







FACILITATORS' PERCEPTIONS ABOUT HEALTH TECHNOLOGIES USED IN EDUCATIONAL WORKSHOPS WITH ADOLESCENTS

PERCEPÇÕES DE FACILITADORES SOBRE AS TECNOLOGIAS EM SAÚDE UTILIZADAS EM OFICINAS EDUCATIVAS COM ADOLESCENTES

PERCEPCIONES DE FACILITADORES SOBRE LAS TECNOLOGÍAS DE SALUD UTILIZADAS EN TALLERES EDUCATIVOS CON ADOLESCENTES

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ABSTRACT

Introduction: adolescence is a phase of life characterized by situations of vulnerability that predispose adolescents to risky situations. Technological innovations can promote the health of adolescents through educational workshops to empower them about caring for their health. **Objective:** to know the facilitators' perception of health technologies used in educational workshops with adolescents. **Method:** qualitative study carried out with 14 facilitators of the extension project *Adolescer com Saúde* (Adolescent with Health). Data were collected through semi-structured interviews, submitted to content analysis in thematic modality. **Results:** three thematic categories emerged. Facilitators perceive educational workshops as appropriate health technologies that enhance health promotion. It was apprehended that the use of educational workshops can contribute to the success of actions, especially when directed at adolescents. **Conclusion:** the facilitators realize that educational workshops, as health technologies, are important. The recurrent use of soft technologies was evidenced and represents a resource that strengthens health education actions.

Keywords: Biomedical Technology; Adolescent; Health Education; Health Promotion.

RESUMO

Introdução: a adolescência é uma fase da vida caracterizada por situações de vulnerabilidade que predispõem os adolescentes às situações de risco. Inovações tecnológicas podem promover a saúde dos adolescentes por meio de oficinas educativas para empoderá-los acerca do cuidado com sua saúde. **Objetivo:** conhecer a percepção de facilitadores sobre as tecnologias em saúde utilizadas em oficinas educativas com adolescentes. **Método:** estudo qualitativo realizado com 14 facilitadores do projeto de extensão *Adolescer com Saúde*. Os dados foram coletados por meio de entrevista semiestruturada, submetidos à análise de conteúdo em modalidade temática. **Resultados:** emergiram três categorias temáticas. Os facilitadores percebem as oficinas educativas como tecnologias em saúde adequadas e que potencializam a promoção da saúde. Apreendeu-se que a utilização das oficinas educativas pode contribuir para o êxito das ações, especialmente quando direcionadas aos adolescentes. **Conclusão:** os facilitadores percebem que as oficinas educativas, como tecnologias em saúde, são importantes. Evidenciou-se o uso recorrente de tecnologias leves e representam um recurso que fortalece ações de educação em saúde.

Palavras-chave: Tecnologia Biomédica; Adolescente; Educação em Saúde; Promoção da Saúde.

RESUMEN

Introducción: la adolescencia es una etapa de la vida caracterizada por situaciones de vulnerabilidad que predisponen a los adolescentes a situaciones de riesgo. Las innovaciones tecnológicas pueden promover la salud de estos jóvenes a través de talleres educativos con miras a capacitarlos en el cuidado de su salud. **Objetivo:** conocer la percepción de los facilitadores de las tecnologías de salud utilizadas en los talleres educativos con adolescentes. **Método:** estudio cualitativo realizado con 14 facilitadores

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del proyecto de extensión Adolescer com Saúde. Los datos, recogidos a través de entrevistas semiestructuradas, fueron sometidos al análisis de contenido en la modalidad temática. Resultados: surgieron tres categorías temáticas. Los facilitadores perciben los talleres educativos como tecnologías sanitarias apropiadas que potencian la promoción de la salud. Se comprobó que el uso de talleres educativos puede contribuir al éxito de las acciones, especialmente cuando se dirigen a adolescentes. Conclusión: los facilitadores reconocen que los talleres educativos son importantes como tecnologías sanitarias. También es evidente el uso recurrente de las tecnologías ligeras, un recurso que fortalece las acciones de educación en salud.

