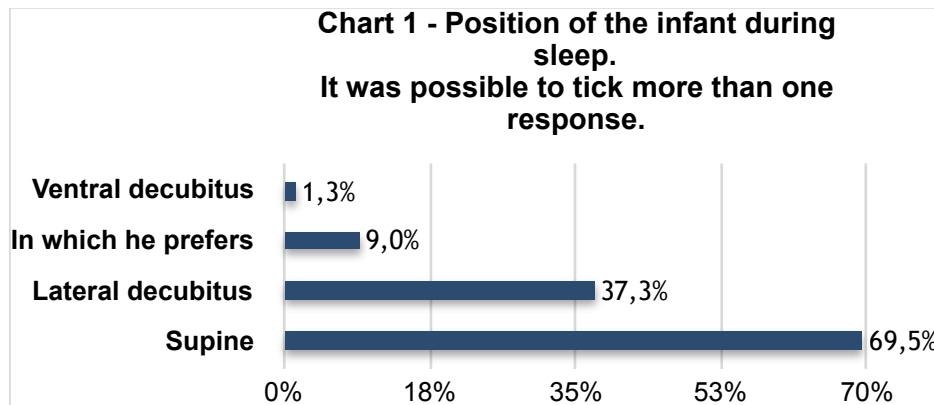
of the syndrome; low level of knowledge if they have heard about SIDS but do not know how to name a prevention/protection measure; Medium/high level of knowledge when the father knows how to appoint at least one prevention/protection measure.

The responses to the survey were coded with a numerical code and the information was introduced into a computer database (in Microsoft Excel 2016 ®), created for this purpose. Data analysis was performed using the SPSS 23 ® program. The Chi-square statistical test was used to evaluate the existence of a statistical association between several variables. The P value < 0.05 was considered statistically significant.

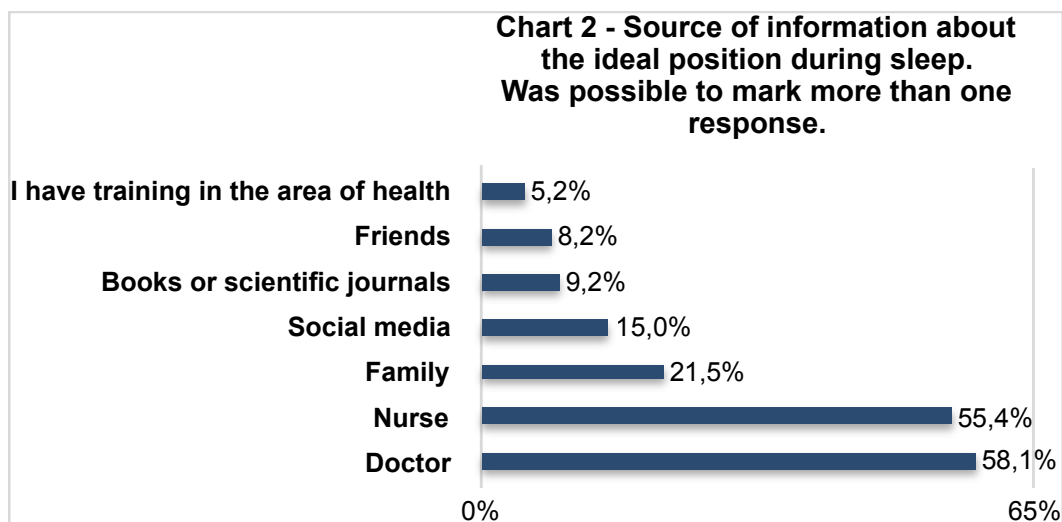
Results

We obtained a total of 534 valid questionnaires (100% of answers). Of the respondents, 98.7% were females (mothers), with a mean age of 31.5 ± 5.5 years (minimum age 16 years up to 45 years). Most parents (97.9%) were of Portuguese nationality, 83.9% had at least qualification level 3 (European Qualifications Framework) and in 29% of the cases at least one of the couple's elements was unemployed. They referred to having only one child 57.9% of respondents. All pregnancies were monitored and in 36.9% of the cases a joint surveillance was performed in the obstetrician physician and health center. The infants had a mean age of 5.56 ± 3.66 months and 54.3% were males. The vast majority of infants were of term (93.3%) and with a birth weight normal for the gestational age (90.6%). Most were born in the southern region (42%), followed by the north, center and islands (29.8%, 23% and 5.2% respectively).

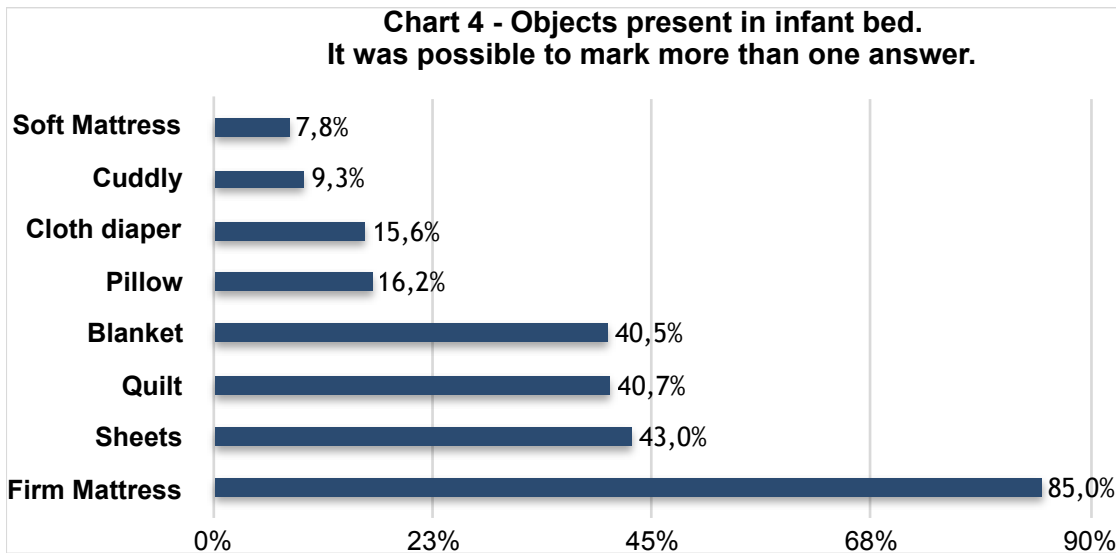
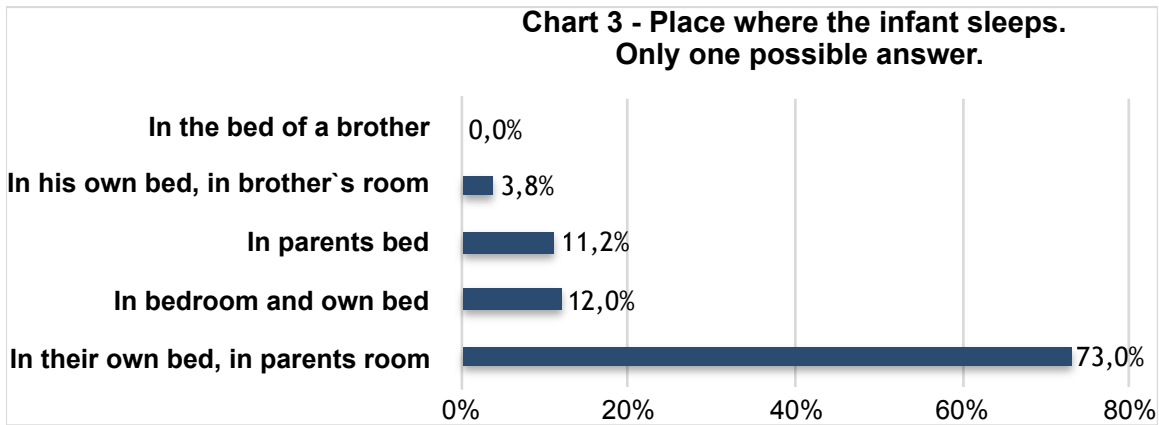
Regarding the sleeping position (Chart 1 and 2), 79.6% of the parents reported having been advised by health professionals (physician and/or nurse). They sleep in dorsal decubitus 69.5% of the infants and 37.3% do it in lateral decubitus, and this last position was advised by health professionals in 69.8% of the cases. In 21.5% of the parents the opinion of relatives was decisive, the social communication was the source of information in 15% of cases and 9% of respondents reported that the infant choose freely the position to sleep. The 7 respondents (1.3%) who reported having their child in ventral decubitus, 4 were advised by relatives, 2 by friends and 1 after searching the Internet.



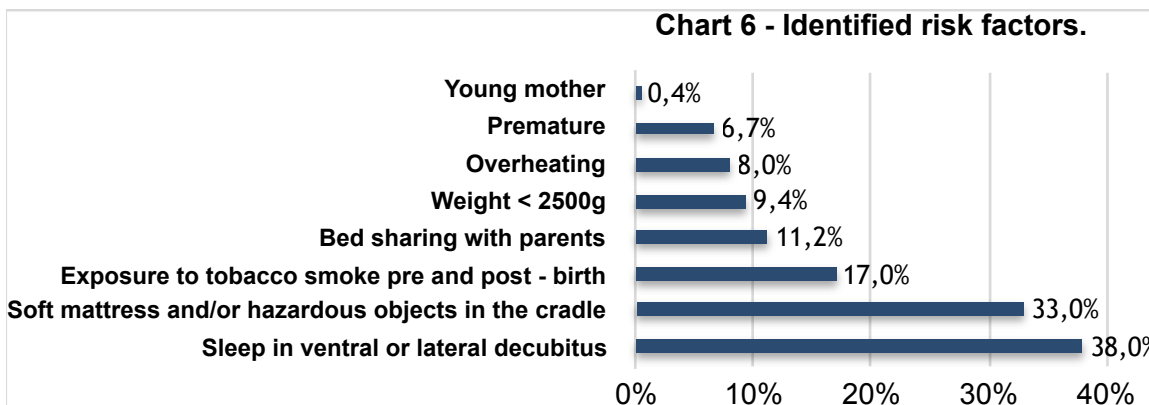
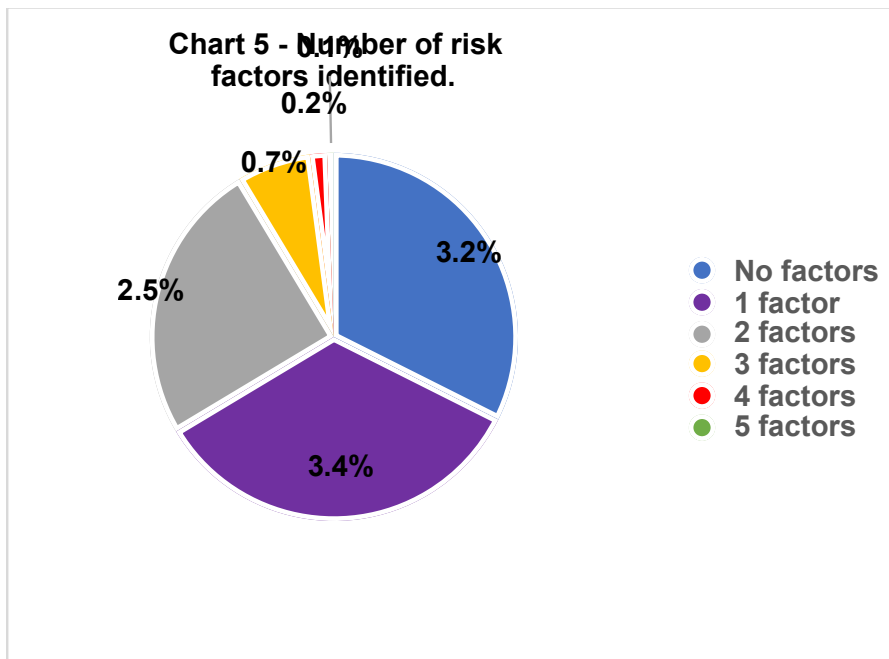
Most of infants (73%) slept in their parents' room in their own crib, 12% slept on their own bed and bedroom, but 11.2% shared their bed with parents (Chart 3). For those who slept in their own bed, it has been shown the presence of soft mattress and/or dangerous objects (cushion, teddies, cloth diaper and duvet) in 33% of the cribs (Chart 4). In addition, 7.9% of parents assumed to overheat their children.



Smoking habits are present in 23.4% of mothers from whom 72% smoked during pregnancy and 11.2% usually smoke indoors. In 17.4% of the cases both elements of the couple smoke.

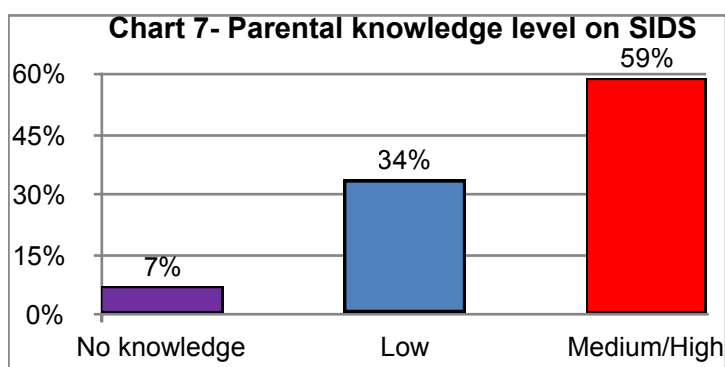


A risk factor for SIDS was identified in 34% of the infants, and 33.6% had two or more risk factors (Chart 5). The most frequently identified factors were an incorrect position during sleep and the presence of inadequate objects in the cradle (Chart 6).



Regarding the factors that seem to offer some protection against SIDS, 68.9% used pacifier during sleep and 92.8% of the infants were under breastfeeding for at least one month.

They reported having heard about SIDS 93% of the parents, and their main sources of information were social media (56.4%) and physicians (41.2%). They were able to appoint at least one correct prevention/protection measure 59% of respondents (more named were dorsal decubitus and not overheat). Of the respondents, 1.5% (n = 8) reported antecedents of SIDS in the family and of these only 3 managed to correctly appoint a preventive/protective measure. Most parents (59%) had a mean/high level of knowledge about SIDS (Chart 7).



There was a statistically significant association between the variables age, schooling and the level of knowledge of respondents (Table 1 and 2). Younger parents with higher schooling showed an even higher level of knowledge about this syndrome (Table 2).

Schooling * Parental knowledge level about SIDS						
		Knowledge level			Total (n)	p
		No knowledge	Low	Medium/High		
Schooling (European Qualifications Framework)	Up to level 2	21	45	20	86	< 0,001
	Up to level 3	14	73	94	181	
	At least level 6	2	65	200	267	
Total (n)		37	183	314	534	
* teste χ^2						

Table 1 – Analysis of the association between categorical variables: schooling and level of knowledge about SIDS.

Age category * Parental knowledge level about SIDS					
		Knowledge level		Total (n)	P
		No or low knowledge	Medium/High		
At least level 6 (European Qualifications Framework)	21 to 33 years	26	116	142	< 0,006
	34 to 45 years	41	84	125	
Total (n)		67	200	267	
* teste χ^2					

Table 2 – Analysis of the association between categorical variables: age and level of knowledge about SIDS.

Discussion

This study evaluated the level of parental knowledge about SIDS and the application of preventive/protective measures. Environmental risk factors play a fundamental role in prevention, since they are the only ones we can interact. Thus, it is essential to inform parents and other caregivers of infants about the SIDS and how they should act to prevent it.

In this study, we verified that, although the vast majority (92%) of the parents claimed to have heard of the SIDS, 41% of them did not know how to name any preventive/protective measures. In our study it was observed that a larger number of parents have heard of this syndrome when it is compared with a national study of 2007, but it is verified that a similar percentage does not know any preventive/protective measures (Fernandes *et al.*, 2012). Similarly to previously performed studies, the parents refer as their main source of information the media (56.4%), which puts into question the truthfulness of the transmitted content (Bezerra *et al.*, 2015; Fernandes *et al.*, 2012).

Regarding measures considered protective, the practice of correct measures prevailed, 73% of the infants slept in their own bed in the parents' room, 69.5% in dorsal decubitus and 67% of the cribs had adequate conditions. These results clearly show a significant improvement throughout times if compared with national and international studies (Caraballo *et al.*, 2016; Bezerra *et al.*, 2015; Fernandes *et al.*, 2012; Yikilkan *et al.*, 2011).

In contrast to the information sources on the SIDS, health professionals played a relevant role in counseling about the sleeping position (79.6%). However, it is noteworthy that 11.2% of infants shared bed with parents, which, although controversial, seems to be related to a higher risk of SIDS (Carpenter *et al.*, 2013; Fernandes *et al.*, 2012). In addition, many parents and health professionals still identify the lateral decubitus as an ideal protection factor for the child's sleep and rest (advised by professionals in 69.8% of the cases). An Istanbul study came back with similar results (Yikilkan *et al.*, 2011).

In addition to sleeping position, other frequently identified risk factors were the placement of objects that could suffocate in the cradle of infants (33%) and exposure to pre-and post-natal tobacco smoke (17%). These risk factors were once more recognized with a similar frequency in a study conducted in the United Kingdom (Garstang *et al.*, 2016).

Regarding potentially protective factors, 68.9% of the infants used pacifier during sleep and the vast majority (92.8%) were breastfed (exclusively or not) for at least one month.

This study allowed to have a general idea of the level of information of the Portuguese parents about the SIDS, since parents of the entire country participated. However, these

results may reflect only maternal knowledge (and not the knowledge of the couple), since 98.7% of the answers came from them.

The study revealed an improvement in knowledge regarding SIDS compared to results obtained in previous studies (Bezerra *et al.*, 2015; Cardoso, 2014; Fernandes *et al.*, 2012), as illustrated by the predominance of correct practices. Most parents (59%) had a mean/high level of knowledge about the SIDS, knowing to appoint at least one prevention/protection measure. There was a statistically significant association between the variables age, schooling and the level of knowledge of respondents. This association was also verified in previously published studies (Bezerra *et al.*, 2015; Bubnaitiene *et al.*, 2005). The fact that younger parents with a higher education have more knowledge about this syndrome makes us think that these recommendations have been more frequently addressed in the educational sector through time. Nevertheless, the results reinforce the need to include orientations to the family, on risk factors and prevention of this syndrome, in health education strategies. The nursing consultation in prenatal and childcare, the moment of discharge from motherhood, and the consultation of child health surveillance establish opportune moments for the caregivers' orientation. The media remain an important and effective means of information and should be used to reinforce the orientations provided by health professionals.

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Abuso Sexual na Infância e Adolescência – um olhar sobre a realidade num hospital da região de Lisboa e Vale do Tejo

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Abstract

O abuso sexual (AS) corresponde ao envolvimento da criança/adolescente em atividades cuja finalidade visa a satisfação sexual de um adulto/pessoa mais velha. Existem diferentes formas de AS, sendo frequente a ausência de indícios físicos do mesmo, o que dificulta o diagnóstico.

Estudo retrospectivo que pretendeu caracterizar os casos de AS referenciados ao Núcleo Hospitalar de Apoio às Crianças e Jovens em Risco (NHACJR) de um Hospital de tipologia B1, ao longo de 6 anos.

Identificados 36 casos de suspeita de AS (8% das sinalizações ao NHACJR), média de 5 casos por ano, com exceção de 2017 com 11 casos sinalizados. Claro predomínio de vítimas do sexo feminino (34; 94.4%), com idade média de $10,3 \pm 4,5$ anos. Agressores todos do género masculino, 8 (22.2%) adolescentes. Maioritariamente suspeitas de abuso intrafamiliar (20; 55.6%) ou por agressores conhecidos da vítima (12; 33.3%). Maioria das vítimas (21; 58.3%) levada ao serviço de urgência mais de 72h após o alegado abuso, sendo esta percentagem superior (76.2%) nos casos intrafamiliares ($p=0,01$). A forma de abuso mais prevalente foi manipulação dos genitais (16; 44.4%). Alterações ao exame objetivo presentes em 12 casos (33.3%). Necessário internamento em 7 casos (19.4%) como medida de proteção.

A prevalência de sinalizações ao NHACJR por alegado AS foi sobreponível aos dados nacionais. O pico verificado em 2017 pode dever-se a uma maior sensibilização para o problema ou a um maior número de suspeitas infundadas com base em sinais pouco específicos. A abordagem à suspeita de AS é um verdadeiro desafio para os profissionais de saúde.

Palavras-chave: abuso sexual; adolescência; infância; maus tratos

Introduction and Aims

Definitions and scope of the problem:

Child maltreatment is a global problem with serious lifelong consequences. It is defined, according to World Health Organization (WHO), as the abuse and neglect of children under 18 years of age. Includes all types of physical and/or emotional ill-treatment, sexual abuse (SA), neglect, commercial or other exploitation, that result in actual or potential harm to the child's health, survival, development or dignity, in the context of a relationship of responsibility, trust or power. Exposure to domestic violence is also sometimes included as a form of child maltreatment (Who.int, 2016).

Child SA is an important cause of child maltreatment. It is difficult to study, since data on the subject is still lacking in many countries and the estimates vary widely depending on definition, method of research and quality of data (Who.int, 2016; Singh, Parsekar, Nair, 2014). Nonetheless, international studies reveal that 1 in 5 women and 1 in 13 men report having been sexually abused as a child (Who.int, 2016). Worldwide, it is estimated that 25 percent of girls and 9 percent of boys are exposed to any form of sexual abuse during childhood ((Gilbert, Widom, Browne, Fergusson, Webb, Janson, 2008). Sexual violence occurs in all ages, socioeconomic classes and countries, with differences in magnitude (Singh, Parsekar, Nair, 2014). The number of reported sexual abuse grossly underestimates its true prevalence, mostly because of fear of medical evaluation, social stigma, and desire for privacy.

Child SA refers to the involvement of a child or adolescent in activities whose purpose is the sexual satisfaction of an adult or an older person (Dgs.pt, 2019). It's based on a relationship of power or authority and, depending on the stage of development, the child/adolescent cannot give consent; cannot comprehend or, in case he/she does, cannot name it; and/or is not structurally prepared for it (Dgs.pt, 2019; Kempe, 1997). There are a variety of forms of SA - from non-touching abuses, such as teasing, witnessing obscene conversations or writings, exhibitionism, voyeurism or use of the child or youngster in photo shoots/filming; to all forms of oral-genital, genital, or anal contact with the child (whether dressed or undressed), including intercourse, vaginal or anal insertion of body parts/objects and genital manipulation (Dgs.pt, 2019; Kellogg, 2005). All these forms of abuse are punished by the Portuguese Criminal Code (current article 171). If the act results in pregnancy, sexually transmitted diseases, serious physical harm, death or suicide of the victim, the penalty should be aggravated. The same is foreseen if the victim is descendant, adopted or protected of the perpetrator (article 177º of the Criminal Code).

Presentation and epidemiology:

Victims of SA may be brought to medical attention not only with a suspicion of SA but also for evaluation of a medical or behavioral concern that are not obviously related to an abuse (without suspicion of SA) or even for routine care. Therefore, health care professionals must be on alert for possible signs and symptoms of a SA (Kellogg, 2005). Additionally, most of the victim's complaints are nonspecific with lacking or no physical evidence, making the diagnosis harder (Dgs.pt, 2019). The lack of physical findings may be inherent to the nature of the abuse or may be the result of intrinsic elasticity and rapid healing of the anogenital tissues. Collaboration with a child mental health specialist, for both diagnosis and intervention, is recommended whenever possible. Specific interviewing skills, evidence-collection procedures, and/or specialized examination techniques may be required to perform a thorough evaluation (Dgs.pt, 2019).

SA of children occurs primarily in the preadolescent years (Hymel, Jenny, 1996; Finkelhor, 1993). Although more frequent in girls, boys are less likely to report sexual abuse.⁸ Perpetrators of sexual abuse are usually male and often trusted adult acquaintances, with a significant percentage of relatives.(Hymel, Jenny, 1996; Johnson, 2004; Lahoti, McClain, Girardet, McNeese, Cheung, 2001).

Some features related to family structure and parenting have been associated with an increased risk of child SA (nevertheless their absence does not precludes SA as a possibility), such as: poor parent-child relationships; bad relationships between parents; absence of a protective parent; and presence of a nonbiologically related male in the home (Hymel, Jenny, 1996; Finkelhor, 1993).

The aim of this study is to characterize the cases of suspected child SA referred to the Children and Youth at Risk Support Group (CYRSG) of *Centro Hospitalar Barreiro-Montijo* (CHBM), during the last 6 years.

Methods

Retrospective review of the records of all patients aged 0-18 years referred to the CYRSG since January 1st 2012 until December 31st 2017, with suspected SA.

Data regarding victims, perpetrators, type of abuse, treatment and prophylaxis administered, use of emergency contraception and follow-up of the victim were collected.

Demographic and clinical data were assessed. Values were expressed as mean and standard deviation (SD) for quantitative variables and absolute number or percentage for qualitative variables. For comparative study, continuous variables were grouped in classes. The data was analyzed using χ^2 test with SPSS software - version 22.0®. P values < 0,05 were considered to have statistical significance.

Results

The sample included 36 children/adolescents, with female predominance (34; 94.4%) and an average age of 10.3 years old (SD: 4.5 years old, ages between 23 months and 16 years). Characterization of the victims is resumed in table 1.

Characteristics of the victims	
Sex	n
Male	2
Female	34
Age	
Mean \pm SD	10.3 \pm 4.5 years
Median	11 years
Minimum; maximum	23 months; 16 years
Type of family	n
Nuclear	3
Extended	3
Single-parent	6
Step or blended	12
Other	5
Missing data	7

Table 1. Clinical characteristics of the victims

The suspected perpetrators were all male and mostly relatives (20; 55.6%) or trusted acquaintances (12; 33.3%). Eight of them (22.2%) were adolescents. Minimum and maximum ages were 13 and 75 years, respectively. The table 2 characterizes the perpetrators in higher detail.