Palabras clave: Tecnología Biomédica; Adolescente; Educación en Salud; Promoción de la Salud.

INTRODUCTION

Technologies are constituted in processes achieved from the daily experience of health care and, therefore, are derived from research for the development of a set of activities produced and controlled by human beings. It aims to generate and apply knowledge, master processes and products and transform empirical use, making it a scientific approach.¹

Adolescence, a period of life between 10 and 19 years old, is a phase marked by numerous physiological, social and psychological transformations.² Research presents the main situations of vulnerability experienced by adolescents, such as violence that can be self-inflicted (suicide attempt and suicide), early parenthood, sexually transmitted infections (STIs), unplanned pregnancy, drug abuse, alcohol consumption, prostitution, homicides and crimes.³

Due to the adolescent's need for discoveries and inquiries regarding himself; this group is at a unique juncture in the health education process. The use of educational technologies for adolescents is essential in the development of Health Education, since they try to overcome the traditional model for the focus of the co-production of knowledge and autonomy, in which adolescents become protagonists in the educational act.⁴ Due to the singularity attributed to adolescence, there is a need for the use of health technology, aimed at this audience.

In this sense, the educational workshop can be used as a strategy, as it facilitates technology for the promotion of adolescent health. The educational workshop, being guided by dialogue, provides the valuation of personal relationships, development of autonomy, in addition to be a transformative social practice.⁵ For this study, this was the definition considered as an educational workshop as health technology.

In the literature, as a result of investigations on the implementation of technologies for health education for adolescents, the use of a blog as a digital technology to approach sexuality or conversation circles and integrative dynamics.³⁻⁶

The experience of using information and communication technology, through educational workshops, provide face-to-face meetings and a learning environment.

In this perspective of a proposal for comprehensive assistance to adolescents, in 2008 the extension project named *Adolescer com Saúde* (Adolescent with Health) was conceived by the *Universidade Regional do Cariri* (URCA), located in the city of *Crato* - CE, as an instrument used to promote health education activities, through the use of health technologies, with a view to promoting adolescent sexual and reproductive health.

Thus, actions and services offered to this specific group must be carried out with the aim of raising awareness about peculiar information and knowledge to adolescence, to empower them regarding the adoption of healthy habits, with an emphasis on sexuality, drug prevention and pregnancy in adolescence.⁷

The *Adolescer com Saúde* extension project was led by extensionist members, who called themselves facilitators. The facilitators were the project members, who could be undergraduate or graduate nurses. To integrate the extension project, an internal selection was carried out. All members were trained by the coordination of the project, for qualification and performance of educational workshops. The project's workshops took place in public schools and the target audience was teenagers.

Based on these reflections, the question arises: do the facilitators of the Project *Adolescer com Saúde* recognize the use of health technologies in educational workshops for adolescents? What is the perception of facilitators about the use and adequacy of technologies in their practice with adolescents? Are there strengths and weaknesses in conducting educational workshops using health technologies? Thus, the study is justified by the need to understand the perception of facilitators regarding the health technologies used in educational workshops with adolescents. The theme becomes relevant, in investigative terms, once the facilitators were qualified to manage the educational workshops, and the revealing record of their perceptions can assist in the instruction to promote the health of adolescents, since technology enables the creation of interactive environment.

Thus, this study aims to contribute to the reflection and improvement of technologies in health education, for these to be used for health promotion, promoting healthy lives for adolescents and more effective Nursing care practice.

This study aims to understand the facilitators' perception about health technologies used in educational workshops with adolescents.

METHOD

Descriptive study with a qualitative approach. The study scenario was the university extension project: *Adolescer com Saúde*, which is related to Nursing students at the *Universidade Regional do Cariri* - URCA. The project consisted of undergraduate Nursing students who are enrolled between the fourth and ninth semesters of that institution of higher education and nurses; under the coordination of professors of the undergraduate Nursing course. The *Adolescer com Saúde* project aimed to sensitize adolescents to the adoption of healthy habits.