Characteristics of the suspected perpetrators		n
Sex		
Male		36
Female		0
Age		
Adolescents		8
Adults		28

Type of relation with the victim	
Family member	20
Uncle	6
Father	5
Grandfather	4
Stepfather	2
Brother in law	2
Brother	1
Acquaintance	12
Stranger	4

Table 2. Clinical characteristics of the suspected perpetrators.

Four of the five cases in which the suspected perpetrator was the father, corresponded to step families or single-parent families. The majority of the victims (21; 58.3%) were brought to the emergency department more than 72 hours after the alleged abuse, being this percentage even higher in intrafamiliar cases (76.2%). A statistically significant relationship between delaying the report of the alleged abuse (being brought to medical attention more than 72 hours after the alleged abuse) and intrafamiliar cases was found ($p=0.01$).

Genital manipulation (17; 47.2%) and vaginal/anal intercourse (14; 38.9%) were the most frequent type of abuse (table 3). All victims were brought to the emergency room with a history or suspicion of SA; in none this suspicion was raised by the physician (based on alterations of the physical exam, for example).

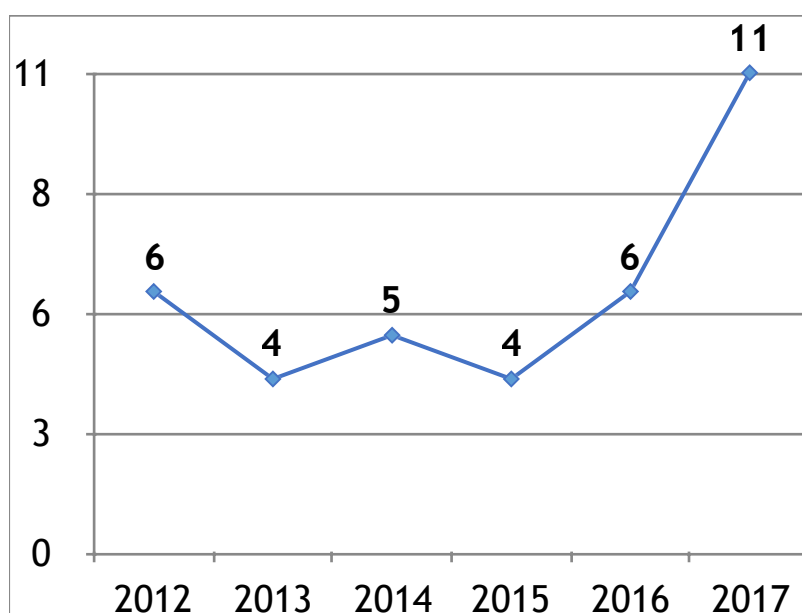
Alterations in the physical examination were present in 12 cases (33.3%), particularly vulvar, perineal and/or perianal erythema or friability/laceration, leukorrhea and, less frequently, dilation of the vaginal orifice and signs of recent bleeding.

Type of abuse	n
Genital manipulation	17
Vaginal intercourse	11
Anal intercourse	3
Attempt	1
Witnessing sexual practices	1
Kissing and fondling	1
Oral-genital contact	1
Unknown	4

Table 3. Type of sexual abuse.

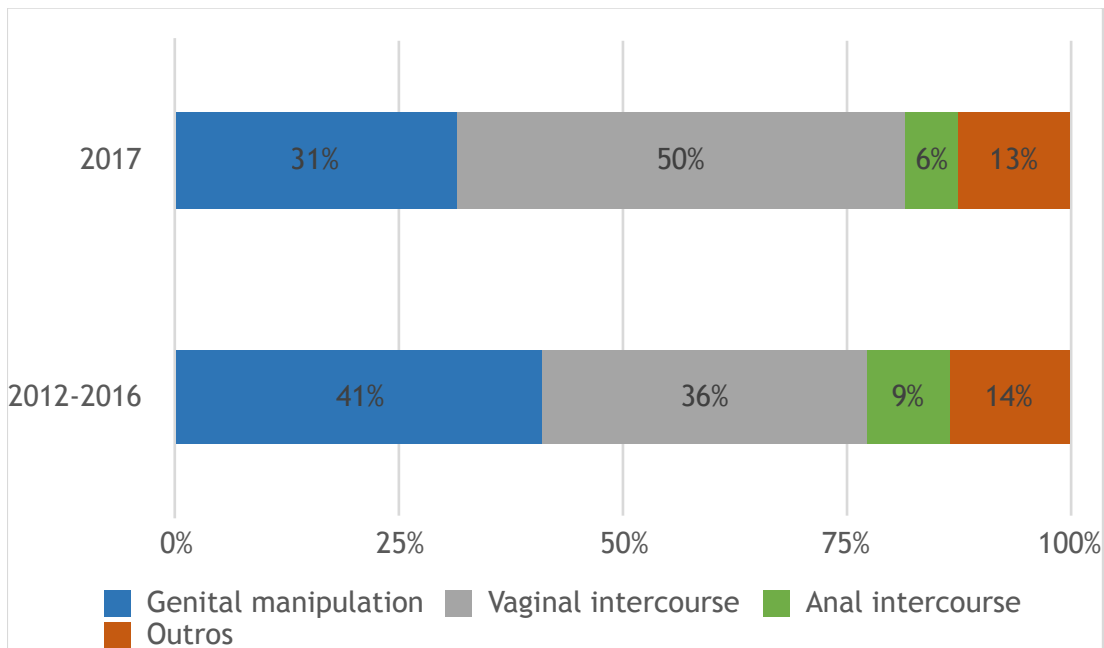
Four (11.1%) met the criteria for emergency contraception, 6 (16.7%) initiated HIV prophylaxis and 11 (30.6%) were treated for bacterial sexually transmitted diseases. One of the AS resulted in pregnancy, after failure of emergency contraception. Seven (19.4%) were hospitalized for protective reasons (whenever the separation of the victim and perpetrator wasn't guaranteed). Twenty two (61.1%) were referred to a Pediatric consultation, 14 (38.9%) to a Psychology consultation and 1 (2.8%) to a Psychiatry of Childhood and Adolescence consultation.

There were an average of 5 cases per year between 2012 and 2016, corresponding to 8% of the referrals to CYRSG. In 2017, the number of cases identified rose to 11. Temporal distribution of the cases is shown in graphic 1.



Graphic 1. Temporal distribution of cases

When comparing 2017 with the previous years (2012-2016), the number of reported cases in step or single-parent families was higher (80% vs 52.6%), the alleged perpetrator was more often a family member (63.6% vs 56%) and suspicion of vaginal intercourse was more frequent (72.7% vs 32%). This difference was not, however, statistically significant. Graphic 2 compares the types of abuse in 2012-2016 and 2017.



Graphic 2. Distribution of types of abuse in 2012-2016 and 2017.

Discussion:

In this study, which reflects the reality of a suburban region of Lisbon, the prevalence of referrals to CYRSG by alleged SA is similar to national data (8% vs 5%) (Direção Geral de Saúde, 2015).

Our findings are in line with the majority of studies, demonstrating a clear predominance of preadolescent female victims. Perpetrators were more often family members or trusted adults acquaintances. SA seems to be more frequent in step and single-parent families, which is also consistent with other reports. However, this difference was not statistically significant and larger studies are needed in order to draw conclusions. Most of the victims were brought to health care services more than 72 hours after the alleged abuse, which might be explained by fear of medical exams, social stigma or fear of possible consequences if the perpetrator were to find out. This delay in reporting the SA was even higher in intrafamilial cases (76,2% vs. 58,3%), being this difference statistically significant ($p=0,01$). As expected, physical findings were present in only one third of the cases.

The incidence of alleged SA increased in 2017. This might be due to an increase awareness of the problem by the population. Nonetheless, this also might be the result of a greater number of unfounded suspicions raised from unspecific signs, resulting in unnecessary, traumatizing and invasive procedures, consultations and investigations. Obtaining an unbiased history from a child who may have been sexually abused may be the most important part of the evaluation, particularly since physical findings are frequently absent.(Hymel, Jenny, 1996; Johnson, 2004; Heger, Ticson, Velasquez, Bernier, 2002; De Jong,

Rose,1991): History and physical examination must be performed by an experienced professional, in a calm and quiet environment, proceeding at the victim's pace. Follow-up must be ensured to avoid unmet medical or psychological needs. Child and adolescent victims of SA are at risk for short- and long-term psychological disturbances, such as posttraumatic stress disorder, depression and suicidality, and warrant timely assessment of risk and referral for mental health services (Who.int, 2016; Girardet et al, 2006). Children and adolescents who undergo unnecessary procedures because of alleged SA are also at risk for psychological disturbances.

Our study has some limitations, such as: small sample, leading to impossibility to extrapolate our findings to the general population; a retrospective design, making it difficult to access some community and social factors that might be related with an increased risk of maltreatment (unemployment, poverty, alcohol and drug abuse, among others). Larger and prospective studies are needed.

To conclude, being sexually abused or undergoing unnecessary procedures when SA is suspected is always devastating to the child/adolescent.

The approach to suspected SA is a real challenge to healthcare professionals.

Prevention should be warrant. Programs to teach children about body ownership, difference between good and bad touch, how to recognize abusive situations, say "no" and disclose abuse to a trusted adult are need and should be encouraged. Such programs are effective at strengthening protective factors against child SA. The earlier such interventions occur in children's lives, the greater the benefits to the child.¹

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Bullying and Cyberbullying - our reality.

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Abstract

Bullying and cyberbullying are phenomena that have the intention of make an individual feel bad and gaining control over him. The aim of this study was to investigate the prevalence of these phenomena in students of the 3rd cycle and characterize the use of technologies by adolescents. An inquiry was applied to 333 students and the SPSS 23® program was used for data analysis. The respondents had a mean age of 13.9 years, 52.3% were women and most were in the 8th grade. It was found that 14% of young people had already been victims of bullying and 7.5% suffered at least one act of aggression in school. 8% of students admit they have already practiced bullying, in 46% of cases because they consider it fun.

Internet access in 34% of cases is done for 1 to 3 hours per day, preferably by phone. Most adolescents had a social network profile, 23% already suffered from cyberbullying and 13% already practiced it. Of the young, 16% reported having received messages from strangers, in 16% of cases with Sexual content. This study revealed that these phenomena still a reality in our country. Bullying is visible, being more easily detected in school, while in cyberbullying this does not happen. In addition, many young people are still unaware of the dangers of the cybernetic world. The results reinforce the need for intervene in schools and create measures to raise awareness, combat and prevent these phenomena.

Keywords: bullying; cyberbullying; adolescent behavior, internet, preventive measures.

Introduction

The phenomenon of violence has been a concern at national and international level, gaining visibility by the fact that it is considered a serious violation of human rights and a public health problem, with high impact on populations and high costs associated with. Ever since health professionals have been called upon to provide care to victims of violent acts, centered on a reparative perspective of the injuries caused, both from the physical, psychological and emotional point of view (Perdigão et al., 2014).

Family and school are fundamental institutions for the development of children and young people (Gequelin & Carvalho, 2007). Adolescence is a stage associated with drastic transformations that often generate conflicts (Silva, 2004), that include identity construction and changes in the social life of the young (Pellegrini & Bartini, 2000). It is a life stage in which peers, and relations with these, are of great importance (Andrews & Bonta, 2010). Thus, it is also in this stage of life that negative experiences can lead to the perpetration of problematic behaviors at the social level, such as aggressiveness and bullying (Cillessen & Mayeux, 2007; Mesch, 2009; Tyrode & Bourcet, 2002).

An individual is a victim of bullying when he or she is exposed, repeatedly and over time, to negative actions (physical, verbal, psychological and/or sexual) on the part of one or more persons, and there is an imbalance of power between the parties involved (Dan Olweus, 1993; Matos, Negreiros, Simões & Gaspar, 2009). It is also noteworthy that bullying aims to cause bad thoughts and gain control over another person in an intentional way (Carvalhosa, Lima, & Matos, 2002; Martins, 2009; Olweus, 1993; Pereira, 2008; Seixas, 2005).

The digital environment is governed by its own norms, and its users can interact with other people in ways different from those learned in the socialization processes that involve the physical space (Seixas, Fernandes & Morais, 2016). The introduction of digital technologies in the day-to-day of children and young people translates into new forms of communication and interaction, which differ from the verbal and non-verbal competences used in the everyday life contexts (Seixas, Fernandes & Morais, 2016). Some individuals behave more openly, more relaxed and less constrained in the digital world, contrary to what happens in the physical world, which may facilitate the emergence of conducts or actions that might not arise in real life situations such as hostile or aggressive communication (Seixas, Fernandes & Morais, 2016).

The Cyberbullying (bullying virtual/digital) is assumed to be a variant of the traditional Bullying. The term designates the repeated use of information and communication technologies, as a way of carrying out deliberate behaviors of hostility, against an individual or a group, intending to cause damage (Seixas, Fernandes & Morais; 2016). Cyberbullying is less noticeable, but its consequences can be more serious, in which the threats, humiliations, aggressions and extortions, practiced in a repeated manner, are frequent. The greater accessibility to new technologies, both in the school context and in the family context, makes this phenomenon increasingly frequent.

It is up to the family and the school to inform young people about these phenomena, the dangers they cause and their consequences. It is also fundamental to transmit appropriate standards and behavioral patterns.

This study aimed to evaluate the prevalence of these phenomena in 3rd cycle students, as well as to characterize the use of information and communication technologies by teenagers.

Methods

Observational, descriptive and transversal study, with the completion of an anonymous and confidential survey, directly applied to a sample consisting of adolescents attending the 3rd cycle of basic education (7th, 8th and 9th grades) in the municipality of Lourinhã, Portugal.

The authorizations of the directors of the school groupings and the informed consent of the students' parents were requested. The informed consent model presented two distinct parts, one for those who consents and one for researchers, thus consecrating an arrangement between parties.

The applied investigation consisted of mixed-type questions (closed and open). The questions were elaborated based on surveys used in studies with similar objectives. A pilot test (total of 30 adolescents) was performed in order to detect difficulties in interpreting the questions or inconsistencies. The final questionnaire (after correction) was delivered to the students by the teacher in charge of the class and completed in the classroom during the school period.

The variables measured in the study were: demographic data (age, gender, schooling, nationality, household composition), characterization of the use of information and communication technologies (existence of computer and internet access at home, age of acquisition of the first mobile phone, existence of internet in the mobile phone, type of communication and activities performed *online*), bullying and cyberbullying behaviors (victim and/or aggressor) and adolescents' knowledge about these phenomena.

Victim and practitioner of bullying were defined: Victim of bullying corresponds to the adolescent exposed 3 or more times to negative actions on the part of a person or group, there is an imbalance of power between the parties involved; bullying practitioner is the adolescent who performed 3 or more times negative actions to an individual, with an imbalance of power between the parties involved.

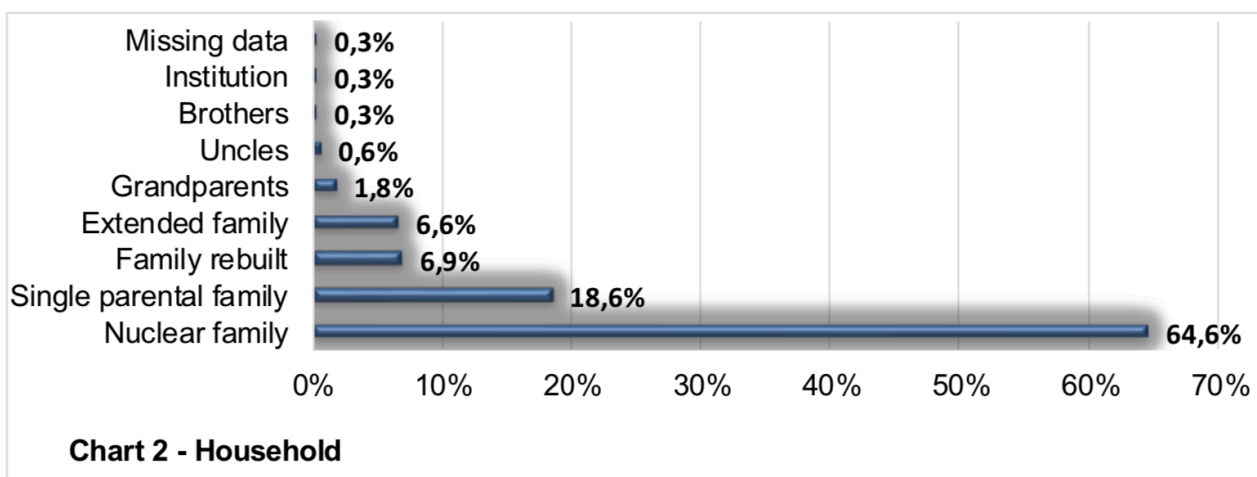
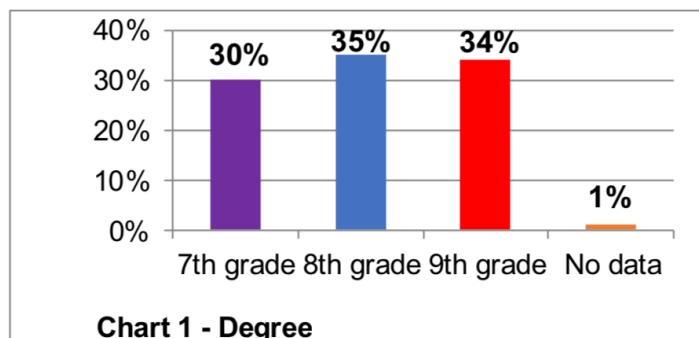
It was defined victim and cyberbullying practitioner: cyberbullying practitioner is the young man who uses the virtual space to intimidate and provoke a person; victim

corresponds to the adolescent who suffers hostility behaviors through the virtual space, on the part of another person (s).

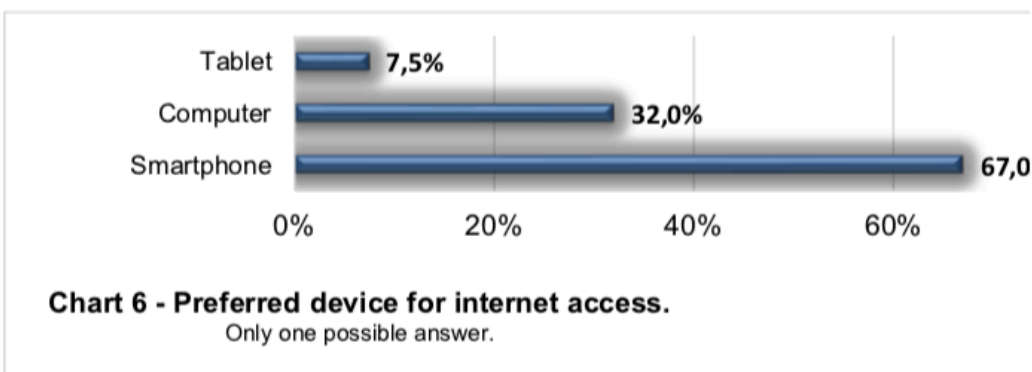
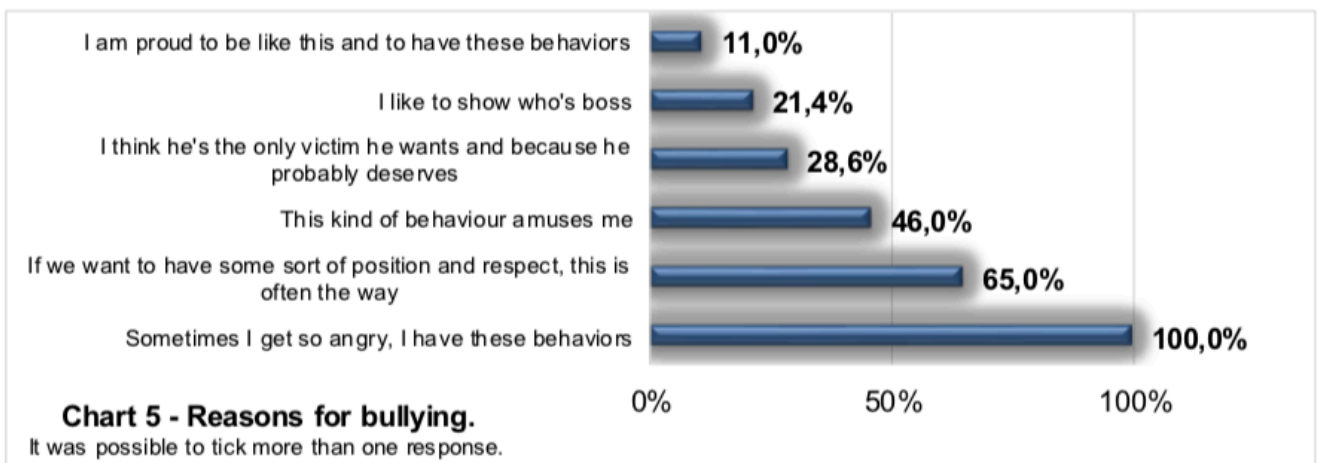
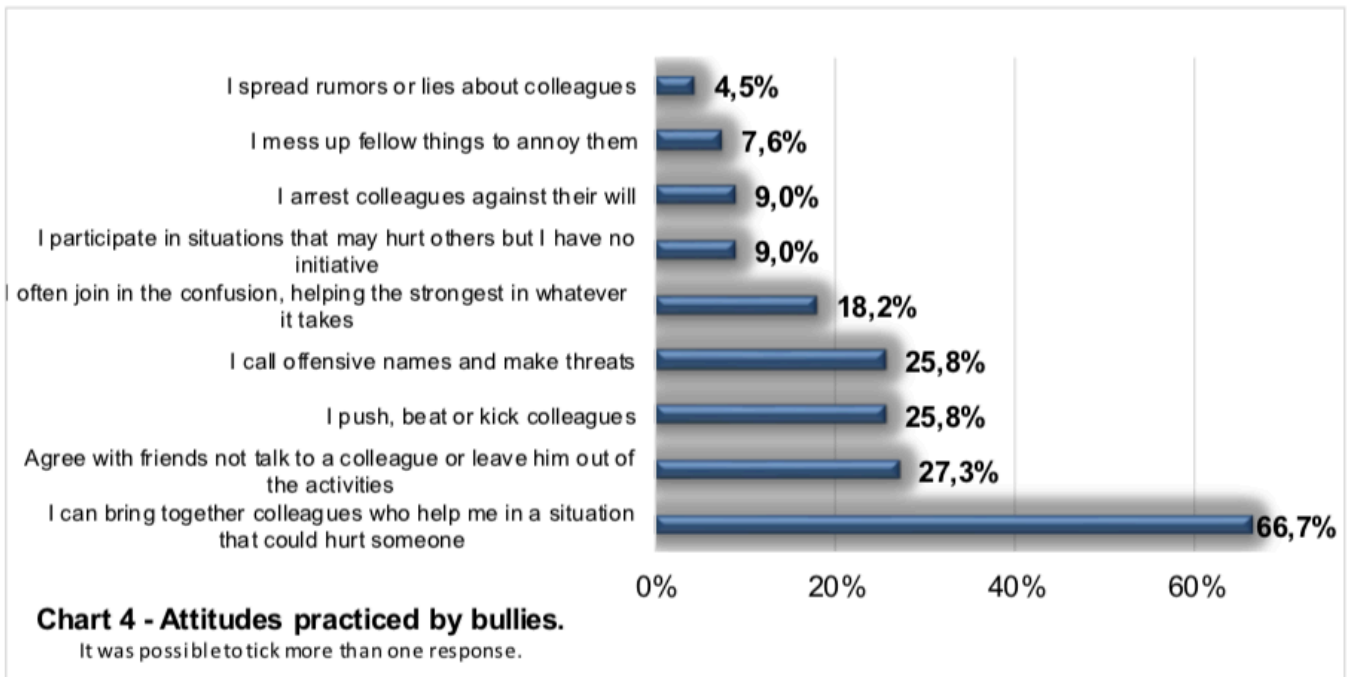
The responses to the survey were coded with a numerical code and the information was introduced into a computer database (in Microsoft Excel 2016), created for this purpose. Data analysis was performed through the SPSS 23 program.

Results

We obtained a total of 333 valid questionnaires (100% of answers). Of the respondents, 52.3% were females, with a mean age of 13.9 ± 1.2 years (minimum age 12 years and maximum 17 years). All the adolescents were of Portuguese nationality and most of them were in the 8th year (chart 1). In 64.6% of the cases the adolescent was part of a nuclear family, followed by the single-parental family with 18.6% (chart 2).