The participants in this research were Nursing students and nurses, members of the extension project, who acted as facilitators for the development of health technologies. A member of the extension project who was already working on the development of an educational workshop was considered a facilitator.

The inclusion criteria used in the research were: being a member of the project; to be participating assiduously in group meetings; and be an educational workshop facilitator. The exclusion criterion was to be absent during the data collection period. Data collection was carried out on the premises of the *Universidade Regional do Cariri*, in a reserved place and according to the availability of the participants, by prior appointment. Initially, the research proposal was presented at a meeting of the extension project. Data collection occurred through the application of a semi-structured interview script. In the interview, it was asked about the use of technologies in the workshops and how the facilitators identify strengths and weaknesses. The interview took about 27 minutes.

During the data collection period, there were 16 members in the extension project. Two were new members and were not yet facilitators of a workshop. Thus, 14 facilitators who worked on the *Adolescer com Saúde* extension project participated in the following workshops: sexuality and affectivity; alcoholic beverages - "I'm out." - don't waste your life!; illicit drugs: entering through one door and leaving through another; STIs or STDs: how not to have them?; the game: discovering sexuality; and sexual and reproductive health: protect yourself!

The data were organized into thematic categories supported by Minayo's theoretical and methodological framework.⁸ The thematic analysis comprises pre-analysis, exploration of the material, treatment of the results obtained and interpretation. For data analysis, each subject of the research was considered a unit and, therefore, the responses of each subject were coded in a standardized way and, in the sequence, more abstraction categories were generated. To preserve anonymity, the participants were represented by the letter "F" followed by Arabic numerals according to the order of treatment of the data analysis (F-1, F-2, F-3). All participants were informed about the

research and signed the Free and Informed Consent Form. The investigation was carried out after approval by the Research Ethics Committee of *Universidade Regional do Cariri* under Opinion Report Nr. 328.962 and CAEE 02930812.3.0000.505.

RESULTS

Fourteen facilitators participated in this study, nine Nursing students and five nurses. As for the profile of the participants, among Nursing students, all were female and were taking the last semester of graduation (three) or the second-to-last semester (three) and the others between the sixth (two) and fifth semester (one). One nurse was male and all the others, female. The time of work, as facilitator of the educational workshop, was from one year (nine facilitators) to two years of activity (five facilitators). The age of the participants ranged from 18 to 25 years old.

From the analysis of the facilitators' perception of the use of technologies in educational workshops to promote the health of adolescents, three categories were defined: **category 1:** health technologies as resources used in educational workshops; **category 2:** adequacy of technologies used in educational workshops - perceptions of facilitators; and **category 3:** the use of health technologies in educational workshops: aspects that enhance and aspects that weaken their use. These categories will be described and analyzed below in the light of the literature relevant to the theme addressed.

CATEGORY 1: HEALTH TECHNOLOGIES AS RESOURCES USED IN EDUCATIONAL WORKSHOPS

Regarding the technologies implemented by the facilitators, it was learned that in the process of developing educational workshops, technologies are employed to facilitate the process of embracement, bonding and trust between the participants.

We use soft technologies, don't we? Which is the welcoming, when we create a bond. We introduce ourselves: each member of the team [...] then they introduce themselves for us to create a bond and with the badge we will call by name [...] So, first is the welcoming, the soft technology (F-7).

We use the technology of the Sentimental Mail and a dynamic presentation, ice breaking (F-10).

Hard technologies, isn't it? Which in this case is paper, isn't it? Which is used in the structure. Like the blackboard that is also used. And soft, which is the welcoming (F-14).

The facilitators' speeches show the use of soft, soft-hard and hard technologies, highlighting the use of the first two predominantly in educational workshops. The recognition of hard technologies is portrayed only in the structural process of the educational workshop, with the use of material resources such as paper, blackboard. Playful activities allow the participation and reception of adolescents in the performed workshops.

CATEGORY 2: ADEQUACY OF TECHNOLOGIES USED IN EDUCATIONAL WORKSHOPS: FACILITATORS' PERCEPTIONS

In order to know the facilitators' perception regarding the adequacy of health technologies to educational workshops for adolescents, it was noticed that the statements signaled that the technologies used were adequate.

I evaluate it as adequate. Because they are questions totally related to teenagers. There goes puberty, sexuality, that we approach the related methods as well. The most difficult for them is the fertile period [...] So I think it is totally adequate for the period in which they are experiencing, which is this issue of discovery, sexuality, methods, how they see the use of condoms or not [...] the myths they have regarding the methods, in short, I think it is highly adequate (F-3).

It's adequate. Especially because they respond well to the workshop: they participate, they understand what we are proposing and they can understand, the way we are passing it on to them (F-5).

I believe it is a very effective technology [...] it means that there is a connection between them. It is highly suitable for their age (F-12).

The facilitators refer that the technologies used are adapted, mainly because they deal with issues and themes that permeate the lives of adolescents and allowed integration.

CATEGORY 3: THE USE OF HEALTH TECHNOLOGIES IN EDUCATIONAL WORKSHOPS - ASPECTS THAT ENHANCE AND ASPECTS THAT UNDERMINE THEIR USE

The facilitators highlighted aspects that enhance the use of health technologies: the approach to themes of interest to the adolescent public and the use of attractive and dynamic

resources, constituting themselves as elements to promote the attention of adolescents in the exposition and discussion of the theme.

The easiness I find is the fact that we take situations that they are used to experiencing (F-5).

The dynamics are very striking for teenagers. They are very curious... When they see them building it up, they are curious [...] it gets their attention a lot (F-8).

Other highlights regarding the aspects that enhance the implementation of educational workshops with the use of health technologies are related to the partnership between the school, teachers and members of the project *Adolescer com Saúde*, as well as the ease of construction with low-cost materials and the practicality of using these technologies.

The facility is the availability of teachers, the school to give space and the students (F-7).

The facilities found is that it is a very simple dynamic, cheap material and that suits any audience. In all the rooms we went to, right? It worked (F-1).

However, some facilitators recognize that the lack of interaction and commitment, the low participation of some adolescents and the wear-and-tear on the materials used are configured as aspects that weaken the use of technologies.

The main difficulty is that some questions they make jokes [...] Or some do not want to participate, they are a little isolated, in the corner. And when we want to share, they say: share for what? (F-3).

A negative point is this issue: take the technology and they don't want to do it. For example: there have been rooms where we take the stage and they don't want to do it. Do you understand? (F-2).

I think this issue of the material we were discussing: hey! these materials are already a little lost, old, already worn out [...] and we already have to find some resources for us to change [...] (F-11).

DISCUSSION

In this study, the statements portray the existence, above all, of soft technologies in the interaction process between facilitators and adolescents. As in this study, research reveals

that the use of soft and soft-hard technologies was highlighted and allows its use in different environments and with the aim of improving professional care, being able to promote health and increase the link between the nurse and clientele.⁹

In this perspective, the technologies directed to the adolescent public can constitute educational strategies used to stimulate more autonomous attitudes and consistent with the context of life, demands and adolescent needs. Nursing care uses technology, being understood as a process that involves the use of scientific, technical, personal, social, cultural, socioeconomic and political knowledge to act in search of comprehensive care.¹⁰

The facilitators reported the strong presence of soft technologies permeating the educational process with adolescents, with the purpose of more adherence and participation of adolescents for learning in health. The reports converge in the same perspective as another that affirms that welcoming produces actions that seek to ensure access in an ethical and resolute way. Relational and bonding technologies, such as soft technologies, help the concept of expanded care that guides the actions of welcoming.¹¹