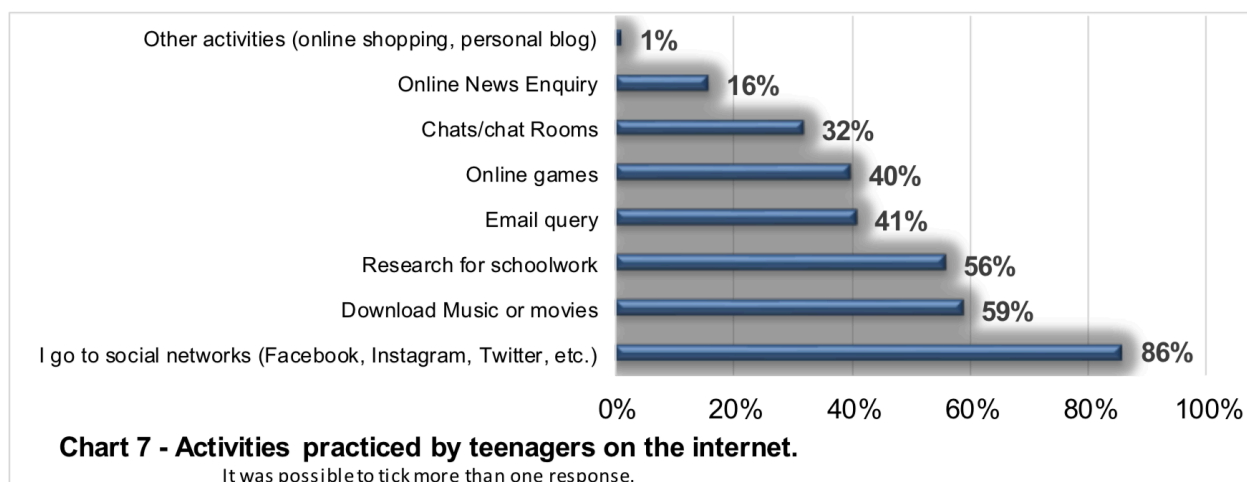
15% of the adolescents reported that they had already been victims of bullying (N = 51; M/F: 19/32) and 24% suffered at least one act of aggressiveness in school environment (N = 81). The attitudes most mentioned by young people were the fact that they were oppress (67.4%) and insulted (53%) by colleagues (chart 3).



Regarding the practice of bullying, about 8% of the students admitted to having already

practiced (N = 28; M/F: 14/14) and 11.4% had at least 1 act of aggression towards colleagues in school (N = 38). The most practiced acts were to act in a group in a situation that could harm someone (66.7%), ignore or exclude a colleague from the activities (27.3%) and push, hit or kick (25.8%) (chart 4). All bullying practitioners do it when they are irritated, 65% say they want to impose respect and 46% find these behaviors fun (chart 5).

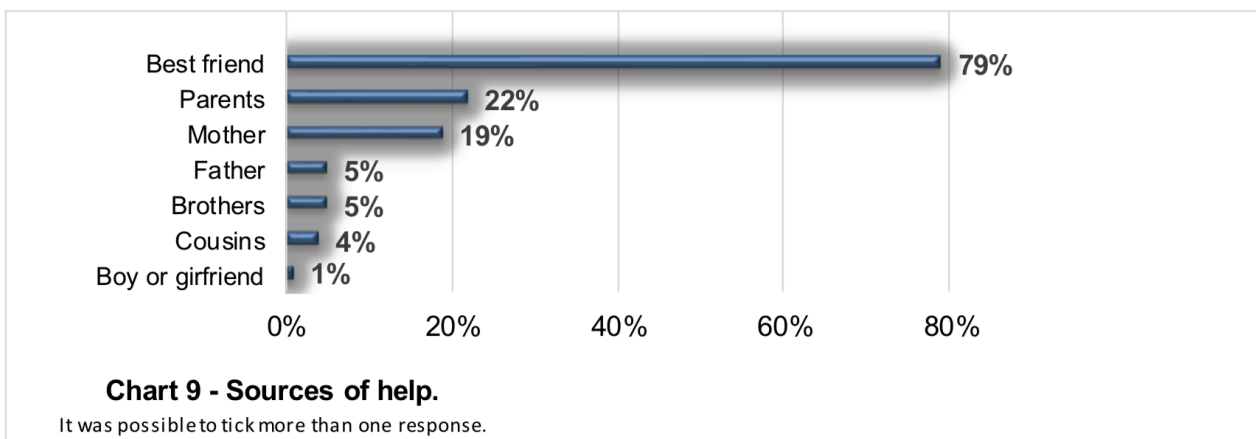
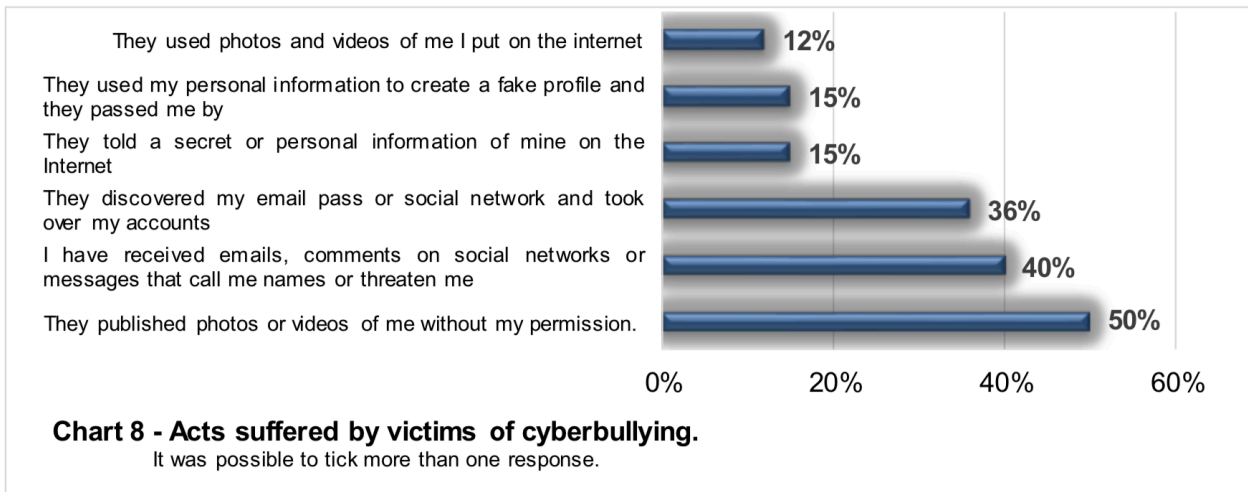
Of the total number of respondents, 95% had a computer with internet and in 57% of the cases it was in the adolescent's room. 97% of the teenagers have mobile phones and 94.7% of whom have internet access. A significant percentage (28%) of young people acquired their first mobile phone before the age of 10. The phone is the device preferentially used to be connected to the internet (chart 6).



Regarding the hours spent on the internet, 34% of them spend 1 to 3 hours of the day and 21% between 3 and 5 hours. The most practiced online activities are access to social networks (86%) and music or movie downloads (59%). It is important to note that 32% of young people use chats/chat rooms (Chart 7).

Teenagers that had experienced cyberbullying totaled 23% (N = 78; M/F: 36/41). The most frequently suffered acts by adolescents were the publication of photos or videos without consent (50%), insults and threats through messages on social networks and/or e-mail (40%) and theft of the password of online accounts (36%) (Chart 8). In 78% of the cases the adolescent knew who had been the practitioner of cyberbullying, and this individual also practiced bullying to the same adolescent in 18% of the cases. Regarding the practice of cyberbullying 13% admitted doing so (N = 43; M/F: 24/18).

As regards the occurrence of conversations with strangers on the internet, 26 of young people admit to having received messages/emails from strangers (N = 85), 16% refer sexual content in the messages and in 11% of the cases the unknown tried to arrange a meeting. They told someone and pursued help in 85% of the cases. Most of them (79%) told their best friend and 22% told their parents (Chart 9).



With regard to the knowledge of young people about these phenomena, 98% say they know what bullying and 90% know cyberbullying. Most (58%) mentioned wanting to gain more knowledge about these phenomena. When questioned about the fact that the relatives or the school approach these themes, it is verified that they are more frequently approached in school environment compared to the family environment (table 1).

		Local	
		Family	School
Transmission of information about bullying	Yes	79%	95%
	No	21%	5%
	Total	100%	100%
Transmission of information about cyberbullying	Yes	60%	86%
	No	40%	14%
	Total	100%	100%

Table 1 – Source of knowledge about bullying and cyberbullying.

Discussion:

This study evaluated the prevalence of bullying and cyberbullying in students of the 3rd cycle of basic education in the municipality of Lourinhã, Portugal. It was also possible to characterize the use of information and communication technologies by adolescents.

From childhood to adulthood, the school constitutes a privileged context in the transmission of norms and behavioral patterns, allows the socialization of the child/teenager and enables the first contacts with peers, of the same age or older, away from the supervision and control of the family. However, the family and the school, as well as the community, also contribute to the prevalence and perpetuation of violent behaviors. One of the manifestations of violence in the school that has achieved greater visibility is aggression among peers particularly bullying. Currently, easy access to digital technologies by teenagers allows these behaviors to be perpetuated at the digital level, increasing the exposure to negative experiences such as cyberbullying and sexual exploitation.

This study revealed a significant prevalence of these phenomena in schools, especially the cyberbullying, with a higher percentage of both victims and practitioners compared to bullying. An explanation for these results is the fact that there is a greater behavioral disinhibition in the digital context, which can be understood and characterized by some specificities associated with it, such as: anonymity, the difficulty of practitioners being identified allowing the escape from responsibilities, the ease and speed of information propagation, the easy escape of situations by creating imaginary characters for certain

types of interactions and the fact that in the online world the individuals assume that the authority does not exist, that one can say and do all that is desired, without fear that someone with authority scrolls them or applies them a punishment.

According to Magalhães et al. (2017), a Portuguese study covering 5500 young people aged 15 years concluded that 24% of young people do not consider that situations of control and abuse in social networks are forms of violence. The results of the study indicated that the victimization by social networks, such as insult and online humiliation, has an incidence of 11%. In our study we obtained a percentage of 23% which may reflect the progressive increase in the frequency of this phenomenon.

In our study, we verified that the cyberbullying practitioners were mostly male, with no gender differences in the practice of bullying. In both phenomena, female victims predominate. The national data of 2014 of the HBSC on the Health of Portuguese adolescents (Matos et al., 2015) in relation to the comparison between gender, indicates that in situations of cyberbullying are mostly boys who engage as chasers and are the girls who mostly manifest themselves as victims. The double involvement, as a victim and provocation, is more reported by the boys. The results of our study are in accordance with these data. The same study mentions that young Portuguese use the computer to chat, surf the internet, send emails, etc., from one to 3 hours during the week and the weekend, which also agrees with the results we obtained.

Many young people are unaware of the dangers of the virtual world, which sometimes become a reality that destroys physical, emotional and psychological well-being. It was found that a significant percentage (26%) already had conversations with strangers on the internet and in 11% of cases the unknown attempted to arrange a meeting. It is thus fundamental to alert young people to the dangers of the internet and to inform them how they can ask for help.

More than 90% of adolescents reported to know what bullying and cyberbullying is, but most of them aspire to have more knowledge about these phenomena.

This study allowed us to verify that these phenomena are a reality in our country, and the practice of cyberbullying is increasingly common, which follows the evolution of society and the increase in the use of new information and communication technologies. The fact that access to the internet can be easily done anywhere from devices such as mobile phone and tablet, make this form of bullying more attractive and also by all aspects previously mentioned associated with the virtual world. The study also revealed that not all families speak of these topics, being bullying more discussed than cyberbullying (79%

versus 60%). Both phenomena are more often approached in a school environment compared to the family environment.

The results reinforce the need for to create a programme of prevention and intervention with schools in order to prevent these behaviors and to include these guidelines to families. The media continue to be an important and effective means of information that can be used to raise awareness of people and to combat these phenomena.

This study presented some limitations: the data were obtained through an unvalidated self-report questionnaire for the Portuguese population (although a pilot test was carried out to allow its measurement and use in the study); the fact of the method of collecting information is a questionnaire that is dependent on the honesty and capacity of the person surveyed in understanding the issues.

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Psicologia | Psychology

Reflexões sobre Adolescência, Transgressão e Delinquência.

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Resumo

O presente trabalho propõe uma reflexão teórica sobre adolescência e transgressão, sendo resultado de investigações de cunho bibliográfico. Procura explorar a hipótese de entrelaçamento das duas concepções como “indissociáveis” na vida dos sujeitos. Toma-se como pressuposto que o sujeito adolescente é determinado por formulações construídas histórica e socialmente. Com isso, busca-se entender o papel destinado à adolescência na sociedade contemporânea e, também, as representações que fazem da adolescência o período *preferencial* para o início das práticas delituosas. Concebe-se a delinquência como um ato de dupla função: individual, porque se manifesta pela diferença subjetiva, e social, porque ela é um ato que se dirige à sociedade como resposta a um direcionamento pré-determinado. Usando o referencial teórico da Psicanálise, busca-se entender os fenômenos psíquicos presentes no processo da adolescência e, também, as mudanças da forma como os laços sociais passam a ser estabelecidos, ampliando-se de vínculos familiares às macro relações. Esta reflexão pretende sustentar a afirmação de que há distinção entre transgressão e delinquência, ou seja, se a transgressão está para todos os adolescentes, a delinquência é reservada para alguns, via de regra, sujeitos de determinadas classes sociais – aqueles que são marcados pela passagem pelas instituições de penalização/correção que legitimam esse lugar, conforme sustenta Foucault. Os mesmos preceitos enunciados pela psicanálise para caracterizar a delinquência no nível do sujeito podem servir de suporte para uma discussão de sua significação social.

Palavras-chave: adolescência; transgressão; delinquência.

Adolescence is a fundamental part of the constitution of subjectivity, since the new physical condition, the imminent entrance into the adult world and the need for self-affirmation are decisive factors in the construction of the identity of the young person,

making this a period of great conflicts, both internally and transposed to social relations. The teenager is, to paraphrase Hannah Arendt, between the past and the future - he is no longer a child and is not yet an adult - so that he finds himself in the place where he no longer is and where he is not yet. The conflicts experienced intensely at this stage arise from the insecurity of being on his way to an indefinite place that, therefore, requires options based on hypotheses. Making choices involves cutting out a universe of possibilities. Thus, the end of childhood is marked by the abandonment of the hope of potentially fulfilling all the dreams that give meaning to existence. Adolescence is the reluctance to abandon the power of everything, having to choose to carry a power out, thus renouncing other powers. It is the passage of freedom as a possibility to freedom as responsibility. Ruffino (1995: 46) states that adolescence:

[...] could be explained as three demands placed upon the human when he abandons childhood, and which he will only fully respond to as an adult. They require a complete repositioning of the subject in the face of three longings: that of his relation to the other sex, that of his relation to the order of affiliation, and to the consequences of his concrete acts.

Such demands on adolescents do not arise separately; they are inseparable in the determination of both their conduct and their anguish. Regarding sexuality, according to psychoanalysis, the sexual drive that was self-erotic in childhood, now has an external object, and these new objects, now different for boys and girls, will be sought outside the family. At this stage, the young person perceives himself with a body similar to the one of the parents and with the capacity to reproduce. But, at the same time, at this moment, the gaze changes on the father, who was once an ideal model of perfection, capable of keeping castration away⁵, and is now perceived as demystified, with limitations and failures. This perception of a father who distances himself from the ideal father installs a crisis in the process of identification that leads the adolescent to deny the model, now seen as imperfect, that is deceitful and a untrue before his idealizations.

The relationship between parents and teenagers is almost always conflictive, since, on the one hand, the young person seeks to break ties by fighting for his or her autonomous identity and, on the other hand, the parents, who see in their child the reprint of their own adolescence. It is the return of the past that comes to cause reflections on the choices made. For parents, the adolescent often just wants to do the opposite of what they

⁵ Castration is one of the fundamental concepts of psychoanalysis which signifies the interposition of the principle of reality to the principle of pleasure and which is in the genesis of the self-regulated moral conduct.

wish them to do. However, he or she interprets, reads behind the lines, seeks to find the parents' desire behind what they state.

In order to establish their place in the world, the young person needs to break with the parents, assuming a position of denial of what is proposed as true by the adult world. In order to face the difficulties that arise with this position, they tend to assume a gregarious behavior, that is, to participate in groups in the search for their peers. The group occupies a very important place in the adolescent's life. "In the occupation of the extrafamiliar space, the adolescents seek group routes in which they find marks that give them a place." (MEIRA, 1995, p.102).

The group assumes the task of organizing, of repairing, of introducing a world different from that of adults. This symbolizes the denial of the social game that the young individual discovered at the expense of the deidealization of his or her parents. Charles Melman (1995, p. 13) argues that in groups adolescents find a space of similarity that guarantees them the achievement of this goal.

We know the frequency of these creations of neo groups, of neo-communities, of flocks where one can cultivate a perfect identity and similarity, thanks to the specific type traits that individualize each one of the flock, traces of clothing, physical aspect or language; one in which each would be each other's brother and finally that society that assures, among its participants, a perfect equality, would be achieved.

Even with this attempt to understand what a teenager is, I find it difficult to establish general characteristics of adolescence that serve as a reference for the diversity that this concept harbors. The conflicts present in it are structural, although they are variable as much as the tangle that is woven in the psyche of each one from their social experiences. Thus, some striking features of this phase of human experience can be pointed out as general, although varying in intensity.

Adolescent behavior is, in general, almost always contradictory, presenting risky, unfounded and unpredictable attitudes. They alternate manifestations of love to their parents with outbursts of anger and revolt against them. They bear independent behavior, while revealing a strong dependency. They seek to affirm individuality, an identity of their own, without, however, ignoring a group behavior or pattern. Among the most common characteristics, one may point out the challenge to any kind of authority, the refusal to the limits imposed on them, which are, at the same time, the recognition of the need for authority and limits. Apparently the fascination in transgressing the laws is the main

motivation for the said generational conflicts. Foracchi (1972), however, asserts that such conflicts do not establish discontinuity, but denote the form of enthronement of young people in the adult world, a world that they will fully integrate based on the models and social interaction they have learned and which they will continue.

The assertion that adolescence is a phenomenon that refers to the psyche of each subject at the time of transition from childhood to adulthood and which is, at the same time, determined by the social representation of this phase, allows us to state that the set of characteristics of this phase and the process of this crossing, namely, the need to affirm one's identity, resistance to limits and position of claim, give adolescent behavior characteristics that are transgressive, making this the phase when they may get involved in criminal practices more intensely, which can lead to the world of delinquency.⁶

At this point it is important to point out that transgression and delinquency have very close meanings. They refer to the non-compliance with legal or moral precepts and are associated with offense or with violation of the law. The term transgression has a particularly interesting meaning with respect to the issues discussed above. It carries the meaning of going beyond, crossing. Thus, one may think that the term transgression is synonymous with adolescence, since it can also be understood as going beyond childhood, it can be described as the crossing to adulthood. Or, who knows, to go beyond the adult, to do what the adult does not or cannot do.

There are two relevant aspects. The first one concerns the psychological aspect of the transgressive act, which initially raises doubts as to the pertinence of such a term, for if we accept the assumption that the adolescents have their conduct guided by the reading that they make between the lines, of the intentions and expectations of society, they are obedient and welcome implicit messages; hence their behavior is obedient to paternal desires, but disobedient to social exteriority.

Secondly, it is necessary to point out the difference between the transgressive or delinquent behavior characteristic of youth and the one considered criminal or offending. Michel Foucault (1977) distinguishes between offender and delinquent, saying that what makes an offender is not the act committed, but the subject's life, that is, his/her constant

⁶ The Italian psychologist Miscioscia (2005, p. 12) states that to understand the psychological meaning of violent behavior of the adolescent, it is necessary to take into account the normal tendency that they have to transgress the laws and manifest violent behaviors. He says that transgression is a normal and generalized characteristic in adolescence and that it is manifested in Italy through the use of drugs, small acts of vandalism, the ingestion of alcoholic beverages, small thefts, among others.

passages through penal/correctional institutions that legitimize this place. For him, the delinquent is a character produced in the penal system.⁷ This is added to the fact that young people, in general, commit transgressive acts and only a very small minority have their actions investigated and/or punished.

Thus, if the conduct of the young person, which we consider to be a routine and common conduct at this stage of life, is understood as a social construction⁸ and expresses the desires of society as a whole, even though in a transverse way, why is there constant need for control actions if it is also known that such actions are merely exemplary and directed to a particular social class? Or, why is it that the society that seeks the non-limitation of enjoyment insists on pointing out the existence of a large number of delinquents at the beginning of this century?

To speak of delinquency is to presuppose the dynamic act from the dialectic present in the binomial law-transgression. Both are confirmed by opposition and it is from this perspective that discussing delinquency as a social and individual phenomenon is proposed.

The law that defines delinquency, here understood as crime or offense, is the positive law of the legal order of the State⁹, which has the effect of producing behaviors, ways of life, and influences decisively the construction of the social imaginary and

⁷ Examining bourgeois modeling sexuality as a political instance to exercise power, Foucault (1985, p. 234) presents individuals trapped between two forces: "full sovereignty over oneself" and the "bond that one can and should establish with others".

⁸ Despite the belief that, as stated several times, the phenomenon of delinquency is determined historically and culturally, it should be noted that, from time to time, studies on the biological determination of this phenomenon such as those currently made by neurosciences, by the genetics and by some branches of psychology resurface.

⁹ The formulation of the law takes place within the civil society, being materialized in the State. However, civil society presents several forces that support social relations, and from the clash between those forces the definition of law content emerges. They represent the interests and the project of society resulting from a possible consensus among the various groups that participate in its formulation. It is a civilizational model that presents itself as a form of social political power not explicit in a documentary systematization, as in the positive law, for example, but that invades the subjectivities and ends up being constituted as a cultural and historical body. This model is expressed in an individualistic model based on a collective progressive ideology of humanity's "development and well-being": the society divided between those who, in full enjoyment of the effects of the powers acquired by their social condition - and as such placed as a model, and the others who, in the backwardness of the promise of a future, struggle to obtain this idealized condition.

institutions of control. That is, it acts in the regulation of the relations between subjects, while, by imposing social limits, it serves as a parameter in the formation of subjectivities.

For Philippi (1994), the legal norm describes, prescribes and makes normal the behaviors, at the same time that stipulates measures of social values, shaping the subjects according to the spirit of the laws.

For psychoanalysis, the subject is constituted essentially from the relationship with his or her alike through the mechanism of identification, which causes subjectivity to be determined by the bond that he or she has with the collectivity. In the same way, delinquency is determined by the conception of responsibility that emanates from the culture in which the subject lives, being relative to the customs and laws existing in it. Law and crime are linked dialectically, for, as Lacan (1994) says, repeating the apostle Paul, where there is no law there is no sin. It is important to highlight that this assertion can be found in the biblical text, more specifically in St. Paul's letter to the Romans: "... where there is no law, there is no transgression." (ROM., 4, 15).¹⁰

Thus, delinquency can be understood as an act that denounces a legal arbitrariness of society as a whole, at the same time as an act that expresses the nonconformity of a particular subject in relation to the whole of the laws of a society. Delinquency is an act of dual function: an individual one, because it is manifested by subjective and social difference, because it is an act that addresses society as a way to make a difference, to deny the homogeneity of citizens in the face of social and moral limits.

In this regard, Maria Rita Kehl (2004, p. 96) says:

[...] delinquency is as much a pathology of one or another particular subject as of 'society as a whole'. We can, in this case, understand the increase in juvenile delinquency in our day as a symptom of the whole of society, an effect of what I have been calling the teenagization of Western culture.

Psychoanalysis brings important contributions to the discussion of delinquency as a phenomenon that establishes itself in subjectivity. To do so, one must understand what

¹⁰ Lacan (2005, p. 24-5) goes further in the words of St. Paul: "What shall we say then? Is the Law sin? No, definitely not. I would not have known sin, but through the Law. For I would not have known what it is to covet if the Law had not said: 'You shall not covet'. It was sin, therefore, that, taking advantage of the occasion given to it by the precept, excited all kinds of covetousness in me. For, without the Law, sin does not live. Without the Law, I lived. But when the precept came, sin came to life, while I met death. So the precept that was to give me life, led me to death, for sin, finding a breach in the precept, seduced me and gave me death for it. "

separates neurotic from perverse, real from symbolic. Neurotic is the one who can symbolize the object of desire, reifying it in so many others he desires throughout his life. The perverse wants the desired object in the material form, that is, desire also moves throughout life, however, does not acquire a symbolic form, it remains materialized by the impossibility of symbolization. Already in the first years of life, before the preliminary family experiences, the introjection of the limits, of the laws that will determine the fundamental cut between the subject and the possession of the primary object, begins. It is from the recognition of the impossibility of this possession that the subject is able to symbolize. Thus, to symbolize the desired object means to inscribe oneself in the social laws and to structure oneself from them, recognizing them and not denying them as the perverse does. If the subject was not able to grasp the limit, to undergo the cut, his or her relationship with the object of desire is of possession.

Charles Melman (1992) states that what characterizes delinquency is the particular form of access the delinquent has to the object of desire. Such access is organized by apprehension and violation, because for him the object has no symbolic value; the value is in the form it was acquired, that is, the object only has value because it has been kidnapped.

To support this position, Melman (1992) takes as foundation Lacan's equation on social structures, according to which they are symbolic structures, allowing real behaviors, that is, that the symbolic power thus exercised is painless and inapparent but effective for most of the people. The social structures determine the exchanges and, insofar as they become symbolic, the behaviors are real; on the contrary, if the relations of exchange become real, the behaviors become symbolic. Those structures become real when their power only has effect in its concrete, constabulary, ostensive version.

The delinquents' conduct marks a fault, which they attempt to fill; their act founds and legitimates subjectivity. The delinquents, in their act, want to be listened to; they mark their presence by the act they commit. Therefore, in a psychoanalytic reading, the act of the delinquent cannot be classified as the responsibility of the subject, since there is no subject; his or her effort is in the sense of forcing the existence of a subject, of making himself recognized, of being someone, of making his symbolic inscription viable. Therefore, what characterizes the offender's fault in an economically stratified society when adolescents from all social layers transgress the laws?

The same precepts enunciated by psychoanalysis to characterize delinquency at the subject level may serve as a support for a discussion of its social significance. Through

their act, the delinquents, besides founding their subjectivity, mark a place - a marginal place - in society. In this way, the offense has the function of demarcating the place of the non-offender, of confirming the validity of the rule.

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Infância(s) e Género(s): a identidade de género na infância

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Resumo

O desenvolvimento da identidade de género na infância tem sido objeto de estudo pela psicologia do desenvolvimento, estando associado a marcos desenvolvimentais considerados fundamentais, nomeadamente a estabilidade e constância de género. Esta primeira concetualização formada pelas crianças, tão precocemente como pelos 1 ½ anos, de que todas as pessoas com quem contactam se enquadram numa de duas categorias – homem ou mulher –, é considerada um indicador de desenvolvimento, bem como um organizador central e estruturante das aquisições desenvolvimentais, por diversas correntes teóricas da área.

Neste trabalho, é realizada uma breve revisão teórica acerca do desenvolvimento infantil quanto à identidade de género, tornando-se então explícito o pressuposto da associação entre bem-estar e ajuste psicológico e a esperada correspondência entre código genético, anatomia biológica, sistema hormonal, expressão e identidade de género. Dentro deste panorama, que teoriza o desenvolvimento como maioritariamente universal e previsível, levantam-se questões acerca das divergências, unicidades e multiplicidades das vivências do desenvolvimento da expressão e identidade de género, em particular das que não se conformam aos papéis binários de género. A diversidade, criatividade, "alfabetização" ou "saúde" de género têm sido expressões utilizadas para suprir a necessidade de debate e diálogo acerca destas questões. Neste contexto, são revistas as possibilidades, reais ou potenciais, de que as crianças dispõem para explorar a sua expressão e identidade de género, para além do binarismo de género - e através da autodeterminação.

Palavras-chave: identidade de género; infância; psicologia do desenvolvimento

Gender Identity

Gender, as a relevant theme, has been brought up in the developmental psychology literature around the '80s/'90s (until that period, "sex" is approached only when it is perceived as relevant). The most common conceptualization used during this period is best described by Sroufe, Cooper and Dehart (2004, p. 373): "Gender is a key aspect of the preschooler's emerging self-concept. Being a boy or a girl is central to the definition of the self". The authors Papalia, Olds and Feldman (2009) also defend that gender identity is an integral part of the development of self-concept, summing it up as a "conscience, developed in second infancy, that someone is either a man or a woman" (p. 301).

Positioned from a cognitivist perspective, Schaffer (2004; Mussen, Conger, Kagan & Huston, 1988) approaches this theme distinguishing between personal identity – related to "individual attributes" – and social identity. This is defined as a sense of belonging to certain social categories, such as "gender, ethnicity, socioeconomic status..." (p. 320), which he describes as being incorporated in the child's "self-image". "The most basic of these categories", Schaffer argues, "is gender" (p. 320, 2004). This will then affect the treatment the child will receive from their environment and, eventually, the notion of gender identity they will develop – regarding themselves, as well as others (Schaffer, 2004; Mussen et al., 1988).

Sroufe et al. (2004), on the other hand, approach this theme describing the multiple experiences of intersex children, or those with "ambiguously formed genitalia" (p. 375). They say that if these children are assigned "the wrong gender" – that is, different from their "real gender" – they will have difficulties when it comes to creating their gender identity. As such, defining the child's "true" gender by assessing their gender expression is constructed as a priority of childcare.

The Developing Approach of Psychology to Gender Identity

The processes through which children come in contact with the cultural idea of gender, acquiring it as a personal yet visible "characteristic", expected to be congruent with their biological sex, have been approached by different perspectives in the history of developmental studies (Papalia et al., 2009). The first approach to appear, in a chronological order, is the biological approach, which defends that the central processes are related to

genetic, neurological and hormonal activity – therefore, universal and purely biological. Based on the existence of similar gender roles in different cultures, evolutionary psychology states that this typified and dimorphic development has one finality: reproduction. Critiques, however, questioned the exclusion of cultures with differing social organizations and, even, gender roles (Papalia et al., 2009).

Classic psychoanalytic theory, first advanced by Freud, suggests the child simply strives to imitate the same sex parent, adopting their beliefs, attitudes, behaviors and characteristics (Papalia et al., 2009). Nancy Chodorow, on the other hand, places the focus on the mother: the author argues that boys define their identity by contrasting with them, whereas girls seek to resemble them (Sroufe et al., 2004). However, there was perceived to be insufficient empirical evidence of such approaches, not to mention how they adhered, due to the historical context in which they were produced, to a traditional and heteronormative vision of the family constellation (father, mother and children) (Papalia et al., 2009).

Papalia et al. (2009) approach “sexual typification” and the development of gender roles by mentioning the social learning theorists, and contrasting them with cognitivists – two theories that joined forces to create the “gender schema theory”: “the theory according to which a child’s gender concept is formed both by their emergent abstraction skills for general rules about what is masculine and feminine, as well as direct reinforcement and social modelling” (p. 376). (Sroufe et al., 2004). With a particular focus on the cultural relativity of these roles, this theory highlights how children create, at first, very rigid and mutually exclusive gender roles, which become more and more complex as the child learns, grows and comes in contact with new experiences. Throughout this discussion the concept of gender constancy arises – that is, the idea that gender is permanent, in spite of whatever changes may occur to or are produced by the person (Papalia et al., 2009). Sroufe et al. (2004), for instance, state 3 year olds can still doubt whether certain behaviors or superficial changes can alter a person’s gender.

On a different perspective, the “gender similarities hypothesis” proposes that children of different genders are more similar than different until 3 years of age. In spite of this hypothesis, the main differences documented in this research are a seeming preference for same-gender playmates. This has been explained as the child assuming same-gender peers as more likely to share their interests – given the tendency to enjoy the same type of play and reject that related to the “other” gender, by 2 years old (Hartup, 1983). This assumption can be due to gender stereotyping and social reinforcement, as well as modelling (Bandura, 1981), contradicting Schaffer’s (2004) argument that this tendency

arises “naturally” and without adult pressures – considering how parents, and adults in general, act differently according to a child’s gender – even despite manifested attitudes of “gender neutral parenting”, for instance. As such, parental attitudes and expectations can lead to gender differentiation from such an early time as the gestation period (Schaffer, 2004).

Gender identity development in traditional psychological approaches has funded itself on a first conceptualization formed by children, as early as 1 ½ years of age, that absolutely every person they come in contact with are either male or female, in a manner such that is considered stable and constant, as well as appropriate according to their biological anatomy and, particularly, the gender roles defined by society and its culture – deemed “healthy”.

What space does this conceptualization leave for the exploration of self, which must include “trespassing” such stable and fixed frontiers between appropriateness for these two genders? Gender non-conforming experiences tend, then, to be seen in a pathologizing and marginalizing manner, considering they do not conform to the ideal of universal and predictable “healthy” development. Conversely, they are original, multiple and unique, without an expectedly teleological course.

The role of self-determination

Change and the resistance to these discourses imply a shift in the way we look at gender non-conforming or fluid behavior, suggesting that expression and performance can widen the child’s experiences beyond the binary restrictive limits, by not restraining their possibilities to live and be, and seeing them as positive and even healthy. Concepts such as Diane Ehrensaft’s “gender creative child” (2011; 2016) and the “gender committed child”, or “gender alphabetization” (Green & Friedman, 2015), have arisen recently.

We can also find space in our culture for spreading what these authors call “the democratization of family”: the process through which the child is no longer seen as a continuity of the parent, but a person in their own right – however “intertwined” in the family project. Through discursive and narrative educational practices, these families don’t impose a “correct way of «acting, being and existing»”, so common in socialization (Schneider, cit. in Green & Friedman, 2015), but rather teach children that gender is open to interpretation and questioning (Green & Friedman, 2015).

This implies a radical cut with the vision of childhood as naïve, innocent and asexual, and consequently, for whom parents decide. Gender exploration can become a tool of personal differentiation and self-awareness construction that the child now uses actively, and no longer pre-determined by the essentialism associated with the expected correspondence of genitalia – biological/chromosomic sex - gender.

As such, we don't need to look for ominous signs of a fixed gender identity. The children themselves will tell us how they "feel inside", as suggested by Rahilly – if only we learn to ask (Rahilly, cit. in Green & Friedman, 2015).

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Supervision Scenarios and Autonomy Building Models for Institutionalized Children and Young People

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Resumo

Este artigo apresenta reflexões pedagógicas resultantes da orientação e supervisão de estágios profissionais no âmbito da Educação Social, a partir de processos de construção de autonomia junto de crianças e jovens em Casas de Acolhimento.

Considerando-se duas unidades de observação localizadas no concelho do Porto pretende-se demonstrar processos de construção de autonomia junto de crianças e jovens em risco tendo em consideração as opiniões dos próprios, a partir da realização de diagnósticos participativos. Pretende-se dar a conhecer processos de implementação de autonomia tendo em conta a diversidade dos contextos institucionais e as especificidades dos mundos infantojuvenis (Sarmento, 2002).

A partir da escuta ativa dos jovens (Convenção dos Direitos da Criança 1990), procurou-se elencar as dimensões consideradas mais significativas para o seu crescimento em ordem à autonomia no tocante à transição para o mundo adulto. O que significa ser autónomo e o que precisamos de saber, saber fazer e saber-estar, para tal? Qual o papel da supervisão de estágio?

Palavras-chave: Supervisão; Crianças e Jovens; Institucionalização; Educação Social

Summary

This article presents pedagogical reflections resulting from the orientation and supervision of professional internships in the field of Social Education, based on the processes of building autonomy among children and young people in Reception Houses.

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Não sendo diretamente autoras deste artigo, aqui fica, o entanto, o meu reconhecimento e agradecimento ao trabalho desempenhado e ao contributo significativo para o desenvolvimento da supervisão da prática profissional em termos de partilha de experiências, transparência, sentido crítico e reflexivo sobre a realidade.

Considering two observation units located in the municipality of Porto, it is intended to demonstrate the processes of building autonomy among children and young people at risk, taking into account their own opinions, based on participatory diagnosis. The aim is to make known the processes of implementation of autonomy taking into account the diversity of institutional contexts and the specifics of the juvenile's worlds (Sarmiento, 2002).

Based on the active listening of young people (Convention on the Rights of the Child 1990), it was sought to list the dimensions considered most significant for their growth in order to autonomy regarding the transition to the adult world. What does it mean to be autonomous and what do we need to know, to know and to know? What is the role of internship supervision?

Keywords

Supervision; Children and Youth; Institutionalization; Social Education

Introduction

The process of institutionalization of children and young people ends up happening in one of the most significant periods of life of the individual: childhood. This period is strongly marked by changes and transitions resulting in a time marked by various childhoods and by different needs and characteristics.

The work that comes directly from the reality - children and adolescents in the adolescence phase, one of the moments of childhood itself, considering the designation of a child patent in the Convention on the Rights of the Child. It is commonly accepted that adolescence is the period of human life where the most intense biopsychosocial transformations occur, namely in the emotional, cognitive and behavioral systems. In this way, adolescence will develop according to the internal models created during childhood and depending on the type of bonding built. Thus, the adolescent counts not only on his "inner world", populated (or not) with "good objects" that provide basic trust and security, but also with his current relationships with his significant parents, peers, friends and adults (Fleming, 2005).

Autonomy is a central notion in the process of development and socialization of children and young people, and where the family plays a fundamental role. In this sense, we analyze the social function of Homes for Children and Youth – Foster Care - protection and promotion of the welfare of children and young people under tutelary measures (Tutelar

Law Education Law - Law No. 4/2015 of 15/01 and Law on the Protection of Children and Young People in Danger - Law no. 23/2007, of 23/05).

It is usually accepted that institutionalization is associated with family problems of various kinds. Victims of the disintegration of the family bosom, young people live a life marked by instability and inconstancy. They are often forced to change schools, which contributes to school failure. Problems of discipline and bad behavior are also more likely to arise from bad examples of the environment around them. After leaving the institution, these young people are the most prone to unemployment, early parenting and economic precariousness.

Promoting and developing life autonomy skills among at-risk youth is a social challenge that includes the teaching practice of orientation and supervision of internship in the field of social work.

This text begins by situating the practice of teacher supervision of socio - educational internships within the context of reflective, dialogic and contextual perspectives, reflecting on the processes of building autonomy of young people based on the reality of homes for children and youth, based on diagnoses participatory processes carried out in the meantime, and fundamentally about what it means to be autonomous from the perspective of the supervisor. It seeks to mark the notion of autonomy by problematizing it from two units of observation - Homes Care of Childhood and Youth. It presents proposals for the construction of socio-educational models of autonomy according to the detected needs.

It is added that the text is written with reference to the view of socio-educational supervision, imbued with concerns and reflections, which runs through the work presented. To reflect on this subject from the supervision of internships perspective is very important both for the accompaniment and for the knowledge that the reality provides by awakening in the teacher a social responsibility and an awareness of the complexity of these kind of realities.

1. From the supervision of professional practice in Social Education

Supervision of professional practice in any field is a challenge and involves dimensions such as mastery of a professional profile, theoretical knowledge, knowledge of reality, ethics and civic responsibility.

The concept of supervision is intended for a wide range of professions and is polysemous. This diversity of meanings attributed to supervision is related to the fact that this concept underlies a certain conception of society, culture, public administration, educational philosophy, educational policies, theories of teacher training and other professionals.

There is also disagreement as to the meaning of this concept depending on the position and vision of the supervisor concerned and depending on whether the conceptual dimension or the size of the practice is emphasized. In this sense, and fundamentally based on the models of pedagogical supervision in teacher education, we will briefly present the main structuring issues in order to justify the selection of an appropriate scenario, in our opinion.

In Social Education we are interested in training or pedagogical supervision, as a means to promote professional development, knowing that we are dealing with an activity that is linked to the orientation of pedagogical practice and / or professional by someone, in principle, more experienced and more informed (Alarcão & Tavares, 2003).

Any supervisory model to be adopted has both advantages and disadvantages. It is the way we use it that causes it to expand, so that we have a wide range of readings and interpretations of practices resulting from the unique actions of the actors involved and the challenges they bring to reality. The models of supervision of professional practice delimit the field of praxeology options to take. Within each supervision model, what are the objectives of supervision, what is meant by the supervisory relationship and what status and role of the supervisor, or the status and role of the supervisor. In this line of thought we propose a brief foray into the contexts / scenarios of supervision according to Alarcão & Tavares (2003), being:

- 1) the scenario of (artisan) imitation;
- 2) the scenario of learning by guided discovery;
- 3) the behaviorist scenario;
- 4) the psycho-pedagogical scenario;
- 5) the clinical scenario;
- 6) the personal scenario;
- 7) the reflective scenario;
- 8) the ecological scenario;
- 9) the dialogical scenario.

These nine scenarios / contexts imply different perspectives on supervision, as an intrapersonal and interpersonal process of professional formation. They are theoretical determinations that can be framed in different conceptual spheres that do not propose the same conception of supervision. We will only address the scenarios involving the supervisor-trainee relationship by calling for joint supervisor-supervised reflection.

What we want to understand is how the process of supervising the professional practice of Social Education can be assumed as a process of formation, contributing, simultaneously, to the development of reflective professionals in the face of the complexity of social situations, namely those involving children and young people. In this way, what we would like to ask is what is the role of accumulated knowledge as an unavoidable factor to be taken into account in the relation between the supervisor and the supervised ones, and how does the former not only inhibit or even potentiate the affirmation of the reflection process of the second. Thus, we focus our reflection taking into account the following scenarios: the personal scenario, the reflective scenario, the dialogical scenario and the ecological scenario (Alarcão and Tavares 2003), enhancing their integration.

2. Social Education and the placement of the supervising scenarios

The integral formation of the professional necessarily passes through the personal scenario, the development of the person and being, of the professional person is of particular importance. (Alarcão & Tavares, 2003)

Research carried out in the field of teacher education confirms the importance of teacher development and the relationship between the degree of development of teachers and their pedagogical performance. We highlight some of these studies that, somehow, are indicative of this relationship: Hunt and Joyce (1967); Murphy and Brown (1970); Glassberg and Sprinthall (1980), cit. by Alarcão & Tavares (2003), found that teachers, with a high degree of conceptual development, had shown: it is easier to adapt their planning to the students' needs; mastery of more varied teaching models; learning methods based on the discovery and expression of ideas of their own.

However, Alarcão and Tavares (2003) point out a study developed in Portugal by Ralha-Simões (1995), with students of childhood education, who concluded that personal development does not always accompany professional development, being possible an individual with less development demonstrate a high level of professional competence. This in some way contradicts previous studies that were corollaries of a parity relationship in the dyad: personal development - professional development. The supervisor is more alert to the importance of creating contextual, relational and pedagogical conditions in the supervising process, in order to help the future professionals to reflect so that they can develop themselves as competent professionals offering adequate answers to the reality.

In this scenario the supervisor must know the degree of development of the social educators in formation, as well as their perceptions, feelings and objectives. This supervising scenario defends the constructivist cognitive perspective in which the

importance of self-knowledge as essential for the professional's psychological and professional development is highlighted (Alarcão & Tavares, 2003). From this it follows that, in teacher training, the supervisor must attend to the degree of development of each trainee, attend to the singularity that characterizes it, "organize experiential experiences and help teachers to reflect on them and their consequences as well as on the perceptions that the participants have, especially the teacher" (Idem, 34). Thus we agree on the training of social educators.

From the perspective of the reflective scenario, in turn, we must take into account Dewey's contribution (1953), and the reflexive approach defended by Schön (1992).

The reflective approach recognizes the importance of reflection in and on action as a way of contributing to the situated construction of professional knowledge that Schön (1992, p. 20) called "epistemology of practice". This reflexive process assumes as constructivist and values the concrete reflection on the contexts where the action takes place. In this scenario, for example, the teacher training program that refuses technicality, formality and decontextualization of practices is inspired. So it is with social educators. If on the one hand there are standardized social responses at the national level on the other, we do not always see the normativity of the behaviors. Professionals should have the skills to act in the face of unpredictable situations that the contexts reveal.

Schön (2000) associates these competences with those of an artistry, meaning that the creativity and sensitivity of an artist are essential, combined with the knowledge and knowledge inherent in the action, which translates into the know-how of the professional. Artistic talent represents an exercise in intelligence, a form of knowing, and one can learn much about it "through careful study of the most competent performances" (Idem, p.22). that professionals work on the art of systematizing problems, the art of implementation and the art of improvisation, since all of them are necessary to mediate the practical use of applied science and technique. If we take into account the professional profile of the social educator, this is marked by factors such as:

1. Scientific and technical knowledge;
2. Methodologies of educational and social intervention;
3. Sensibility and a little of "common sense";
4. Civic responsibility;
5. Creativity.

The reflexive approach advocated by Schön (2000) defends both the simultaneous reflection to the action and the reflection on the practices, that is "a dialogic reflection on

the observed and the lived according to a methodology of learning to do doing and thinking, that leads to the construction (Alarcão & Tavares, 2003, p. 35). The aim is to encourage reflection in action, reflection on action and reflection on reflection in action (Schön , 2000). The first two levels of reflection are essentially cognitive whereas the other (reflection on reflection in action) reminds us of essential metacognitive abilities "in order to be able to continue in development throughout life, when heterosupervision becomes in self - supervision " (Alarcão & Tavares, 2003, p.36).

Another important indicator in this reflexive scenario, pointed out by Schön (2000), is the importance of the supervisor modeling his intervention to the needs and potentials of a specific student, with a specific level of development. It is the task of the supervisor to set priorities in his or her intervention, choosing certain aspects rather than others. This individualization of the action and close monitoring of the supervisor with the trainee, fits into a trainer profile called coach (Idem), by similarity with the sports coaches.

According to this scenario, it is argued that the role of supervisors should be to stimulate and support their reflection through confronting real problems that raise hypotheses, experimentation and verification, in order to systematize the knowledge that emerges from the interaction between action and thought.

Within this scenario, the model of developmental supervision of Glickman is valued as the object of analysis. According to this model, supervision is a process that can promote development in the subjects through a "continuum of stages" through supervising actions that go from the directive to the non-directive to the collaborative. Supervisory strategies are based on collaborative interaction and dialogue among all school adults (Garmston, Lipton & Kaiser, 2002).

One of the criticisms made by some authors of reflective practices, namely Zeichner (1993), is that many of the uses of the concept of reflective practice in teacher training do not always correspond to professional development. There are several reasons for this: sometimes reflection on teaching techniques and strategies is overlooked, neglecting important questions about what to teach, who and why, which reveals "an instrumental conception of reflexive practice "(Zeichner, 1993, p.57). The remainder have already been mentioned in this paper and concern either the possibility of promoting overly circumscribed reflections or the absence of an explicit reflection on collaborative practices of reflection, or the fact that contexts can be ignored. social conditions of teaching that influence and condition the action of the teacher (Idem), either with an approach on the trainees and their powers of reflection that can induce a vision that tends to accentuate, above all, the availability to reflect without valuing the instruments and the knowledge they

possess as factors to be considered as necessary conditions to undertake consequent reflections.

Within the context of the dialogical scenario, we can affirm that language and dialogue play a central role. These aspects represent a crucial role in the construction of professionals' knowledge and in the analysis of the educational and social contexts in which their action takes place. Alarcão and Tavares (2003) refer to Waite (1995) as one of the authors who tends to value a contextualized dialogic supervision as a reference of a model of supervision to follow.

This supervisory approach fits into a developmental and personalistic scenario in which training assumes a critical and transformative role. Critical and constructive dialogue is assigned a central role in contributing to "the construction of the culture and the proper knowledge of teachers as professionals and in the uncovering of contextual, school and social circumstances that influence the exercise of their profession" (Alarcão & Tavares, 2003, p.40).

According to Bruner (2000), the verbalization of reflexive thinking is also a way, through language, to contribute to the development of individuals' cognitive capacities. Supervision, in this scenario, is based on symmetric collaborative and clinical-based relationships (Alarcão & Tavares, 2003), where teachers and professionals are seen as social agents with critical capacities and who must affirm their individual and collective autonomy, through the "right and duty to make their voices heard" (Idem, p. 41).

Again, the issue to be discussed is that of the conditions that are necessary to establish dialogue, insofar as dialogue in a context of formative supervision is a dialogue subject to some conditions that in some way constrain the actors. It is not, however, such a constraint that it is important to discuss but how the constraints may be obstacles to the process of training the subject or an instrument of professional empowerment of these subjects. It is also important to discuss what constraints are obstacles and what constraints are factors that enhance training. Without such discussion discursive recourse to the importance of dialogue can be a sterile and misleading discussion.

Given the previous scenario that emphasized reflection as the objective of the supervision process, this scenario does not propose something radically different even though the central activity of supervision is not the same. This is an issue that must be discussed insofar as dialogue does not necessarily lead to reflection, although reflection requires dialogue to take place. But even if one chooses to consider that in the dialogical scenario the ultimate goal of dialogue is reflection, it is still crucial to discuss the conditions that allow dialogue to contribute to reflection.

Another scenario is based on the ecological approach to the professional development of future educators and teachers, inspired by Bronfenbrenner's (1979) human development model. According to Alarcão and Sá Chaves (1994), the training that this supervising scenario offers is managed by ten principles:

- 1 . the principle of continuity of training;
- 2 . principle of molar nature activity;
- 3 . principle of the ecological transition with the assumption of new roles;
- 4 . principle of the evolution of the dyadic nature;
- 5 . the principle of experience in diverse contexts;
- 6 . the principle of interpersonal relationship;
- 7 . the principle of inter-contextual relations;
- 8 . principle of organization of conceptual matrix;
- 9 . the principle of awareness;
- 10 . The principle of innovative influence.

These principles highlight the dimensions of active involvement and interaction, allowing for an understanding of reality and formative support.

The training process inherent in this supervisory scenario tends to combine personal development and socialization, tends to foster the ability to learn to analyze contexts, and finally tends to value concrete contexts as a relevant supervisory variable.

This model is based on the principle that the ecology of the trainee's professional development involves interactions between the trainee and her learning contexts. This approach, which, as we have already mentioned, is based on the human development ecology of Bonfenbrenner (1979), considers "the ecological environment not as a mere immediate context - which contains the developing people - but as a set of a system, the exosystem and the macrosystem "(Oliveira-Formosinho, 2002, p.100). It is thus clear that the development of being, as a person and a professional, is indirectly, with its experiential contexts, where the developing individual moves, restructures and progressively recreates the environment in which he or she is.

According to Oliveira Formosinho (2002) we propose the following constituent elements of the supervision context:

- significant vocational contexts - training institution, host institution, social response and target population;
- the interactions and communication between these professional and working contexts
- the recognition that the wider cultural and social contexts influence the closest professional contexts (Idem), such as, for example, public policies.

The training institution and the training context represent, in this model, two microsystems for the trainee. Alarcão and Tavares (2003) emphasize the importance of understanding not only the relations that are established at the level of the microsystem, but also the relations with the variables coming from other systems, such as programmatic changes, as well as the concepts of supervision and training. The interrelationships that develop between the initial training institution, the target population and the intervention institution may constitute the mesosystem. On the other hand, the conceptualization of this model of supervision also includes the exosystem, which represents the national context that legally regulates social and pedagogical practice, the administrative, technical and bureaucratic context of functioning of social institutions, the administrative context of the functioning of the institution of formation.

The macrosystem involves activities, relationships and interrelations at the level of microsystems and their interfaces (mesosystems). Finally, we can say that the macrosystem refers to the systems of values, beliefs, ways of being or doing that characterize a particular society, culture or subculture carried at the subsystem level.

This supervisory scenario allows us to understand the social dynamics that are being created, and the different levels of interaction that are going on, throughout the life of any professional. Hence the need to understand the dynamics that are established in the interaction of the developing person and the environment that surrounds him, also in constant transformation, in order to provide more adequate training support. Personal and professional development, in this approach, is understood as "an unfinished ecological process, dependent on the capacities of the people and the potentialities of the environment, constructor of knowledge and being, but also of professional know-how and knowing how to be, live and to live with others "(Alarcão & Tavares, 2003, p.39).