The dynamics in group, highlighted in the speeches, favored the interaction between the subjects as well as encouraged the dialogic exposition of the life reports. As found in this study, research carried out from the experience of Nursing students with workshops for schoolchildren, through university extension, showed that facilitators stimulated participatory learning and criticality of adolescents, bringing students closer to the population, exercising their potential beyond university walls.¹²

Regarding the adequacy of health technologies in educational workshops, the statements address the importance of the affinity that adolescents have with the content/theme of the workshops. The subjects on puberty, sexuality and contraceptive use stand out in line with one of the structuring themes presented by the Guidelines for Integral Attention to Adolescent Health. It is noteworthy that the guidelines are fundamental in actions to promote development and human well-being in its multidimensionality. The structuring axes seek to favor the incorporation in health actions and the health care network of new subsidies aimed at the recognition of socially responsible and cooperative adolescents and young people, with the ability to position themselves in relation to life and their health.²

Nurses must be committed to the social transformation of participants, in a coherent, continuous and sensitized way with the collective's socio-political development. Therefore, the formulation of technologies must integrate doing, thinking and being, mobilizing human care actions.¹³

In this regard, health technologies provide health promotion, which is anchored in the democratization of information and in the joint work of society to overcome its problems. Thus, better health conditions are sought, especially among the most vulnerable groups, such as adolescents, scoring both their potential and their vulnerabilities. Participation generates interaction and knowledge sharing.¹⁴

As for the aspects that enhance and weaken the use of health technologies in educational workshops, the potentializers stood out for the fact that they allow to address situations that are experienced by adolescents. This finding corroborates the investigation carried out in which the interest of adolescents in educational activities is related to the need to expose their ideas, considering what they know at that moment, for what needs to be deepened.¹⁵ This, in this study, strengthens health technologies, since adolescent health care permeates these individuals' way of living and acting.

The partnership between the school and the members of the project *Adolescer com Saúde* represented an important aspect that deserves to be highlighted as it allows intersectoral articulation between the knowledge involved. This articulation is fundamental for health promotion and must consider the social and community factors underlying the development of educational programs related to adolescence. Furthermore, it strengthens the construction of bonds, welcoming and definition of responsibilities.¹⁶ Therefore, the intersectoral articulation is not only of the health sector and needs permanent bonds.

In this study, the dynamics developed by the facilitators during the educational workshops and the low-cost materials were signaled as enhancers, as well as in another research in which the ability to conduct the workshop is related to the diversity of materials, in addition to avoiding repetition of ideas. The expanded approach should be considered in addition to transversality, as the use of interactive and audiovisual resources arouses interest among adolescents.¹⁷

The planning of care to meet the health demands of adolescents must consider its multiple dimensions, including those inherent to the daily life and the scenario in which they are inserted.¹⁸

However, in this study, some aspects undermine the use of health technologies in educational workshops, such as adolescents not adhering to the technology. The low adherence of the adolescent may be related to the need to stimulate them to debate, to express their perceptions and to focus on the theme. Furthermore, the identification of the underlying reasons allows the workshops to be built on more efficient health technologies, which capture the attention of adolescents.¹⁹

The durability of the material was a marked aspect that undermines the use of health technologies in educational workshops. The acquisition of materials necessary for the execution of educational workshops and the absence of technological resources that expand the implementation of activities are important aspects for motivation among adolescents. These materials assist in the expression of their particularities and desires and favor their adherence. It is necessary to consider the role of health technologies in access, engagement and their impact on educational workshops with adolescents.^{20,21}

It is perceived that the use of health technologies in educational workshops can contribute favorably to the success of actions, especially when directed at adolescents. The aspects highlighted here make it possible to build a new health practice and suggest the replication of the study in other scenarios.

The limitation of the research is the fact that it investigated a particular context, producing a local result. However, it indicates the perspective of another research and expansion of the theme and possible presentation, in a comprehensive way, regarding the use of health technologies for adolescents.