The ecological model of supervision has been used in vocational training, presenting particularities as applied in initial training, in the supervision of formal continuing training or in the supervision of in-service training. In this sense, Oliveira - Formosinho (2002) considers:

- a) "supervision as a process of training support;
- b) training as continuous professional learning that involves the person, his knowledge, his functions and his achievements;
- c) the systematic nature of this training which, for the being, demands to be made in a daily action-reflection of the practices;
- d) the need to use appropriate means for the development of such a process, such as: observing, analyzing, dialoguing, designing, acting,

reflecting, planning, acting again, re-talking, communicating, evaluating, etc .;

e) the understanding that this process does not end in itself, but rather aims to promote another process - the process of learning and development of students, current and future;

f) the openness of this whole process, by the different actors involved, to open up to the broader contexts of beliefs and values "(p.116).

This model being constructivist, has as principles, the active construction of knowledge, considering the actors involved as active learners.

It can be considered that there is no contradiction between this scenario and the other scenarios discussed above, since this scenario confines itself to a broader and clearer definition of the conditions that may affect a process of supervision, while others scenarios tend to define the objectives of supervision and to delimit the relationship between the supervisor, the supervisors and the educational reasons that explain the development of such a relationship.

The supervisory relationship between teacher and learner assumes great relevance both in the transmission and sharing of knowledge and experience as well as in the social development and professional coaching

Regarding the integrative scenario, we can state that although in the list of scenarios presented by Alarcão and Tavares (2003), this scenario is absent, it ends up being identified, by those authors, as a scenario that aims to synthesize "in a way convergent an immense diversity of apparently divergent looks alone "(Idem, p. 43), being designated by Sá Chaves (2002, 2014) as an integrating scenario. The supervisor is understood as a person in the presence of another person. It is an interaction between adults, in a positive emotional environment, based on the valorization of being, experience and reflection, in which the supervisor does not give income but is a facilitator of the development and learning of the professional, to develop with him a spirit of action research "(Alarcão & Tavares, 2003, p. 43). Defenders of a dialectic between knowledge and know-how and doing-to-know, these authors believe that these premises are the ones that best fit the cognitive development of adults and the development of a conscious and reflected practice, promoting a close relationship between supervision , development and learning.

In addition, and in the opinion of Sá-Chaves (2002), this is a model in continuous development, through a permanent attitude of questioning. Underlying this scenario is the concept of non-standard supervision because it does not impose a supervisory grammar

that prevents recognition of the singularities of supervisory situations. Regardless of the relevance that the assertion of a non-standardized supervision assumes in this work, it is important to recognize the ambiguity that such an expression expresses. The refusal of standardized supervision is not the same as rejecting the existence of a set of invariant conceptual assumptions that are not incompatible with the possibility that the relationship between supervisors and supervisors can materialize in multiple ways.

If this is a problem to be discussed, it is also important to discuss why this scenario is called an integrative scenario, which, in some way, constitutes a problem that ultimately leads us to the work we have been doing both about the relationship between dialogue and reflection and about the status of the heritage of knowledge and experience already constituted, understood as an unavoidable factor to take into account in the context of that relationship. Only the discussion on these two issues will allow us to discuss, in a sustained way, the nature of the relationship between supervisors and supervisors within a supervised process that aims to empower the latter as reflective professionals.

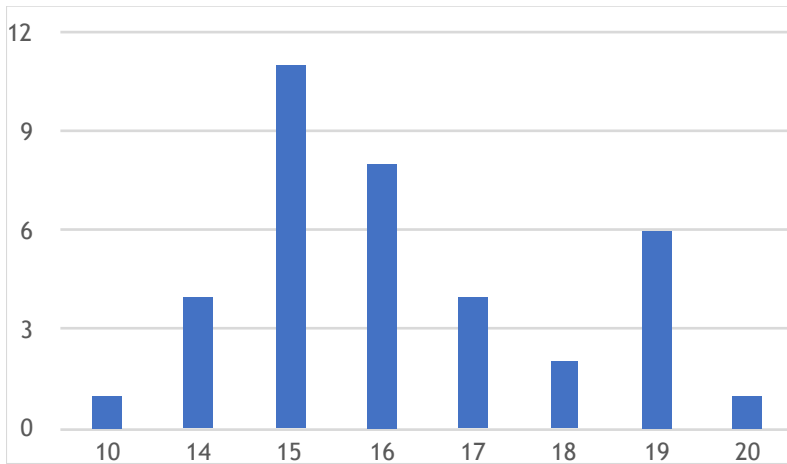
It is important to list these supervision scenarios for a knowledge and framework necessary for the practice of professional practice in social education. In fact, these scenarios appear as fundamental references to establish guidelines for action. However, for us, they only contribute to the framing of the professional position in the field of education. Throughout the development of the internships, and as we were observing the realities, it has become crucial to listen to the reality itself. Listening to the children and young people allowed us to inform the socio-educational practice but, at the same time, alerted us to the differences existed in the "same reality". Working with two shelters for young children at risk, we realized that we were faced with differentiated intervention contexts, although they presented some regularities.

3.The reality of Homes for Children and Youth (Foster Care) in the municipality of Porto: a brief framework

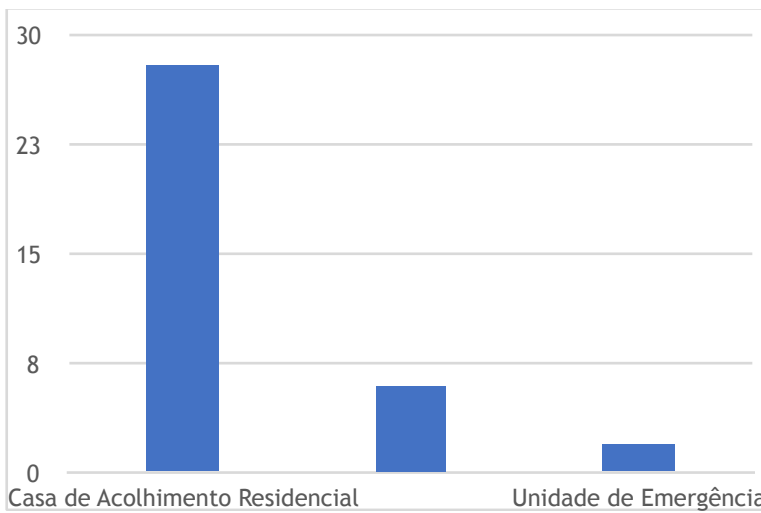
This work was carried out in the municipality of Porto during the year 2017. It was carried out in two shelters for children and young people under protection measures, which we will call institution A and institution B.

Institution A

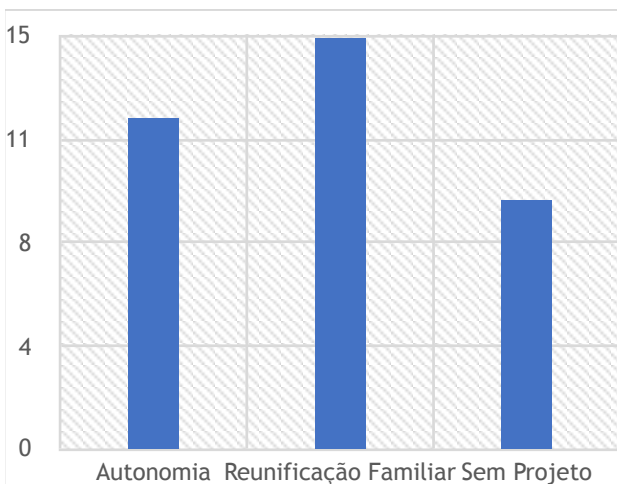
Institution A currently hosts 37 boys and young men, aged between 10 and 20 years, integrated into 4 groups divided by age groups and educators.



At the moment, the ages of children / young people in Institution A vary between 10 and 20 years, as we can see in Chart 1. Fifteen years is the age that stands out with the highest number of institutionalized youths - 11 young people, followed by with 8 young people.



The children / young people that Institution A receives are divided into three different areas. The Residential Reception House is the one that hosts the largest number - 28. In the Temporary Reception House there are 6 children / young people and the Emergency Unit welcomes 2, as we can see in the Graphic



According to figure 3, it is observed that most children / young people desire reintegration into their biological family in the family of nuclear family (15), while 12 prefer their autonomization against it. It will be important to note that 10 of these young people have

no opinion about their life project, with family reunification and or not, showing indifference to the situation.

Institution B

In institution B, up to July 2017, there were 30 children and youths, 11 girls and 19 boys.

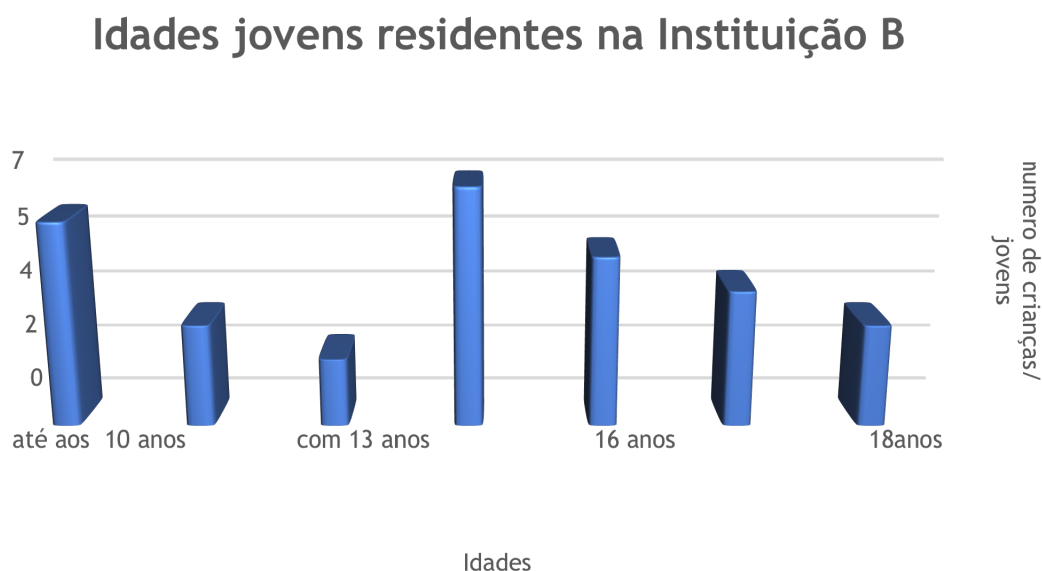


Gráfico 4 – idades das Crianças e Jovens residentes na Instituição B

The main social problems detected in the professional practice of Social Education among the young population were:

- Relationship with families
- School failure
- Social stigmatization

4.What it means to be autonomous: proposing a socio-educational model of autonomy building

The entry into the field was based on respect for the confidentiality and anonymity of the institutions in question, as well as children and young people. Although we find ourselves in the same social and educational context of intervention, we end up witnessing a diversity and heterogeneity of the realities under analysis. Institutions are different, they also have distinct organizational models and create distinct institutional environments, and undoubtedly, under the hat of institutionalized children and young people, we find many, if not all, social and cultural differences.

The specific problems of their lives are differentiated and give rise to emotions and behaviors that are also differentiated.

It is important to note the concern of supervision to ensure the privacy of children and young people. They only participated in the proposed activities if it was effectively their will, just as they always maintained a concern in dealing with young people "as far as they wanted", that is, the pace of professional practice work in Social Education and consequent supervision was young people.

As previously mentioned, the typology of the supervision scenarios served as a framework for the work developed. We discover that we always learn from practice and, in this case, listening to our own reality. That is, listen to children and young people about what it means for them to be autonomous. In this sense, we chose to carry out a participatory diagnosis. we use the following elements as a methodology for collecting information:

- Documentary analysis - individual processes and related documents;
- Direct observation and field notes;
- Focus groups with children and young people focusing on the notion of autonomy with 10 young people in each institution, aged between 15 and 17 years. They are young people whose life project passes through the autonomy and / or they are young without family rearguard;
- Reflective Internship dossier.

In this collection of information we highlight the **focus groups** held with children and young people. Asked about the competences of everyday life necessary for autonomy, children and young people identified the following main ideas, which we have tried to group in the areas: importance of study, importance of work, importance of money, importance of house, importance of social support and self-concept.

For asked children and young people to be autonomous necessarily passes through working the skills that integrate these areas of meaning and which we mention then:

A - Study

1. I know the importance of studies for my future. I like to talk about what I want to be
2. I know the importance of studies for my future
3. I believe that my studies will now be useful in the future
4. I know how to enter the University
5. For me, does the future necessarily go through studying?

B-Work

1. I know different jobs that I would like to do in the future.
2. I know what I hope to achieve with my work.
3. I can explain different types of work
4. I know how to seek help on vocational guidance or training
5. I know what studies are needed for the work I would like to have.
6. I know what to do and where to go to look for work
7. I know how to introduce myself to go to a job interview
8. I know where job advertisements appear.
9. I know how to write a curriculum vitae.
10. I can respond to job ads with help
11. I know how the Job Center works.
12. For me, the future necessarily goes through work

C - Money

1. I know how to buy clothes / accessories at cheaper stores.
2. I can explain what an invoice is.
3. I know how to compare prices from the supermarket to buy the cheapest ones.
4. I know different ways to raise money.
5. I know how to open an account in the bank.
6. Can I explain the advantages of having money in a Bank.
7. I know how to raise money to furnish a home.

D - House

1. I know the rules of the house / home where I currently live
2. I know how to raise money to furnish a home.
3. I can explain the benefits of being independent
4. Can I explain the basic safety rules in the house in case of: fire, robbery, etc.
5. I know how to keep the place where I live.
6. I know how to keep dangerous products indoors at the most
7. Feel safe.

E - Social support

1. When I have a problem I know who to ask for help.
2. I know my history and my family (parents, grandparents).
3. I know how to find and keep good friends.
4. I know how to behave in a nice way.
5. I can organize my free time with activities that I like.
6. I know why it is important to plan my free time.
7. I know and use the resources of my community: library, bank, supermarket, post office, etc.
8. If I need it, I know where to find information on the different types of public transport.

F - Self-Concept

1. I know what people feel good about.
2. I know where to look for professional information on what it means to have A healthy life.
3. I can explain what things make me feel good and not so well.
4. I have the notion that in the future I will have to manage my life without depending on others (family, friends, institution)
5. I can explain several reasons for maintaining my personal hygiene.
6. I can say that there are several personal documents such as identity card, passport, Social Security card.
7. I know how to make an appointment with my family doctor.
8. I can explain the consequences of alcohol consumption.

From the information gathered through the focus groups, and during the internship, we were able to establish areas of fundamental skills to work with them and present concrete topics of questioning and reflection to work in these intervention contexts. These conceptual areas and these work topics are not intended to be a closed model of building autonomy among institutionalized children and youth. They aim to function as a functional approach in that we must respect the uniqueness of the intervention contexts.

These fundamental ideals arise in the constant intersection of supervisory scenarios that accompanied these internships during 1 semester, from February until June of 2017, namely those that we are going to present: personal scenario, reflective scenario,

dialogical scenario and the ecological scenario. It was a time of growth for both students and the supervising teacher.

Final notes

The analysis carried out by the trainees with children and young people allowed, in a first approach, to establish guidelines for the construction of autonomy among this population. However, through the dynamics established during the stage supervision - visits, meetings, observations, joint reflections, individual reflections - carried out regularly and persistently, we can now understand that all of the supervisory scenarios described above are important and can be recreated, as a whole, according to the emergent situations by blending completely and verifying that some may stand out slightly.

in our case, we can say that the privileged supervised scenarios were: the personal scenario, the reflective scenario, the dialogical scenario and the ecological scenario.

Regarding the personal scenario, we took into account the development of the professional as a person and it was interesting to note that the realities thought from the people, with differentiated sensibilities, although properly informed, enable significant personal growth, which is fundamental in social work.

Regarding the dialogical scenario, we can affirm that all the work developed was a personal and group training, hand in hand, and in which opinions, depending on the situations believed, assumed different contours. A permanent dialogue, in every moments, was needed to stabilize ideas.

The reflection allowed the internalization and the integration of knowledge with a distance that is necessary in order to obtain a kind of "truthfulness" in what we were concluding

The ecological scenario assumed almost an integrating function of all the other scenarios and the logic of the internship process itself, making it possible to manage the expectations, for the first time in a longer period of time, opening up the possibility of carrying out activities based on the social interaction established for the first time, and which are surely stages of significant training and professional development.

We end up constructing an integrative, supervising scenario: reflection, dialogue, tutorial orientations, observation of activities in institutions, regular meetings, peer-to-peer conversations and dialogue with students. In this respect, we can highlight the important role of supervision in the following areas:

- Orientation of intervention;
- Knowledge assessment;
- Assessment of professional practice;

- Promotion of questioning;
- Stimulation of the confrontation with reality and the challenges encountered;
- Promotion of the construction of the meanings and sense of the social and educational dynamics implemented;
- Promotion of a climate of trust;
- Building relationships between supervisors and trainees and between them and children and young people.

We conclude that the supervision of professional practice, in this case in Social Education, promote joint learning and potentiates the construction of appropriate socio-educational projects because each project is a project and the reality is complex and diverse.

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Right to Play- Bringing it to the Fore

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Abstract

Children are a critical segment of society and their wellbeing is important. A lack of action by state and agencies raises questions about the level of commitment towards this end. Insufficient resources are provided for children to thrive. Optimal child development benefits from play to enhance children's intellectual, social, physical and emotional development, yet play is often underemphasized across education, law, community development, urban planning, health promotion, and social services. Ensuring children have the right and ability to play is an important right under Article 31 of the United Nations Convention on the Rights of the Child. Two key issues undermine this right. The first is that children are often left out of conversations pertaining to them despite participation being a fundamental right under Article 12 of the same Convention. The second is that play is seen a 'forgotten right' or as 'a luxury' when compared to other rights under international law (Davey & Lundy, 2011; David, 2006, p.17). This paper explores ways to promote happier and healthier childhoods by inverting this conception and promoting play (alongside participation) as a central child right that can catalyze the development and sustainability of other rights. With a more strengths-based approach, play can be used to help children (and families and communities) build empathy, resilience, conflict resolution skills, intellectual creativity and adaptability which in turn builds protection and a sense of belonging. This rights-based change requires practitioners working with children to incorporate the right to play into their lives.

Keywords: Transdisciplinary; Child Rights; Play; Resilience.

Right to Play- Bringing it to the Fore

Children are a critical segment of society, so processes that ensure their wellbeing are of inherent value. Most agree about this value, but the lack of action by state and non state actors illustrate a lack of commitment to real action towards this end (Freeman, 2011; Save the Children, 2008). The reality is insufficient, energy and resources are devoted to laying the foundation for child wellbeing (Lundy, 2012; Unger, 2009). Experts

knowledgeable about optimal child development expound the importance of play for children's intellectual, social, physical and emotional development (e.g. Ashiabi, 2007; Lester & Russell, 2008; 2010; Vygotsky, 1978; Piaget, 1962). Yet play is often underemphasized across education, law, community development, urban planning, health promotion, and social services. Ensuring children have the right and ability to play is an important and legally binding right under Article 31 of the United Nations Convention on the Rights of the Child (UNCRC) (1989). Two key issues undermine this right. The first is that children themselves are often left out of conversations about matters pertaining to them despite participation being a fundamental right under Article 12 of the same Convention (Byrne & Lundy, 2015; Bissell, Boyden, Cook & Myers, 2012; Manion & Nixon, 2012). The second is that play is seen as a 'forgotten right' or as 'a luxury' when compared to other rights under international law (Davey & Lundy, 2011; David, 2006, p.17). This paper explores, through different perspectives, ways to promote happier and healthier childhoods. Inverting this conception and promoting play (alongside participation) as a central child right can act as a catalyst for the development and sustainability of other rights. With a more strengths-based approach, play can be used to help children (as well as families and communities) build empathy, resilience, conflict resolution skills, intellectual creativity and adaptability which in turn builds protection and a sense of belonging. This rights-based change requires practitioners working with children across disciplines to draw on play as an important developmental activity and to work with children to incorporate the right to play into their lives.

This paper explores the concepts and the rights of play and participation before drawing on four mini-case studies that have introduced play into important protective processes. The first case explores the introduction of children's rights, including the right to play, into elementary schools in Canada. The second includes the use of play to build child protection and community resilience within the context of armed conflict in Burundi and Chad (IIRD et al, 2016). The third case illustrates a home visiting program in New Zealand that encouraged parents to play more with their children thereby increasing parental satisfaction and protection of children. The fourth case highlights the dangers of failing to understand the ripple effects of intervention in a play-based project in Tanzania (Funk, 2016). The overarching aim of this paper is to pose some questions about the right to play and to open a dialogue on how we can better leverage play to foster children's wellbeing with children in a way that is meaningful and age-appropriate; builds resilience and belonging; and minimizes harm.

Play! With Purpose - What is it and why is it important

“Children need to play. We need to it learn, to grow, and to have fun” (anonymous 7-year old, personal communication, December 2017). It is not that we need to force children to play; they will engage in it regardless. Several authors have found that play is a universal experience for children (e.g. Gaskin, 2013). The quality, purpose, and kind of play differ (Gaskin, 2013), but children in all cultures exhibit play. While play is universal, an adult-centric notion about play can influence the kind, the quality, and the quantity of play, as well as the spaces where play can happen and whom it happens with. This also influences the importance we give it in both public and private lives, again influencing how, when and where it happens.

Play is important not just for children, but also for adults (Sicart, 2014). However, unlike adults, play is a right for children. Despite this, play is sometimes considered a ‘forgotten right’ or ‘a luxury’ when compared to other rights (Davey & Lundy, 2011; David, 2006, p. 17). While it is not uncommon for people to undermine and undervalue the right to play for other forms of rights, in recognising that play is natural, we can find ways to leverage it to enact other rights.

In exploring a variety of definitions of play it becomes remarkably clear how contentious it is. Concepts of play are tied in with space and wellbeing, but all these concepts are slippery (Lester, Strachan, & Derry, 2014). Göncü and Vadeboncoeur (2017) wonder if we can even recognize ‘play’ when we see it. In using the culture of play as a point to recognize and describe play, Mouritsen and Qvortrup (2002) describe three different types of play culture: culture produced for children by adults, culture with children that is co-constructed by adults’, and, finally, children’s culture. Exploring the latter, Shao-Chang Wee and Anthamatten (2014, p. 88) assert “we consider children’s play as a culture in its own right, with its own set of norms, behaviors, and preferences that are unique to a particular group of children, situated in a specific time and place”.

Play is highlighted for many qualities and outcomes. Davies (2003) suggests that play helps form identity, while Vygotsky (1967;1978) emphasizes that play is the foundation for the development of competencies. Mead (1934) purported that play is a way to understand self by stepping outside of self. Alternatively, Weininger (1979) focuses on play as an educational vehicle for children to safely take risks and Brossoni, et al. (2015) highlight the role play has for both language development and stress relief. Play is also seen as a mechanism for building conflict resolution skills. Biddle, Fox, and Boutcher, (2000) convincingly argue the importance of physical activity and play to wellbeing, including,

pointing to evidence of its impact on reduced stress and anxiety, improved emotion and mood, self esteem, cognitive functioning, and fewer examples of psychological dysfunctioning where it is actively used (Hughes, 2010). In a more basic articulation, Spencer suggests that play is a way to expend energy (cited by Hughes, 2010). Whereas Eberle (2014) states that play is complex, ambiguous, fun and developmental. More fundamentally, Lester and Russell (2010) note that play helps us understand what childhood is.

Others suggest that play has both intrinsic (i.e. done for itself for pleasure) and extrinsic reasons for existing (i.e. done for internal reasons but shaped by external factors and influences) (Göncü & Vadeboncoeur, 2017). Gadamer et al (2004, p.102) says that “play itself contains its own, even sacred, seriousness”. Play also has an important relational function, building emotional and social competence, as well as resilience and imagination.

These concepts of play belie an underlying set of complexities. For instance, Ansell (2005) suggests that the theories of childhood rarely resemble the lived experience of children and young people, particularly those that live outside the western world. The right to play must be interpreted within the cultural context in which it is enacted. In exploring the definition of play, it is important to consider that play is culturally constructed and embedded (Göncü & Vadeboncoeur, 2017; Gaskins, 2013). Lester (2016) suggests that concepts of play and child development have been criticized for being western-centric, based on middle class values, ignoring or undermining cultural diversity. Despite this, Göncü and Vadeboncoeur (2017) argue that we cannot understand the meaning behind imaginative play without knowing the culture, its influences on both meaning and meaning-making. Further, while research tells us that play is an incredibly important part of child development and yet our cultural context does not always support this notion.

In order to settle on a single, yet comprehensive definition of play, General Comment 17 (of the UNCRC) outlines play as something that is defined and enacted by children themselves, but that:

Children’s play is any behaviour, activity or process initiated, controlled and structured by children themselves; it takes place whenever and wherever opportunities arise. Caregivers may contribute to the creation of environments in which play takes place, but play itself is non-compulsory, driven by intrinsic motivation and undertaken for its own sake, rather than as a means to an end. Play involves the exercise of autonomy, physical, mental or emotional activity, and has the potential

to take infinite forms, either in groups or alone. These forms will change and be adapted throughout the course of childhood. The key characteristics of play are fun, uncertainty, challenge, flexibility and non-productivity. Together, these factors contribute to the enjoyment it produces and the consequent incentive to continue to play. While play is often considered non-essential, the Committee reaffirms that it is a fundamental and vital dimension of the pleasure of childhood, as well as an essential component of physical, social, cognitive, emotional and spiritual development. (CESCR, 1999, pp. 5-6).

More recent authors have emphasized the role play has for affective development, for instance as seen when children engage in play when under stressful and upsetting conditions. While exploring notions of wellbeing, it is common to hold a deficit approach, but play can challenge this notion as offering an insight into a process of additive wellbeing. Play represents “brief moments of positively charged affect enlivening the practicalities of the everyday” (Lester, Strachan, & Derry, 2014). Several authors highlight the importance of play for working through emotional turmoil, but also for building relationships and empathy. “Through imaginative empathy, play fosters a fuller connection with the body, other people, and the physical world” (Simms, 2008, p.126). Mrnjaus (2014) proposes play is existential and it helps children make life less scary or less boring.

Schousboe & Winthe-Lindqvist, (2013) warn that play research overestimates the positives and ignores the darker side of play. In researching and observing play, researchers have noted that in play children illustrate a full range of human emotions, and even engage in cruel play, where the accumulation of power seems to be central. Again, this illustrates the role play has in understanding and working through the full spectrum of human experience. In this paper, play is all these things as it is the place and a mechanism for children to safely and imaginatively explore their worlds fully, emotionally, relationally, internally, developmentally, expressively, and tangibly.

While play may still be a marginalized area of study and policy, as the preceding research suggests it has achieved a greater level of recognition. Simms (2008) notes the irony that just when play is gaining recognition, it is disappearing from the American context, as well as other industrialized states. Similarly, Schissel (2006, p.24) ponders within a Canadian context “[i]f children are our most cherished resource, why then do we denounce and fear adolescence and ultimately discard children for political and moral ends?” Several authors argue that the spaces for play have been shrinking with the privatization of public spaces,

but also because of protectionist discourses that propagates parental fear for children to occupy public spaces limits their use of those spaces. Those spaces that persist are often marginalized spaces. Carroll, Calder-Dawe, Witten and Asiasiga (2018) argue that children have the right to cityscapes as much as adults do, yet child and youth friendly spaces are significantly marginalized, acting as a kind of spatial injustice. Using public spaces, once seen as wandering the neighbourhood, is less common and seen as unsafe (through 'protectionist discourses'), thereby ensuring children miss out on this rite of passage. Similarly, Wood (2017) further notes that spatial injustice perseveres as there is a lack of public policy that finds space for children's play.

Having explored various definitions, created by adults, it is also useful to note children may define the borders of play differently than adults and they also have a right to have a say on where borders should or should not exist.

Child Rights – Play and Participation

Play

The right for children to play is enshrined in the UNCRC (Art. 31), but it was also previously included in the 1959 Declaration of the Rights of the Child and more recently in the African Charter on the Rights and Welfare of the Child. This right is unique in that it is exclusively for children. It is not considered one of the fundamental core principles of either Convention. The four foundational principles of the UNCRC include the rights to: non discrimination. (Art. 2), best interests of the child (Art. 3), survival and development (Art. 6), and participation (Art.12). Further, the core values of the child rights discourse includes protection (of children), provision (of services that support children's rights and wellbeing), and participation (in matters that affect children).

Article 31 introduced the first legally binding right to engage in play and recreational activities (along with rest, leisure and participation in cultural life and the arts) (David, 2006). Article 31 also requires that states "encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity". The Vienna Declaration on Human Rights (1993) articulated that all rights are indivisible, interdependent and interrelated. More recently, in working towards the enactment of human rights the Sustainable Development Goals do not set the right to play as a goal, however, they promote the environment where a right to play, rest and leisure could more likely occur. To further elucidate the meaning behind this article and to encourage its adherence, General Comment 17 further enhanced interpretation by stating:

Article 31 must be understood holistically, both in terms of its constituent parts and also in its relationship with the Convention in its entirety. Each element of article 31 is mutually linked and reinforcing, and when realized, serves to enrich the lives of children. Together, they describe conditions necessary to protect the unique and evolving nature of childhood. Their realization is fundamental to the quality of childhood, to children's entitlement to optimum development, to the promotion of resilience and to the realization of other rights. Indeed, environments in which play, and recreational opportunities are available to all children provide the conditions for creativity; opportunities to exercise competence through self-initiated play enhances motivation, physical activity and skills development; immersion in cultural life enriches playful interactions; rest ensures that children have the necessary energy and motivation to participate in play and creative engagement (p.4).

David's (2006, p.10) analysis of the preparatory work leading up to the UNCRC found that the intention of Article 31 was to support a child's development within the context of their family and their community. Interestingly, he also notes that no state made reservations to this article (David, 2006). So, while there was general passive acceptance of this right, there has been relatively little legal encouragement for states to realise this right (David, 2006). However, the right to play can be a mechanism and a space where the four core elements (i.e. non discrimination; best interests of the child; survival and development and participation) are exacted. In addition, it can be mutually supportive of rights to education, care, health, and recreation. General Comment 17 elucidates how play requires the following to be in place to fully enact this right. However, this paper argues that these preconditions for play can also be a catalyst for ensuring other rights are exercised:

- Freedom from stress;
- Freedom from social exclusion, prejudice or discrimination;
- An environment secure from social harm or violence;
- An environment sufficiently free from waste, pollution, traffic and other physical hazards to allow them to circulate freely and safely within their local neighbourhood;
- Availability of rest appropriate to their age and development;
- Availability of leisure time, free from other demands;

- Accessible space and time for play, free from adult control and management;
- Space and opportunities to play outdoors unaccompanied in a diverse and challenging physical environment, with easy access to supportive adults, when necessary;
- Opportunities to experience, interact with and play in natural environments and the animal world;
- Opportunities to invest in their own space and time so as to create and transform their world, using their imagination and languages;
- Opportunities to explore and understand the cultural and artistic heritage of their community, participate in, create and shape it;
- Opportunities to participate with other children in games, sports and other recreational activities, supported, where necessary, by trained facilitators or coaches;
- Recognition by parents, teachers and society as a whole of the value and legitimacy of the rights provided for in article 31 (pp. 10-11).

In exploring the right to play, Mrnjaus (2014) intimates that this right belies a much wider array of rights. She further suggests that a violation of the right to play is a violation of multiple related rights, as play is the vehicle through which we learn to be social animals. “There is no segment of life and child’s development that is not connected with child’s play... conclude that the findings from animal research indicate that “play deprivation results in increased fear and uncertainty in novel environments, and more escalated aggressive behaviour towards other animals in serious conflicts” (Mrnjaus, 2014, p. 227).

Arguing that play can support other rights, does not limit a definition of play to an idealized Westernized and romanticized conception of play. Play can (and does) happen in a range of contexts, including in schools and in work. Gaskins (2013) argues that in societies where children work in both domestic and commercial areas, children blur the line between work and play. For example, Tudge et al (2013) found that children in Kenyan and Brazil, living in marginalized communities and engaged in work from early ages, spent comparable time engaged in play. These examples challenge our notion of what is normative. Some literature on children pathologizes children impacted by poverty, but play can act as a form of resilience (Nsamenang, 2013). Having said this, while poverty does

not stop play it can limit it. For instance, Biddle (2014) argues that there is a high level of poverty and disadvantage within the industrialized world and that this impacts educational attainment. He highlights the dearth of physical spaces available to some youth to play safely (here meaning free of physically unsafe spaces, e.g. roof tiles falling or violent playgrounds and sports fields).

As child rights discourse has permeated child-focused not-for-profit organisations, several have specifically embraced the notion that play can be a catalyst for children's wellbeing. For instance, Right to Play incorporates play and sport as a central feature of their education, rights and peace initiatives.

Participation

As participation is one of the central tenets of the UNCRC (Art. 12), this paper argues that it is reciprocally important to the notion of play. Lester (2013) argues that play and participation are reciprocal rights as play is the space children inhabit. Before delving into the role of participation, it is useful to explore sociological understandings of children. Much early writing on the sociology of childhood represented children as objects of study. Since then, much work has promoted seeing children as active social agents in their own lives, not passive vulnerable objects (Powell & Smith, 2009). This fundamentally shifts the narrative of both concepts of play and participation. Providing space for children to be heard and to take an active role in decisions that impact them (as granted in Article 12 of the UNCRC) children are recognized as subjects in their own lives and as play is a mechanism for how children engage in their lives. This is a vehicle to understand their perspectives. Like play, participation is a right that is sometimes undermined, and children are often left out of conversations about matters that impact them despite their right of participation (Byrne & Lundy, 2015; Bissell, Boyden, Cook & Myers, 2012; Manion & Nixon, 2012).

In a similar vein of objectification of children, other notions of children see them as what they will become. Play, therefore, is seen as a mechanism to prepare children for adulthood, rather than something that is important in the moment. In contrast to alternative formulations of children as human becomings rather than human beings (Qvortrup, 2009), focused on setting the future goals in contrast with today's investments in play, education, and wellbeing, this formulation sees children, in their current manifestation as important (Prout, 2005). More work has been done on the role of participation of youth than on younger children. Within this domain, studies have shown youth thrive when given the

opportunity to engage and show leadership, particularly when it blends creativity, intentionality, and co-creation with adults (e.g. Blanchet-Cohen & Brunson, 2014).

According to Bissell, Boyden, Cook, and Myers (2012, p.24) our wisest societal investment is “to study systematically examples of creative programs making use of cultural assets to promote children’s rights and protection within the community.”

Overall, participation is good for the individual, but also for the community of interest. It is ideally fostered in childhood and developed in youth as the foundation for good citizenship, but also to promote engagement with community. As play is a state in which children often inhabit, asking children whether they would wish to participate in play becomes an important question. Linds, et al (2010) point out youth and adults inhabit a dance of creativity, sharing power to redefine adult behaviour. Evidence supports the idea that young people in multiple contexts and cultures benefit from participation and that they enhance the decision making processes. In Nigeria, Ekpiken and Ukpabio (2015) find that young people felt empowered to make effective, sustainable change in local environments. In Malaysia, Zeldon et al (2015) note a correlation between youth empowerment, a sense of connectedness and participation in an after-school program in Malaysia. In California, Wilson et al. (2007) find that civic engagement was increased through a youth participation project, the YES project. Nsamenang (2013) more fundamentally challenges the notion of play, by exploring the definition of a child. He rejects the dichotomous interpretation of childhood as linear development-constrained and child-care as a solely adult responsibility. “The social world of African childhood typically is a multiaged, mixed-ability, interactive context that contrasts with that focused mainly on the microsystem of parent–child, child-teacher, and practitioner-child gaining greater force in the childhood literature” (p.19). This conceptualisation proposes a different way of seeing and integrating play.

In exploring what good or active participation is, Manion and Nixon (2012) and Boyden and Ennew (1997) note that it is more than just listening to children, but it rather denotes acting on what children say and evidencing that you are working towards collaboration. This follows Shier’s (2001) five stages of effective participation. He suggests that different forms of participation include: being listened to; being supported in expressing views; having views considered; being involved in decision-making; and sharing power and responsibility.

In addition to the meagre record of enacting the right to participate for children, there have also been cries that where it is done, it is done poorly and tokenistically. In debating the reach of tokenism in child participation dialogue, Lundy (2018) suggests that excluding

children because it might be considered tokenism is an untenable position. This is the case even when children may be asked their opinion and might have their time wasted. She suggests tokenism is wrong, but children and adults may learn something.

Participation is also important to the concept of embracing the right to play, as the way in which children can interact with and understand their environment, but also to participate in decisions about them. It is through play-based mechanisms that children can communicate what is important to them through counselling, education, research and more.

Exploring Deeper- Four Case Studies

This paper draws on four mini-case studies that have introduced play into important protective processes. Drawing on several events and research projects from around the world, this paper explores the pitfalls and approaches of working with children to explore ways to create space for play to act as a foundation to working with and for children. In each case, play was the vehicle for delivering and communicating various messages. The first case explores the introduction of children's rights, including the right to play, into elementary schools in Canada. The second includes the use of play to build child protection and community resilience within the context of armed conflict in Burundi and Chad (IIRD et al, 2016). The third case illustrates a home visiting program in New Zealand that encouraged parents to play more with their children thereby increasing parental satisfaction and protection of children. The fourth case highlights the dangers of failing to understand the ripple effects of intervention in a play-based project in Tanzania (Funk, 2016).

Case study one

The Child Thrive initiative is part of International Institute for Child Rights and Development, a Canadian based non governmental organisation. This initiative introduced a series of workshops to Kindergarten, Grade 1, Grade 2 and Grade 3 students in several schools in an urban setting in western Canada teaching children about child rights and responsibilities to celebrate National Children's Day. The workshops are play-based using child friendly language and utilizing child-friendly concepts. These highlight the effectiveness and appropriateness of introducing children to the concept of rights in a child friendly, transdisciplinary, contextually appropriate and reflexive way. In providing these play-based workshops over several years, it has become clear that children have an intuitive sense of their rights, who supports them, and what their responsibilities are to

uphold their own and other's rights. Children in these workshops from the ages of 4-8 years old can often identify core rights, discern the difference between needs and wants and match rights to responsibilities. However, in formulating a difference between wants and needs, many children equivocate over whether play was a need or a want; a right or a privilege. While it is difficult to say why children commonly come to this conclusion, it might be that they anticipate what adults expect to hear and that this is that play is of lesser importance or of frivolous concern. This insight highlights the importance of ensuring the messages adults provide to children about the importance of play is thoughtful.

Case Study two

UNICEF and the International Institute for Child Rights and Development led a project in 2015-2016 in Chad and Burundi that involved youth-led initiatives to foster community based child protection and social cohesion (IICRD et al, 2016). This project used child-centred, play-based, participatory processes to bring key community stakeholders together to consolidate peace building across communities with youth as key drivers. It utilized child friendly tools for research, evaluation, and monitoring, including outcomes mapping. This project illustrated that play can have a central role in communicating the importance of protecting children, building resilience and well being, but also in enacting protection, resilience and wellbeing even within a conflict-affected area.

Case Study three

In 2007/08 several evaluations on home visiting programs were conducted by the Centre for Social Research and Evaluation in the Ministry for Social Development in New Zealand. One focused on teen parents and one on vulnerable families with children under five. Some parents (especially young parents) expressed discomfort with playing with their children. Many suggested that, as adults, they did not believe this was an appropriate use of their time. The most resonant finding for me from these evaluations, was that parents, particularly young parents, found the biggest difference in their parenting occurred when they felt permissioned to play and have fun with kids. These parents had a perception that parenting was serious business which also meant that it was not fun or joyful. Many of them wanted to engage in play with their children but had not for a variety of reasons. Both parents and home visitors discussed the difference it made once parents were encouraged to get onto the floor to play made a big difference. This again highlighted that the messages we send parents on parenting insufficiently highlight the importance of play as a right, as a joy or as an important element for child development. Letting parents know that

parenting can be fun significantly changes the relationship between a child and an adult, but also the relationship a parent has to the notion of parenting.

Case Study four

Based on doctoral research by Carla Funk (2016) on perceptions of private donors, Funk conducted stakeholder interviews on the role, effectiveness, and perceptions of private donors in Tanzania. While the research did not focus on children or on play, many of the programs included in the study focused on children, including schools, orphanages, and other programming. Funk found that issues arose when different concepts of play influenced funding. Funk found that funders inadvertently enforced a European or North American conception of play on a community in Tanzania. Funk found a similar pattern in Kenya where children were indoctrinated to a German concept of freedom and play in their own communities. This inadvertently put the children in an unsafe situation. Several key findings from this research appear relevant to exploring children's services and in particular the role of play-based education. At a high level, the research highlighted the issues inherent when cultural practices are not considered but interjected on another location (i.e. Western funders assumed a standard of 'childhood' and transposed it on another culture). This conception included ideas about the role of play and education. There were hints that this created an issue of socialising children into a society in which they did not live and disrupted expectations of community cohesion (e.g. through participation in household activities). Ultimately, this imposed a kind of 'play' that was not culturally-based and risked disrupting local social norms. Again, this research highlighted the danger of failing to understand the ripple effects of an intervention and its core assumptions (Funk, 2016). It also highlighted a mismatch between different conceptualisations of education and of play.

Play as a Catalyst for Child Rights - The Proposal

This paper encourages an exploration of ways to promote happier, healthier childhoods through play. By seeing play as central child right, it can act as a catalyst for development and sustainability of other rights. Using a strengths-based approach to promote play can help children build empathy, resilience, conflict resolution skills, intellectual creativity, adaptability to build protection, and a sense of belonging. This requires practitioners across disciplines to draw on play as important developmental activity and to work with children to incorporate right to play into their lifeworld's. The four mini case studies show that play can be a catalyst for protecting children and for helping them to participate in matters important to them. They also illustrate it is important to ensure that both children

and adults know the importance of play to children's current and future lives and that play needs to be appropriate to the setting it is taking place within.

Building systems to support the involvement of children in the right to play with children requires an environment conducive to this. Participatory action is a way to bring this to the fore. Sen suggests "democratic freedom can certainly be used to enhance social justice and a better and fairer politics. The process, however, is not automatic and requires activism on the part of the politically engaged citizens" (Sen, 2009, p. 351).

How we, as individuals, communities, societies, view children and young people directly impact how our policies, programs, and practices make allowances for them to provide relevant, meaningful and effective input. As Mrnjaus suggests "our task is to ensure all preconditions for a child to develop into a complete person, psychologically and physically (2014, p.231).

"Without the need to play not only the human individual would stagnate, so would even human culture. The key to cultural evolution is play." (Karpatschof, 2013, p. 263). In keeping with this sentiment, this paper argues that the right to play should be more centralized in order to play to catalyze development and other rights. This requires practitioners, including doctors, counsellors, social workers and teachers, but also family members and others to draw on play and work with children to enhance their lifeworld's. To this end we can start by asking what role play can have and asking children what is important to them and how we, as adults might consider play alongside co-creation, collaboration, and partnership to open possibilities for something greater than constituent parts. Also, we need to consider different populations, contexts, platforms, points of time. We should also take the time to share (and seek out) our wisdom on ways of using play. Finally, we need to open our minds to the tangible benefits of play at multiple levels and constantly and repetitively call ourselves to action in the best interests of children.

This paper aims to spark dialogue on children's participation and leveraging play to foster children's wellbeing, resilience, and sense of belonging. In closing, consider the following questions about your relationship to play, as an adult. Consider these both for yourself as an adult, but also children in your life, for whom have the right to play.

- How does play factor in your work and in your personal life?
- What are you missing by not using play more?
- How could you incorporate it more?
- How could play help discover solutions to complex problems?

- How could you invite the insights of children into your work, or create opportunities for their opinions and ideas to be expressed and influence decisions?

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Sociologia | Sociology

Saiu para a Rua: a emergência da (sub)cultura rock em Portugal

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Resumo

A emergência do rock em Portugal trouxe consigo uma ruptura com os padrões socialmente estabelecidos até à data, dando lugar ao nascimento de uma nova vivência musical, que veio a ser absorvida por um conjunto vasto de atores sociais, designadamente situados nos escalões etários tipicamente juvenis (Guerra, 2015). Para os adolescentes, a manifestação musical do rock representava a promessa de um *novo mundo*, onde os problemas socioeconómicos seriam superados pelas recentes liberdades proporcionadas nas várias dimensões da vida individual e coletiva. E com essas liberdades veio uma nova forma de viver o rock, através do consumo, do culto do objecto e dos seus templos, das lojas de roupa e de discos (Guerra & Quintela, 2016). No fundo, as (sub)culturas rock, no nosso país, que se vinham a desenvolver, marginalmente, desde a década de sessenta, constituíram-se, inicialmente, como culturas de resistência contra o regime ditatorial e um meio de expressão de sentimentos dos jovens. Só mais tarde, após a Revolução, é que o rock viu eclodir o seu pináculo, na década de oitenta, dando lugar a uma abertura da sociedade portuguesa conservadora a um reconhecimento destas (sub)culturas, privilegiadamente, no espaço urbano. É nesta altura, que se populariza o estilo de vida destas (sub)culturas nas cidades: nas roupas, nos cabelos, nos acessórios, nos locais que frequentam, nas substâncias que consomem, nos excessos que cometem. Assim, importa refletir acerca desta (sub)cultura juvenil, que ainda hoje continua a atrair as camadas jovens (e menos jovens) volvidos tantos anos e perante uma multiplicidade de cultos e estilos musicais.

Palavras-chave: rock; (sub)culturas; juventude; Portugal.

Introdução

Falar de juventude é falar de uma categoria etária extremamente complexa e heterogénea, sujeita a constantes transformações na sua génese. "Os «jovens» e as suas «juventudes» são, hoje em dia, uma das mais desconcertantes categorias sociais do senso comum" (Schmidt, 1985, p.1053). Por esta razão, discutir acerca dos conteúdos culturais face aos quais os jovens interatuam pode tornar-se, ainda, mais complicado. Contudo, consideramos crucial refletir acerca da importância das culturas juvenis no panorama social português contemporâneo, uma vez que estas desempenham um papel fundamental nas construções e desconstruções identitárias juvenis. Neste artigo, recorreremos ao uso metodológico da análise documental de diversos suportes e autores através de fontes secundárias.

Nesta reflexão, é importante ressaltar que o nosso país viveu um regime político ditatorial durante mais de quarenta anos, regime este que marcou, incontestavelmente, o estilo de vida da juventude portuguesa. Durante este período político, que preconizava o isolamento do país ao nível das relações internacionais, era rejeitada toda e qualquer alusão a uma liberdade de expressão individual ou coletiva e pregado o patriotismo com ideias 'orgulhosamente sós'. Exemplos são as seguintes palavras:

"Em sintonia com outros fascismos europeus, pelo menos no que diz respeito à busca obsessiva pelas "autênticas raízes" da Nação, bem como no apelo sistemático a um passado de glórias no qual repousariam as evidências incontestáveis de um futuro grandioso, o discurso oficial do Estado Novo Salazarista consistia, em linhas gerais, na exaltação de todos os valores que fossem percebidos como características singulares do povo português" (Monteiro, 2009, p.4).

Perante este estilo de vida de privação que reinava na sociedade portuguesa, o acesso à informação do exterior era barrado e limitado, o que impedia não só os jovens, mas toda a população, de ter conhecimento de grande parte da vida social, económica e cultural que se vivia lá fora: "A censura portuguesa adoptou uma postura imperturbável, autorizando a propagação radiofónica e televisiva do que considerava *mensagens adequadas* para o saudável desenvolvimento da juventude." (Guerra, 2010, p.199). O próprio conceito de juventude era algo recente e a atenção prestada às suas vivências de cultura e lazer não

era, ainda, significativa e limitava-se à exaltação da Mocidade Portuguesa¹³ e dos valores por ela defendidos.

Porém, este cenário, gradualmente, começou a sofrer transformações, uma vez que os indivíduos em geral e os indivíduos jovens em particular, começaram a adoptar estratégias de fuga aos <<tentáculos>> do poder, o que lhes permitiu uma abertura e uma aproximação ao mundo, essencialmente, ocidental. E esse acesso não legitimado, nomeadamente feito através da escuta de estações de rádio internacionais <<às escondidas>>, permitiu que a juventude portuguesa conhecesse e se interessasse pelas vivências culturais anglo-saxónicas, e dentro destas em particular, pelas expressões de natureza musical. É de destacar, desta forma,

“(…) o importante papel que diversas estações de rádio estrangeiras não licenciadas (rádios «pirata»), como a *Radio Caroline* e a *Radio Luxembourg*, desempenharam na disseminação internacional de uma «música moderna», ou «música ié-ié», constituída por «ritmos modernos»” (Andrade, 2015, p.241).

Foi, como vemos, desta forma que a juventude portuguesa teve os seus primeiros contactos com a música rock internacional e com diversas características que integravam esta (sub)cultura. Assim, ainda segundo Andrade (Andrade, 2015), o acesso a esta cena rock começou por fazer-se, predominantemente, através da importação de discos estrangeiros, da escuta de vários programas e estações de rádio dedicados a este tipo de música, da compra de catálogos discográficos ou de revistas internacionais.

Em suma, este processo de aproximação à (sub)cultura rock foi lento e gradual e, apenas, após a Revolução de 1974 é que os resultados na juventude nacional foram mais evidentes, atingindo o seu *boom* na década de oitenta, com a explosão de bandas e artistas a cantar rock em português.

O Rock Chegou e Encantou

Paula Guerra (2015) considera o *rock* como um *absolute beginner*, na medida em que a emergência desta (sub)cultura no nosso país, conduziu a nossa sociedade a uma quebra com os modelos socialmente estabelecidos até então, dando lugar ao nascimento de uma nova forma de viver a cultura em geral e a música em particular, que veio a ser assimilada por um conjunto de indivíduos, com idades especialmente compreendidas entre os

13 “(…) a Mocidade Portuguesa, que, em teoria, era uma organização totalitária — o seu regulamento determinou que todos os portugueses dos 7 aos 14 anos, estudantes ou não, obrigatoriamente, pertenciam a ela” (Kuin, 1993, p.556).

escalões etários tipicamente associados à juventude. Neste sentido, para estes adolescentes, a exteriorização musical do *rock* representava a promessa de um novo contexto social, onde os problemas socioeconómicos seriam superados pelas recentes liberdades proporcionadas nas várias dimensões da vida individual e coletiva. Tratava-se não, apenas, de um simples estilo de música, mas, acima de tudo, de uma fuga às possíveis contrariedades da vida quotidiana, vividas até então.

“A música enquanto elemento básico no desenvolvimento quotidiano dos jovens parece algo indiscutível. Para eles é parte de uma linguagem universal que cria códigos de comunicação sem fronteiras, permanecendo atual como modo de expressão e elemento configurador ou catalisador de todos os símbolos da identidade juvenil” (Guerra, 2015, p. 154).

Com essas liberdades recentemente adquiridas, nomeadamente, com um maior conforto económico dos jovens e adultos, veio uma nova forma de viver aliada à expansão do capitalismo e do consumo. Nesta altura, começou a ser dada uma maior atenção a eventos de lazer e de natureza cultural, que antes, simplesmente, não existiam ou existiam em número reduzido. Neste sentido, veio também uma nova forma de viver, sentir e exteriorizar a música *rock*, que envolvia igualmente o consumo, nomeadamente através das lojas de roupa e de discos (Guerra & Quintela, 2016; Savage, 2002). Por outras palavras, pela primeira vez, a juventude tinha poder de compra para despender em objetos de lazer e não, somente, em artigos de primeira necessidade. “Surge, então, uma juventude consumidora, dividida em diferentes subculturas, que é acompanhada pela emergência de uma série de pânicos morais em relação aos jovens” (Guerra, 2015, pp. 154-155). Relativamente ao rock em particular, não só o formato físico dos álbuns começou a ser um produto adquirível e adquirido por esta categoria etária, mas uma grande variedade de adereços e merchandising se popularizou de forma crescente e se tornou obrigatória para os integrantes desta (sub)cultura. Estes objetos funcionavam, de certa forma, como símbolos de um determinado estilo, que Segundo Cohen (2002), não era inerente à (sub)cultura, mas sim, algo que se ia construindo ao longo do tempo.

“Neste contexto, o estilo é entendido enquanto sinónimo de resistência, uma tradução física de uma guerrilha simbólica contra o “sistema” – aqui entendido como “ordem social” opressora, bloqueadora de oportunidades laborais e hipóteses de mobilidade social dos jovens” (Guerra & Quintela, 2016, p. 198).

Indo ao encontro deste novo panorama económico mais confortável, importa ressaltar que, segundo Jon Savage (2002, p.321), “ (...) os mais pobres têm acesso à cultura, mas existe um preço a pagar”. Ou seja, de acordo com este autor, é dentro deste universo rock que se define o tipo de compra e venda, que suportam esta nova forma de viver o *rock* e permitem a sua vivência em plenitude. Quem não tivesse capacidade de adquirir estes símbolos podia significar que não vivia a (sub)cultura com a mesma intensidade. Assim, como é possível observar, o rock a pouco e pouco transformou-se em indústria e, de acordo com Martin (1979) hoje é, sem dúvida, um objecto mercantil de compra e venda das indústrias culturais.

No fundo, aqui em Portugal, a (sub)cultura rock, que, como vimos, se vinha a desenvolver de forma marginal desde a década de sessenta, constituiu-se, inicialmente, como uma cultura juvenil de resistência contra o regime ditatorial e como um meio de expressão de sentimentos de revolta dos jovens. Tratava-se de uma estratégia de escape às pressões do quotidiano e de desabafo perante as dificuldades com que se debatiam socialmente. Enquanto escutavam este género musical individualmente ou em grupo, ou quando discutiam sobre a música que ouviam, sentiam uma união e um viver em comum, que lhes transmitia confiança por saberem que não estavam sós. E assim foi durante muitos anos, porque só mais tarde, após a Revolução de 1974, é que o *rock* viu eclodir o seu auge no nosso país, já na década de oitenta, dando lugar a uma abertura da sociedade portuguesa conservadora a um reconhecimento destas (sub)culturas, privilegiadamente, no espaço urbano.

“Na verdade, o mito sobre a rebeldia e o carácter revolucionário da juventude começa a cair, dando lugar a uma perspectiva crítica que vê a juventude como um produto da sociedade moderna, como tendo sido engolida pelo capitalismo. No entanto, o mito continua a ser alimentado, nomeadamente através de uma inflação mediática que continua a apresentar a juventude como estando associada à revolta” (Guerra, 2015, p.155).

Com o chamado *boom* do rock português, a (sub)cultura rock foi crescendo e tornando-se cada vez mais popular, menos marginal e menos urbana, alargando-se, praticamente, a todo o território nacional. E, no fundo, esta cena musical, à semelhança de outras culturas juvenis, continua a desempenhar um papel muito importante na vida dos adolescentes atualmente. E embora hoje em dia, prevaleçam algumas desconfianças acerca das (sub)culturas juvenis, quer negativistas (em torno da noção de desvio), quer como aquela mistificação muito popular que “constrói as (sub)culturas juvenis como quase sempre

rebeldes, *antiestablishment*, críticas, progressivas e representativas de pontos de resistência ao sistema” (Perasovic, 2004, p.180), a sua importância na construção do eu social, na socialização e na vida em comunidade é inegável. A partilha dos símbolos da própria (sub)cultura, estende-se a uma partilha dos dilemas que povoam o quotidiano dos adolescentes, funcionando como um núcleo de vivências comuns, que são amplamente experienciadas pela comunidade e sobre as quais os adultos não conseguem compreender.

“A música enquanto elemento básico no desenvolvimento quotidiano dos jovens parece algo indiscutível. Para eles é parte de uma linguagem universal que cria códigos de comunicação sem fronteiras, permanecendo atual como modo de expressão e elemento configurador ou catalisador de todos os símbolos da identidade juvenil” (Guerra, 2015, p. 155).

Assim, um jovem português é capaz de partilhar experiências e símbolos com um jovem de outra nacionalidade, dentro deste género musical, funcionando, desta forma o rock, como um tipo de código global e passível de ser entendido por diferentes jovens em diferentes partes do mundo. Seguindo a linha de pensamento de Guerra (2015), o rock afirmou-se enquanto sistema cultural referenciador incorporando o dia-a-dia dos indivíduos, nomeadamente dos adolescentes, e povoando-o de expressões e sons que remetiam para uma materialidade evidente e caracterizadora de estilos e modos de vida específicos (discos, rádios, programas de rádio, artistas, espaços de divulgação, giradiscos, roupas, acessórios, espetáculos, festivais). Torna-se quase impossível, no tempo atual, fugir a estas alusões no dia-a-dia juvenil, porque se encontram presentes nos mais variados suportes e espaços em diversas dimensões da vida. Há autores que abordam esta questão, falando mesmo em ubiquidade (Tagg, 2003) do *rock'n'roll* nos quotidianos juvenis (Feixa, 1999). Essa mesma ubiquidade foi fundamental para derrubar as barreiras existentes entre a arte e o mundo da vida (Guerra, 2015). Com efeito, como integrante das sociabilidades juvenis, dos seus quotidianos e tempos livres (Pais e Blass, 2004), a música, e o *rock* em particular, têm vindo a emergir como uma dimensão crucial dos modos de vida juvenis, em Portugal.

Conclusão

Como vimos, a (sub)cultura rock emergiu no nosso país de forma lenta e gradual, para fazer uma explosão nos anos oitenta. Esse *boom* não só permitiu a ampliação do movimento a quase todo o território nacional, como também possibilitou a criação de

espaços e condições logísticas para a realização de concertos e para o convívio dos participantes desta (sub)cultura. O rock transformou-se, assim, num conceito associado aos jovens e quase incompatível com a concepção de pessoa adulta à data, no nosso país.

Contudo, atualmente o conceito de juventude e de cultura juvenil aplicados a determinados escalões etários estanques está a perder cada vez mais força, uma vez que esta noção tem enfrentado alguns desafios de elasticidade, relacionados com a concepção que cada um de nós tem sobre o tema e a forma como cada um de nós se sente, quer a nível mental, mas também físico. Por outras palavras, hoje em dia verifica-se uma grande tentativa para ampliar a juventude, independentemente da idade que os indivíduos possuem. “A juventude é um estado de espírito, é um jeito de corpo, é um sinal de saúde e disposição, é um perfil do consumidor, uma fatia do mercado em que todos querem se incluir” (Kehl, 2007, p.44). Assim, ao contrário do que se verificava na década de sessenta, quando os jovens escutavam música rock de forma escondida e este género musical não era olhado com agrado por parte de muitos indivíduos adultos, hoje em dia vive-se uma luta constante para pertencer a essa juventude, nomeadamente, através da manutenção e alargamento dos mesmo hábitos e estilos de vida jovens, como é o caso das vivências associadas à (sub)cultura rock. Esta tendência é visível não só no nosso país, mas um pouco por todo o mundo e a previsão é para que continue a aumentar nos próximos anos.

Em suma, a (sub)cultura do rock, à semelhança de outras culturas juvenis, continua a ter importância nas experiências e estilos de vida da juventude e não se perde à medida que esses jovens atingem a idade adulta. As formas como os indivíduos adultos expressam a sua participação pode ser diferente, nomeadamente não recorrendo a adereços e merchandising com a mesma intensidade, mas todos, adultos e jovens, continuam a partilhar os mesmos símbolos e um culto comum.

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Outros | Others

Contributions of the Participatory Diagnosis to Improve the Living Conditions of Children and Adolescents from a Socially Vulnerable Community

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Abstract

In socially vulnerable communities, children and adolescents are victims of situations that endanger their living conditions. In this context, the participatory diagnosis is a tool for understanding the local reality, favoring the implementation of internal and intersectoral measures that can solve or minimize the problems they face. The aim of this study is to identify the contributions of participatory diagnosis to improve the living conditions of children and adolescents from a socially vulnerable community. A qualitative research was carried out in the Dendê community, in the city of Fortaleza, capital of the state of Ceará, Brazil, from January to July 2016, with the participation of 31 residents. The strategies for data collection were: participant observation (street walking), semi-structured interview and focal group. To analyze the data, the content analysis was used in the thematic modality and the interpretation of results was supported by the participatory diagnosis theories. The results obtained included the following topics: 'impact of urban violence on the living conditions of children and adolescents', 'lack of good sanitation and environmental conditions', and 'community coping strategies'. One considers that the involvement of the community in the Participative Diagnosis processes collaborates with the identification of real problems and favors searching for contextualized solutions for such reality, allowing the improvement of the living conditions of children and adolescents from vulnerable communities.

Keywords: Community participation; Child; Adolescent; Health promotion; Social vulnerability.

Introduction

The living conditions of children and adolescents can be significantly impacted in areas of great social vulnerability. In this context, disparities arise from many associated factors, among which the following are noteworthy: difficult access to health, income, work, education, leisure, housing, transportation, mobility, culture, sustainable environment and social support networks (Fiorati, Carretta, Panúncio-Pinto, Lobato, & Kebbe, 2014).

For better understanding of these scenarios, the individual theories, previously used to investigate the community living conditions, often solely on a biological basis, have been replaced or associated with broader approaches based on the understanding of environmental determinants, lifestyle and health behaviors. Thus, the term “healthy community” appeared, referring to a population group that has strength and solidarity, established on the basis of social justice and with a high degree of participation in the Public Government’s decisions (World Health Organization [WHO], 1995; Davey, Hurst, Smith, Grogan, & Kurth, 2011).

The healthy community constitutes an environment that is favorable to the living and health conditions of the population, having a careful approach towards children and adolescents and contemplating aspects of hygiene, safety, and meeting the residents’ basic needs, which includes food, housing, work, access to good quality health services, education and social care.

In these communities, education and an active cultural life must also be valued, aiming to promote the contact of the new generations with the cultural heritage and the residents’ participation in a wide variety of experiences. The economy should also be strong, diversified and innovative, offering better sustainability conditions to the community and its residents (Araujo de Moraes, Koller, & Raffaelli, 2012).

In this context, health is an essential element to improve the living conditions of people of all age groups. Thus, the promotion of children's and adolescents' health is urged by measures that address social inequalities, since, in socially vulnerable communities, this population is a victim of situations that endanger their living and health conditions, considering the social, organic and psychological frailties inherent to the population at this stage of life (Sousa, Brasil, & Silva, 2017). According to the World Health Organization (WHO, 2010), adolescence goes from ten to twenty incomplete years of age. However, for the Brazilian Child and Adolescent Statute - ECA, this phase ranges from 12 to 18 years of age (Law N. 8,069, of 1990).

Children and adolescents are highly susceptible to problematic situations and conflicts in their living environments. In the social circles, which include family, colleagues and the

community, many children are exposed to several types of violence and traumatic events, which can affect their living and health conditions (Kuhn, 2013). Adolescents are also exposed to similar risk factors, which may be aggravated by the transition to adulthood they are going through, leading to increased sensitivity to new discoveries, emotional changes, and personality reaffirmation (Cavalcante, Alves, & Barroso, 2008; Dutra-Thomé et al., 2017).

According to Riquinho & Gerhardt, (2010), to understand the living conditions and health needs of a particular population group, one must consider the environment where the people live, their age group, the personal and social development opportunities they have, as well how to contemplate the diversity of the individuals' choices.

Several studies have emphasized the importance of identifying the determinants of living and health conditions of a community to create interventions in the environment where people live, aiming to bring opportunities for the improvement of the individuals' lives (Gordon-Larsen, 2014; Lifshitz & Lifshitz, 2014). However, when talking about children and adolescents, these interventions are of the utmost importance, since by improving the social determinants of a locality, one allows future generations to have better levels of schooling and employability (Carvalho, 2013).

Vulnerability consists of a situation in which an individual is subjected to a possibility of danger, denoting the idea of frailty. In the case of children and adolescents, this scenario can be even more harmful, since they are at the development phase, depend on the adults, and suffer direct or indirect effects of the physical and social structures to which they belong (Alves, Santos, & Santos, 2016; Sierra & Mesquita, 2006).

Therefore, it is known that the situation of social vulnerability influences the development of children and adolescents, including the physical and psychological aspects, as well as the financial issues and other resources that have an impact on human development, such as access to health programs, hygiene issues, school access and permanence, food, care and attention of parents or guardians (Dillenburg, Costas, Silva, & Würfel, 2017).

The Child and Adolescent Statute (Law N. 8.069, of 1990) points out that the community and the family have the responsibility to ensure the rights related to life, health, food, education, sports, leisure, professional training, culture, safety, dignity, respect, freedom and family and community coexistence of this population. It's in this sense that the participatory diagnosis can contribute to the improvement of the living conditions of children and adolescents, as this strategy will allow the identification of problems and obstacles of an area that may hinder their development, helping the community to face them (Castro & Abramovay, 2015).

The Participatory Diagnosis (PD) is a tool that aims to understanding the local reality, based on the residents' view, favoring the identification of problems and the implementation of internal and intersectoral measures that can solve or minimize the problems. In this context, they include those that have a direct or indirect impact on the living and health conditions of children and adolescents. Moreover, the PD also allows the identification of the potentialities and leaderships of a given community, favoring the conception of initiatives that may contribute to overcoming the identified difficulties (Nelson, Folhes, & Finan, 2009).

Based on this initiative, the community has the power to contribute to the creation and implementation of public policies for children and adolescents, since citizen participation in political life is a central presupposition for the success of this type of action (Alves & Friedrich, 2017) and the participatory diagnosis greatly contributes to this success.

The present study is justified by the accomplishment of a previous study entitled "PARTICIPATORY DIAGNOSIS OF THE PROBLEMS THAT AFFECT HEALTH IN A COMMUNITY OF LOW SOCIOECONOMIC LEVEL" (Sousa, 2016), which identified several problems that have an impact on the residents' living and health conditions. This fact has aroused the interest of the researchers, who aimed at detailing the aspects that involve the children and the adolescents of that community.

It is also considered that, based on the participatory diagnosis, new strategies for improving the living conditions and health promotion for children and adolescents will emerge from further assessment and initiatives aimed at addressing the problems identified by the community.

Therefore, the present study intends to answer the following question: How can the participatory diagnosis use contribute to improving the living conditions of children and adolescents from a socially vulnerable community?

In view of the abovementioned facts, this study aims to identify the contributions of the participatory diagnosis to improve the living conditions of children and adolescents from a socially vulnerable community.

Methods

This is a qualitative research, carried out from January to July 2016, in the Dendê Community, located in the Edson Queiroz neighborhood, in the city of Fortaleza, state of Ceará, Brazil, which allowed an approximation with the reality in a contextualized way. This investigation strategy allowed a better understanding of the situation by considering

information that was full of histories, culture, politics and ideologies, disclosing the assessed subjects' way of life (Denzin & Lincoln, 2006).

According to the Brazilian Institute of Geography and Statistics (Instituto Brasileiro Geográfico Estatístico - IBGE), the Edson Queiroz neighborhood has approximately 22,110 inhabitants, (IBGE, 2010). The Human Development Index (HDI) of 2010 allocates this neighborhood to the 57th position, with an HDI of 0.350, of the 119 neighborhoods in the city of Fortaleza, showing a very low rating. Thirty-one residents of the community participated in the study, who acted as key-informants (KI).

These people have in common an active leadership position in the community, being able to provide detailed information on the dynamics of the population and the locality being assessed (Schensul, 2004). Therefore, the inclusion criteria were: being a resident of the community for more than five years, being older than 18 and younger than 80 years old, having good mental health to answer the questions and being willing to participate in all stages of the investigation.

The KI were identified by the researcher with the support of the Community Health Agents (CHA) who work in the community, as they helped in the validation of data collection strategies (participant observation, semi-structured interview and focal group), as well as in the access to residents.

Participant observation occurred during street walking. On these occasions, the researcher started the walk from a household in the community in the company of more than one KI, and together they walked along the respective street of residence and surrounding streets, until they returned to the point of departure. During the walk, a dialogue was established on the problems identified in the environment that affected the health conditions of the children and adolescents of the community. Everything was recorded through a field diary and photographs.

Upon returning from the walk, each individual KI was interviewed using a semi-structured interview, in order to assess the issues addressed during the street walk. The interviews had an average duration of 25 to 30 minutes and were recorded in audio to facilitate data analysis.

Two focal groups (FG) were carried out in July 2016 in a room properly prepared with audio and video equipment for the recording of the testimonies, located in a university near the assessed community. Fourteen KI participated in this stage, who answered the questions of a script, which provided a participatory debate on the study subject.

It should be emphasized that the focal group is a research technique that allows group interactions, when debating about a specific subject proposed by the researcher (Trad,

2009). The main objective of the focal groups, according to Malhotra, (2006) and Minayo, (2014), is to obtain an in-depth understanding of a specific topic, based on the listening to a group of people with sufficient knowledge to speak in details about the subject that interests the researcher.

Therefore, the focal group was carried out by a moderator and two facilitators, who allowed a detailed discussion and the participation of all individuals, with an average duration of 2 hours.

Aiming to protect the participants' identities, letters and numbers were used as follows: the letters "KI" (key informants) followed by numbers from 1 to 31. It should be emphasized that the participants in the focal groups are identified as KI1 to KI14, while the remainder are KI15 to KI31, having only participated in the interview and the street walk.

The data collection was concluded based on the saturation principle, that is, when the researcher verified the occurrence of repeated information and a diversified amount of knowledge, and when no new ideas were identified with the continuing interviews and additional observation (Martínez-Salgado, 2012).

The data were analyzed through content analysis in the thematic modality, according to the following steps: pre-analysis, material exploration and treatment of the results, through inference and interpretation (Minayo, Deslandes, & Gomes, 2013).

Minayo, (2014) points out that content analysis is a method, because it encompasses a set of techniques that allows the analysis of different types of communications (written, spoken, iconographic, among others) with the objective of acquiring indicators that permit the inference of knowledge about the study subject, within a specific context. Based on this analysis, three topics emerged, which were interpreted according to the theories of participatory diagnosis, as seen in the studies by Nelson, Folhes, & Finan, (2009).

The study was approved by the Research Ethics Committee of Universidade de Fortaleza under Opinion n. 1,146,837, following all ethical principles of Resolution n. 466, of December 12, 2012, of the Brazilian National Health Council - CNS.

Results and Discussion

The analysis topics that emerged from this study are the following: 'impact of urban violence on the living conditions of children and adolescents', 'lack of good sanitation and environmental conditions', and 'community coping strategies'. It is emphasized that the participatory diagnosis (Mendes, Gorayeb, & Brannstrom, 2016; Provoz, 2015) supported all the steps to obtain these data, since the involvement of key informants allowed capturing the contextualized view of the community on the problem being investigated.

Regarding the impact of urban violence on the living conditions of children and adolescents, the participants reported that insecurity, violence, crime and the dominance of drug trafficking in the community may lead to drug use or selling, in addition to school dropout, as shown in the following report:

If these kids had an occupation, they would not be what they are today [involved in crime]. It is a shame for you to see these twelve- and thirteen-year-old kids not attending school and selling drugs ... (KI_11)

Boarini, (2018) states that young, unemployed and financially disadvantaged individuals are more vulnerable to the lure of drug trafficking. This requires, inside socially vulnerable communities, a work aimed at raising the awareness and drug use prevention. This type of initiative has strength, allowing participatory and contextualized solutions, considering the strengthening of the affective bonds between the residents and their families, which favors the circulation of the necessary information, the exchange of experiences and reciprocal learning (Brazil, Ministry of Justice, 2013).

Currently, drug use has reached a point that represents a high social risk, especially when the drug is crack, because it is associated with rapid dependence. In Brazil, the widespread use of crack represents a public health problem (Vargens, Cruz, & Santos, 2011), considering its easy acquisition and low value. These leads users to high consumption, affecting all social classes but predominating among groups in vulnerable situations, such as the homeless, children and adolescents (Pereira & Jacoby, 2013).

The 2030 Agenda for Sustainable Development (United Nations of Brazil, 2015) recognizes the eradication of violence against children and adolescents as a key component of sustainable development.

The main factors that contribute to such violence include acute economic and social inequalities, social and cultural norms that tolerate violence, lack of adequate policies and legislation, insufficient services for victims, and limited investments to prevent and respond to violence.

The participants also pointed out that urban violence and crime can lead to the development of severe physical and mental health problems, also in children and adolescents, such as fear and anxiety, among others.

The health care condition is deficient ... I speak of the insecurity ... I think the most significant disease among our population, in our neighborhood, comes from the kids who do not have much occupation. As they have no occupation, they go out into the streets to do what they should not do. So, I think the biggest problem of our street, our neighborhood, our country, is just that. If the kids had an occupation, so they could grow up with a [busy]

mind, they would not give us that kind of problems, which is the fact that you cannot go out in the streets ... If you go out in the streets, you go out with fear, you go out in the streets, you leave your house, but you are scared... (KI_28)

Violence is considered to be the intentional use of physical force or power against another person, group or community that results in or is very likely to result in injury, death, psychological harm, maldevelopment or deprivation (WHO, 1996, 2014). It affects children and adolescents in different ways, often leading them to enter the world of crime and drugs. Therefore, it is necessary to emphasize the relevance of public policies aimed at the implementation of human rights, prioritizing the solution of problems indicated by the community based on the participatory diagnosis, making it possible to intervene, prevent and protect this vulnerable group from actions that lead to different types of diseases and / or death. The concern regarding violence against children and young individuals can be considered a fact to be contemplated by the health sector, respecting its complexity (Carlos, Pádua, & Ferriani, 2016; Sousa, 2016).

The effects of violence are numerous, and can interrupt, hinder or delay the social, cognitive and emotional development, leading to physical, psychological and social consequences. Many of the mental illnesses, such as post-traumatic stress disorder (PTSD), anxiety disorder, mood disorder (mainly depression) and personality disorder, have violence as one of their causes. These may occur in the short, medium and long term, representing a risk to the development of children and adolescents (Mrug & Windle, 2010; Patias, Silva, & Dell'Aglio, 2016; Benetti, Schwartz, Soares, Macarena, & Patussi, 2014; Benetti, Pizetta, Schwartz, Hass, & Melo, 2010).

Another topic pointed out by KI are related to the risks that the lack of good sanitation and environmental conditions bring to the living and health conditions of the children and adolescents of the assessed community. These problems are demonstrated by insufficient basic sanitation, animals roaming the streets and the presence of insects and mosquitoes. These factors lead to the lack of sites to practice sports and recreation, in addition to causing health problems, such as intestinal disorders, dehydration, dermatological diseases, hospital admissions, among other complications.

The [square] I was talking about was totally organized, there were courts for indoor soccer, basketball, volleyball... but the people ripped it off, up to the basketball hoops, so that the boys who were going to play basketball here now have to go elsewhere [...] So, I think this is a big problem and sometimes parents wants to take a walk with their children there and they

won't. Because the square was very clean, and if you go there to see it now, it's ruined. (KI_12)

The trash was in the neighbor's [home] and it was bad for the kids. Now they are putting the trash there, where I live, and the pile of garbage is over there... they should help to take this garbage out of here, because it brings disease and I don't know what else. The storm drains, we raise the covers with our hands and the kids remove the balls that fell inside. (KI_2)

Dogs ... there are a lot of them in the middle of the streets, and then we are scared of mosquitoes, too. And cats too [roam the streets] ... I have a kitten, but thanks God it does not roam the streets, but there are others that urinate at the gates, defecate at the house doors ... it is irritating for us and the children play with them! I'm afraid my kids will get sick because of these animals. (KI_19)

The condition of vulnerability is expressed by the participants of this study by pointing out the hazardous environmental conditions that compromise their health conditions. Therefore, during the street walks with the KI, problems related to garbage collection and lack of basic sanitation were demonstrated.

It is worth noting that the environmental situation constitutes one of the most important health determinants (Brazil, 2013), since the concept of health promotion supported by the World Health Organization (WHO, 2011) takes into account the preservation of the environment where people live.

In this sense, article 2 of Law number 10,257 / 2001, has an Urban Policy guideline that guarantees the right to basic sanitation, reinforcing Law n. 8.080/1990 that created the Brazilian Universal Healthcare System, SUS, which states the obligation to promote, protect and recover health, involving the promotion of basic sanitation and health surveillance actions.

Problems such as malnutrition and lack of basic hygiene conditions allow the appearance of endemic and epidemic foci, preventing sanitary control, caused by the socioeconomic status. It is vital to emphasize the importance of community participation in identifying individual and collective risks that lead to vulnerability and disease (Bocco & Lazzaroto, 2004).

Jacobi, (2003) highlights a direct association between exposure to environmental risks and the shortage of access to public services. The lack of urban infrastructure (water, sewage, garbage collection, canalization of streams, among others) exposes the populations living in these areas to environmental risks, such as waterborne diseases.

Moreover, living close to garbage dump sites makes children vulnerable to diseases; since, in the study community, the space for recreational activities is often used as a garbage dump site. The residents also describe, as KI_2 did, a scenario that shows a community exposed to disease risks due to lack of basic sanitation, which is very evident in their area of residence, with children being exposed to infections due to contact with soil contaminated by solid and liquid waste.

A study carried out by Tavares et al., (2006) points out that diseases resulting from this scenario, such as those caused by enteroparasites, constitute severe public health problems for developing countries, with their main causes being this type of exposure. This type of disease represents a severe risk to children's health.

Martins et al., (2003) and Tavares et al., (2006) indicate that, in Brazil, the occurrence of parasitosis is an even more serious problem, as a result of the lack of policies that intensively address sanitary education. Therefore, for this problem to be eradicated, better socioeconomic conditions are required, together with basic sanitation and health education, in addition to changes in cultural habits (Visser, Giatti, Carvalho, & Guereiro, 2011).

In addition to pointing out these problems, participants also mentioned coping strategies to overcome the identified problems, which include establishing partnerships with the public and private sectors. Many of the strategies, according to the KI, could start with the community itself; however, others require the association with other institutions for their feasibility and effectiveness.

“The social action brought to this square playground equipment for the children, haircuts... They had health care... There is no more of that now! A mobilization of the population [community residents] could help to encourage these projects...” (KI_12).

“I think the ideal would be to have a sports school to occupy these kids' free time... Maybe the government can help...” (KI_10)”

The main barriers to the practice of physical activity among adolescents are the lack of motivation, social support, infrastructure and access to sites and tools to practice these activities (Rech, Camargo, Araújo, Lock, & Reis, 2018). It is worth mentioning that leisure and sports play a fundamental role over the physical and mental conditions of children and adolescents, promoting social integration, fighting violence, removing children from the streets and reducing their involvement with drugs and crime, therefore ensuring full social development and a better quality of life (Mazzotta & D'Antino, 2011).

Guedes, Davies, Rodrigues, & Santos, (2006) and Noletto, (2008) reinforce what Mazzotta and D'Antino, (2011) support, stating that the participation of the community, especially of children and young individuals – who are the main victims of poverty, violence, social inequality and exclusion – in entertainment and leisure activities, provides benefits related to social and family reintegration, in addition to contributing to health promotion.

The indicators about cultural equipment in Brazil found in the municipalities and states have improved in recent years. However, the population from at-risk areas and living in poverty cannot perceive these changes and the benefits of these resources. According to data from the Brazilian Institute of Geography and Statistics (IBGE, 2014), 97.1% of Brazilian municipalities have public libraries; 82.4% of Brazilian cities have LAN houses; 64.1% have community radios; 99.9% of municipalities receive open TV signals and 27.4% have bookstores. These means allow the expansion of knowledge about factors and risks and promote communication and education for the improvement of living and health conditions.

The implementation of sports and cultural activities by the public government in squares and parks, aimed at children and adolescents, and other resources of the communities are described by the residents as a possibility to entertain these individuals in their free time, favoring the improvement of living and health conditions of the population.

They also report that childhood is considered the right time to allocate children to activities that can keep them off the streets, reducing the possibility of early recruitment by the world of crime and drugs.

The residents pointed out that the construction of places for sports practice, cultural and leisure activities, as well as services, where children and adolescents can be accompanied during school off-hours, were presented by the participants of this study. They believe this is a strategy to promote a more promising future with better living conditions.

Moreover, Oliveira, Bittencourt, & Carmo, (2008) validate this idea, believing that the effective presence of the family, together with the children and adolescents, is necessary for the prevention of drug use, and they also stress the importance of public policies to promote sports practice and the participation of this population in cultural activities, especially of the most disadvantaged communities. Pavani, Silva, & Moraes, (2009) complement that, pointing out that family life, dialogue and a good protection relationship should be stimulated as protective measures.

The participants consider that the government's and social actions, which include sports, culture and leisure, constitute a possible way to improve the living and health conditions of children and adolescents of the Dendê community.

Final Considerations

The participatory diagnosis constitutes a methodology that allows the identification of the topics that, according to the viewpoint of the KI, have a significant impact on the living conditions of children and adolescents in the study community. The study findings allow the implementation of contextualized interventions, focusing on what is important for the territory and taking into account the specificities involving the living conditions of children and adolescents.

The topics related to the 'impact of urban violence on the living conditions of children and adolescents', 'lack of good sanitation and environmental conditions', and 'community coping strategies' show their relevance in the residents' information, as they are recognized as important problems and deserve attention not only from the community but also from the public power to face them.

In this sense, the social participation strategy allowed the discussion of the desires and needs that are translated into the demands for social and structural improvements, aiming at more dignified living conditions and development opportunities for the children and adolescents of this community.

The knowledge of the problems indicated in this study and their impact on the living conditions of the children and adolescents of the Dendê community, associated to the feelings disclosed in the face of the problems and the coping strategies, show the need to create public policies or the implementation of the already existing ones, in which the agenda priority is to change the living conditions of this population.

For that purpose, the residents' point of view has brought greater adequacy and in-depth evaluation for the diagnosis and will help to propose more directive and resolute strategies, in view of the greater approximation to this reality.

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Evaluation of Intervention Protocol of Intensive Physiotherapy in Children with Cerebral Palsy: a case study

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Abstract

Objective: to report an intensive protocol of physiotherapeutic intervention in a child with Cerebral Palsy. **Case Report:** The study was conducted between March and June 2016, at the Nucleus of Integrated Medical Attention (NAMI) in the Pediatric physiotherapy. The study was divided into three different stages: evaluation, intensive therapy proposal and reevaluations. The first evaluation consisted of three phases: application of sociodemographic questionnaire, functional evaluation by scale Gross Motor Function Measure (GMFM) and baropodometry. The protocol consisted of massage with arnica gel, stretching of muscle groups, exercises of control of pelvic girdle and trunk control, strengthening of hips, knees and ankles, sensory and vestibular stimulation, exercises that aimed to improving functional skills in various postures, treadmill training exercise of the bipedal posture on the orthostatic board. It was observed Final GMFM of 15.38% in dimension D (standing) and 27.69% in dimension E (walking, to run, to jump). In the final static baropodometric analysis, we observed an increase in distribution of the mean left pressure (31%), with a decrease in the distance from the center of mass (9.64 cm) demonstrating that the patient had evolved regarding alignment balance.

Keywords: Cerebral Palsy; Physiotherapy; March.

Introduction

Cerebral Palsy (CP) or chronic childhood encephalopathy is characterized by a set of sensorimotor alterations caused by non-progressive lesions in the maturing brain that lead to postural disorders, muscle tone changes, voluntary movement, and muscle weakness. These symptoms can be triggers from the earliest years of life until the age of 05 (1).

It is considered a common health problem in the childhood and it's incidence of approximately 2 in every 1,000 live births, reaching up to 07 per 1,000 live births in developing countries (2). Its etiology is quite variable, but the studies show that it is a

static lesion that reaches the Central Nervous System (CNS) in its phase of structural and functional maturation, which may occur in the pre, peri or postnatal period (3).

The location, extent and type of motor change will characterize the types of disease. About location, it can be spastic, ataxic, and hypotonic. When analyzing the extent of the lesion in the child's brain, it can be classified as hemiparetic, diparetic and quadriparetic (1). Currently, the classification of functionality using the GMFCS is included as an instrument that characterizes the child with CP.

In this context, one of the family's most anticipated motor skills is independent walk, but in children with CP this is a functional ability that can be compromised (4). Considering the neurofunctional pattern of the child with CP, the hemiparetic and diparetic usually develop gait, even with compensations. Hemiparesis is characterized by changes that cause postural asymmetry, greater weight load to the unaffected side, and deficits such as decreased muscle strength, dexterity and motor coordination (5).

In order to improve the atypical gait pattern of this child, physiotherapy has innumerable resources and techniques. Intensive therapy is characterized by the high number of hours of therapy established for a few weeks in a row, focusing on motor development, muscle strengthening, endurance, flexibility, balance and motor coordination. The focus of this therapeutic intervention is postural correction, aiming to (re)educate the brain to identify patterns of correct movements and adequate muscle activity in a short period of time (6).

In order to analyze the effectiveness of these therapeutic intervention programs in the biomechanics and the functionality of these patients, there are protocols such as: the Gross Motor Function Measure (GMFM) for functionality and baropodometry to evaluate static and dynamic plantar pressure (7).

The present study aimed to report an intensive protocol of physiotherapeutic intervention in a child with Cerebral Palsy.

Case Report

The study was carried out between March and June 2016 in the Integrated Medical Care Center (Núcleo de Atenção Médica Integrada - NAMI) in the Pediatric Physiotherapy sector, which attends children from 0 to 12 years of age with the most diverse syndromes, composed of a multiprofessional team. The study was divided into 3 different stages: evaluation, intensive therapy protocol and reevaluations.

The first evaluation took place on 03/03/2016 and it was composed of three phases: it began with a conversation with the patient's responsible for the application of the

sociodemographic questionnaire in which it was identified that the child was accompanied by the mother, 26 years of age, who live in stable union with the child's father and have two (2) children. The family income was equal to or less than one (1) minimum wage, the residence has eight (8) rooms, with cement floors, shared by more than five (5) people.

The child was an eight (8) years old female, with a clinical diagnosis of spastic left hemiparetic cerebral palsy. She presented appropriate neuromotor development until the age of eight months since birth when she had an episode of hyperthermia and was diagnosed with a stroke), due to the lack of movement in the left hemibody. She was diagnosed with Cerebral Palsy at the age of four (4) at the SARAH Neurorehabilitation Center in Fortaleza, where it began to be accompanied in physical therapy service.

A hamstring stretching surgery was performed one (1) year ago in the child, botox was applied at age seven (7) and she used an orthotic ankle foot or ankle foot orthoses to aid in the quality of walking. After this episode she began the physiotherapeutic treatment at NAMI. She is currently accompanied by a pediatrician, professor, endocrinologist and physiotherapist. The child has good social relations, interacts with other children, goes to school and has a play time.

The second moment of the evaluation was composed by the application of an instrument to classify the level of functionality, such as the Gross Motor Function Measure (GMFM) scale. In this study, the dimensions D (standing) and E (walking, running and jumping) of the GMFM were applied. Item D consists of 13 items numbered from 52 to 64. Dimension E is composed of 24 items numbered from 65 to 88. Each item can be scored from 0 to 3, which corresponds respectively to: 0 can not perform the activity; 1 starts the activity; 2 completes partially and 3 completes the task. Results were obtained in the D and E dimensions, respectively of 76.92% and 61.11% (Figure 1).

At the third moment of the evaluation, the baropodometric analysis was performed to evaluate the plantar pressure distribution and the static and dynamic balance. The Footwork Pro baropodometer was used and the platform is guided by the Footwork software that provides information through colored images. When the patient makes foot contact in static and dynamic positions, the equipment provides quantitative and qualitative information about the foot shape, loading and pressure of the plantar impression and the displacement of the center of pressure (CP) of each child). Statistical analysis showed a predominance of the mean right pressure distribution (74%), being

higher in the lower quadrant (51.52%), with a lower distance from the center of mass to the right (5.66 cm). It is important to note the reduced contact surface of the left foot with the soil, representing 62.06 cm². In the pressure analysis, significant displacement of forces towards the lower quadrant and hemibody D is observed. In the dynamic analysis, a difference of 253.52 cm² was observed between the contact surface D and E; as well as a difference of 2150 ms between the duration of the steps at D and E. It is emphasized that in 39 passages 39 steps were performed in this first evaluation. (Tables I and II).

After the evaluation, the intensive care protocol was started on 07/03/2016. The child went to the physiotherapy department 4 times a week for 120 minutes each day. The physiotherapeutic treatment was elaborated according to the needs of the child and was planned in the following order:

1. Massage with arnica gel for 10 minutes in order to relax the patient to start intensive therapy (10).
2. Stretching of muscle groups: psoas, rectus femoris, hamstrings and gastrocnemius for 15 minutes in order to reduce shortening (11).
3. Pelvic girdle control and trunk control exercises, where the anterior-posterior destabilization, lateral-lateral, dislocation of the scapular and pelvic girdle were used for 10 min (11).
4. Strengthening of hips, knees and ankles being used as mastercooper resources with load of 0.5kg, 1kg or 2kg according to patient evolution and therabands of different resistances for 30 min (12).
5. Pause for hydration and feeding for 10 min, where the patient was advised which foods she should take so that she did not interfere in the yield during the therapy.
6. Sensory and vestibular stimulation, where the Swiss ball, carpets of different textures and circuits with trampoline were used for 10 min (13)
7. Exercises that aimed to improve the functional abilities in different postures, where the mats and chairs were used for the patient to perform the movements from sitting to standing and lying down for 10 minutes (14).
8. Exercise on the treadmill for 10 min and from the 4th day of treatment a load of 0.5 kg was added on the left leg. Then 1kg and 2kg load was used (15).
9. The protocol was finished in bipedal posture on the orthostatic board, at which time painting was used as a playful resource for the patient to stay on the orthostatic board for 20 min (16).

The protocol consisted of 19 consultations and the first (re)evaluation occurred on 04/26/2016. In the GMFM dimensions, improvements of 2.56% in dimension D and 20.83% in dimension E was observed

In the baropodometric analysis, the changes observed in the static analysis were the increase of the left foot contact surface, which increased from 62.06 cm² to 75.40 cm², being evidenced by the increase in the average left quadrant lower pressure (6.42%). The decrease in distance from the center of mass to the right (4.42 cm) and the left (12.44 cm) showed that the patient evolved regarding body alignment and improved balance. In the dynamic analysis, the difference between the contact surface D and E was 35.38 cm²; as well as the difference between the duration of the steps D and E happened to be of 210 ms. It is noteworthy that in the second evaluation were given 3 steps more than in the first evaluation. The therapeutic protocol was repeated making adjustments and increases of load and addition of obstacles in the ergometric treadmill as the child evolved. Further 18 consultations were carried out.

The final evaluation was made on 06.16.2016, and final GMFM was registered for dimension D (92.3%), with an improvement of 15.38% and for the dimension E (88.8%), with an improvement of 27.69%. In the static baropodometric analysis, the increase in the average pressure distribution to the left (31%) was observed, with an increase in the upper quadrant (24.73%), with a decrease in the center of mass distance (9.64 cm). In the pressure analysis, the change in force displacement was observed to be higher in the upper quadrant, but remained in the lower body D. In dynamic analysis, the difference between the contact surface D and E was 21.46 cm²; as well as the difference between the duration of the steps D and E happened to be of 190 ms. It is noteworthy that in the third evaluation, in 6 passages 27 steps were given.

At the end of the treatment, a written interview was carried out with the child's mother and the patient separately. In the interview with the mother, the following guiding questions were used about the patient's routine before and after treatment: What is the main difficulty observed? Has there been a change in motor function? Which motor skill had the greatest and least evolution?

The mother's information scored points regarding the functionality and autonomy of the child. The dressing up, the independent displacement, the use of sandals chosen by the child, as well as the ability to play and walk dragging the left foot less on the ground. The balance in weight discharges during activities was highlighted by the mother as something that improved the child's functional performance. As a point still to be

improved it emphasizes the balance and the discharge of weight, even greater in the healthy body.

M: "Oh, before she could not sort of dress herself, she held the clothes mostly in one hand, now she's already leaning on both, she's already helping with both. (...) slipper on the foot before she did not hold it (...) Now she already holds both feet too, and many things also that she did not do, (...) she is walking a lot better, she is not dragging too much the foot, it is from time to time she forgets, but she is much better, 100% she is 90% of the before and now (...) which she has not improved a lot even though I think she is only in the balance she has to have on the other side, which is something she is catching up with. "

The child's information also describes walking as greater difficulty as well as instability when touching the foot on the floor. The support of the foot on the ground, the ability to feel the ground was punctuated and the possibility of wearing an open sandal was described with pleasure and joy. The improvement in the autonomy of daily life activities was a reason for satisfaction and during the treatment protocol described as motivating. As for the use of the orthoses he informed that she thought it is better to walk with the orthoses and that only took to take bath and to sleep.

C: "I did not walk just because I fell ... It was very like that on the tip of my foot, and now I feel good on the floor ... I could not lower my foot, now it is sinking, deep in the ground (...). Now I walk well (...). The sandal was coming out, I mean, it was only closed, ne? And now I can hold Hawaiian, even high heels, (laughs) ... I used to need my mother's help, even to take a shower, now I just need her to wash my hair, I've lost my fear. "

This study presented as limitations, the low demand of patients in the sector that was willing to participate in the proposed therapeutic protocol due to the financial difficulty to pay for the transportation to the physiotherapy sector during the entire research. Culminating in only one participant to conduct the research.

Discussion

Children with Spastic Hemiparetic Cerebral Palsy present a pattern of characterized by changes such as: slow progression speed, step length reduction, extended support base and longer phase duration of support in the healthy leg (17). It is also worth noting the decrease in dorsiflexion in the balance and decrease in flexion-extension amplitude of knee and hip. The set these changes together with the deficit of generating the impulse of the march of the flexors planting, lead to inefficiency to remove the foot from the floor,

carrying the child adopts a pattern of "dragging" the lower ethical limb during the propulsion step (18).

The neuromotor development of the child with cerebral palsy can be influenced by risk factors, characterized as biological resulting from brain injury; environmental factors that include family factors such as, family dynamics, educational level, socioeconomic level, cultural context and the social relationships. The interaction of these factors may therefore lead to a impairment in their functional abilities of daily living and social function (18). In According to the sociodemographic data obtained in this study, the socioeconomic level, characterized by income equal to or less than a minimum wage and family dynamics, influenced the patient's attendance sometimes to therapy, this in the long term could influence the child's motor skills gain.

The GMFM was created with the objective of evaluating alterations in the wide motor function in children with Cerebral Palsy, describing their level of function, without considering the quality in which the child performs the activity, and assisting in planning the therapeutic conduits aimed at improving function and quality of life. The purpose of the GMFM is to quantify how much of motor function the child can reveal and not how it performs this function. Through studies about the correlation between the GMFM and gait parameters in diplegic and hemiplegic Cerebral Palsy spasm, it was confirmed that ambulation is demonstrated as a motor condition on the Cerebral Palsy; and that the GMFM and the gait analysis are parameters that complement the functional evaluation of children (17).

The data obtained in the study by Zardim, Vieira, Laraia, Soares, Reis (18) revealed that among the diparetic and hemiparetic groups evaluated in the research, the difficulties were found in items 57, 58, 60 and 61 of dimension D (in foot), and in items 74, 81, 82 of dimension E (walking, running and jumping). Maybe because these are those items that require greater motor control, balance and coordination for of these tasks. The same was observed in the aforementioned study, where the patient had difficulty in the items of dimension D were: 58, 60, because in these items it was requested that the patient to stand and raise his right (healthy) foot and reach the standing position starting from the semi-knee on the right (healthy) knee, however, after the intervention showed evolution in some items. In the dimension E the items were: 74, 80, 81, 83, of these evolved only in item 81. However, in the end it evolved by 27.69% in this dimension.

Through the baropodometric evaluation, it was demonstrated that throughout all the treatment, there was an improvement in the load distribution in the plantar region, The most noticeable value was the paretic foot, since it did not receive a load before and after

treatment, there was a better distribution of loads (19). In the mentioned study, there was also an improvement in the load distribution plantar, showing an increase in the paretic foot contact surface of 62.06 cm² (initial assessment) to 72.63 cm² (final reevaluation) and the increase in mean pressure lower quadrant of the left foot going from 3.34% to 6.42% in the reevaluation 1.

According to the data observed in the present study, the Intensive training brought positive results, where one can observe improvement in the pattern of movement, gait, and functional independence. The same could be observed in another study (22) where they evaluated the effect of the treatment with a suit in 30 children (4-12 years old) with spastic diplegic Cerebral Palsy. The children were divided into two groups: experimental that made use of the suit and control that did not use the special costumes, only received traditional physiotherapy intervention. The treatment was applied for two hours daily (at short intervals of 20 min) for three weeks. The two groups had an average percentage improvement of 7.52% for the group experimental group and 9.91% for the control group, the authors did not effectiveness the dress, only affirmed that intensive care had positive results in both groups evaluated.

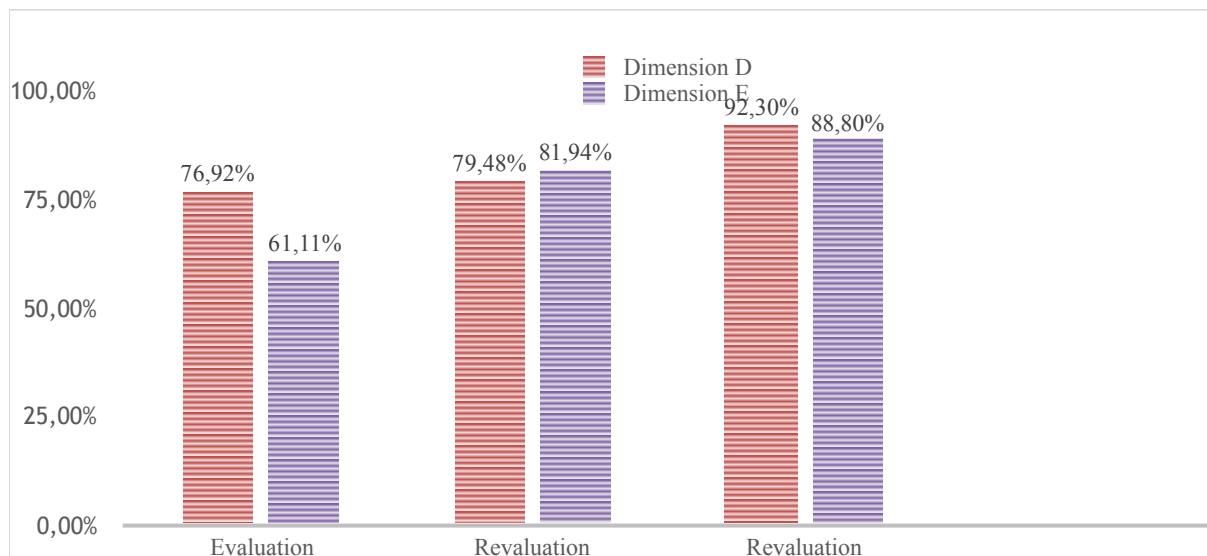
The gain of muscle strength is directly linked to the load distribution planting, because in that study they observed that the child had a gain of both strength and postural alignment resulted in the more uniform arrangement of loads in baropodometry (19). Corroborating this study, the intensive training with emphasis on muscle strengthening, weight treadmill training, may have resulted in better load distribution the left foot of the patient, where it previously had 20.52% of mean pressure in the upper quadrant of the paretic foot and 3.34% of mean pressure in the lower quadrant and 24.73% of mean pressure in the upper quadrant of the paretic foot and 6.24% of pressure in the lower quadrant.

The addition of loads on the lower limb during the gait swing phase results in beneficial motor responses in the gait of babies, healthy adults and adults with neurological disorders. The main locomotor responses after removal of the load are increased gait speed, flexor muscle activity, of the height of the steps, and increased angulation of hip and knee flexion during balance sheet phase. Add load to the ankles of children with hemiparetic Cerebral Palsy during treadmill training is a new intervention proposal for these children and is based on the possible mechanical and neuromuscular adjustments that can be used as strategies for locomotor adaptation. From this, the results can be related to the modification of the joint kinematics in the during the balance phase (13).

According to the analysis of the mother's and child's responses, it is noted that the two performance and autonomy in carrying out activities daily life, as well as gait improvement. However, they emphasize that there is still much that improvement in relation to weight loss in the paretic hemibody and the improvement of balance at the moment of travel.

Graphics and Tables

Evaluations and Revaluations



Graph 1: Comparison between the values obtained in the GMFM dimensions in the evaluation and reassessments.

Static Evaluation

Variable	Lower member	Moment 1	Moment 2	Moment 3
Average Pressure	D E	74% 26 %	74% 26%	69% 31%
Contact surface	D E	96,28 cm ² 62,06 cm ²	103,24 cm ² 75,40 cm ²	111,23 cm ² 72,63 cm ²
Contact surface	D E	24,62 % 20,52 %	22,35% 19,81%	29,73% 24,73%
Lower middle quadrant pressure	D E	51,52 % 3,34 %	51,42% 6,42%	39,31% 6,24%

Max upper quadrant pressure	D E	26,19% 20,44 %	24,83% 17,60%	31,54% 22,67%
Lower quadrant max pressure	D E	48,22% 5,16%	48,23% 9,34%	37 % 8,80 %
Distance from center of mass	D E	5,66 cm 18,03 cm	4,42 cm 12,44 cm	4,33 cm 9,64 cm

Table I: Distribution of the values of baropodometric variables according to lower limb and moment of evaluation for static evaluation. NAMI, Fortaleza, 2016.

Dynamic Evaluation

Variable	Hemibody	Moment 1	Moment 2	Moment 3
Contact surface	D E	335,24 cm ² 81,72 cm ²	110,78 cm ² 75,40 cm ²	104,40 cm ² 82,94 cm ²
Duration of step	D E	3030 ms 880 ms	1290 ms 1080 ms	900 ms 710 ms

Table II: Distribution of baropodometric variables according to lower limb and moment of evaluation for dynamic evaluation. NAMI, Fortaleza, 2016.

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