FINAL CONSIDERATIONS

The facilitators' perception of health technologies used in educational workshops reveals that they consider them important and appropriate. In addition, they enhance the health promotion of adolescents. The recurrent use of soft technologies was noticed. The educational workshops were shown to be appropriate for the facilitators due to the topics addressed being of interest to the adolescents, encouraging more participation in the activities developed and representing a resource that strengthens health education actions.

As a contribution of this research, it is expected that its publication will provide reflection and definition of educational strategies among adolescents, especially by Nursing in the management of adolescents and improvement in health care.

REFERENCES

- Niessche EA, Teixeira E, Medeiros HP. Tecnologias cuidativo-educacionais: uma possibilidade para o empoderamento do/a enfermeiro. Porto Alegre (RS): Moriá; 2014.
- Ministério da Saúde (BR). Diretrizes nacionais para a atenção integral à saúde de adolescentes e jovens na promoção, proteção e recuperação da saúde. Brasília: Ministério da Saúde; 2010.
- Ceolin R, Dalegrave D, Argenta C, Zanatta EA. Situações de vulnerabilidade vivenciadas na adolescência: revisão integrativa. *Rev Baiana Saúde Pública*. 2015[cited 2018 June 12];39(1):150-63. Available from: <https://doi.org/10.22278/2318-2660.2015.v39.n1.a741>
- Pinto MB, Santos NCCB, Albuquerque AM, Ramalho MNA, Torquato IMB. Educação em Saúde para adolescentes de uma escola municipal: a sexualidade em questão. *Ciênc Cuid Saúde*. 2013[cited 2018 May 15];12(3):587-92. Available from: www.dx.doi.org/10.4025/ciencucuidsaude.v12i3.18470
- Cabral JR, Cabral LR, Angelim RCM, Borba AKOT, Vasconcelos EMR, Ramos VP. Tecnologia educativa para promoção da qualidade de vida de pessoas que vivem com HIV. *REME - Rev Min Enferm*. 2016[cited 2018 June 12];20:e941. Available from: <http://www.reme.org.br/exportar-pdf/1075/e941.pdf>
- Valli GP, Cogo ALP. Blogs escolares sobre sexualidade: estudo exploratório documental. *Rev Gaúcha Enferm*. 2013[cited 2018 June 12];34(3):31-7. Available from: <http://www.scielo.br/pdf/rgenf/v34n3/a04v34n3.pdf>
- Santos RL. Tecnologias para processos educativos com adolescentes: uma análise dos artefatos [monografia]. Crato: Universidade Regional do Cariri; 2012.
- Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 2014.
- Moraes MLS, Rabelo DBM, Áfio JC, Lavinhas MCS, Santos MDA. Uso de tecnologia blanda-dura em las práticas de enfermagem: análise de conceito. *Aquichan*. 2016[cited 2018 Oct 12];16(2):230-9. Available from: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S165759972016000200010&Inn
- Paim LMD, Niessche EA, Lima LGR. História da tecnologia e sua evolução na assistência e no contexto de cuidado de Enfermagem. In: Niessche EA, Teixeira E. *Tecnologias cuidativo-educacionais: uma possibilidade para o empoderamento do/a enfermeiro/a?* Porto Alegre: Moriá; 2014. p.17-36.
- Silva TF, Romano VF. O acolhimento e o Núcleo de Apoio à Saúde da Família no município do Rio de Janeiro: fragmentos, perspectivas e reflexões. *Rev Bras Med Fam Comun*. 2015[cited 2018 July 12];10(34):1-7. Available from: [https://doi.org/10.5712/rbmfc10\(34\)1010](https://doi.org/10.5712/rbmfc10(34)1010)
- Nobre RS, Moura JRA, Brito GR, Guimarães MR, Silva ARV. Vivenciando a extensão universitária através de ações de educação em saúde no contexto escolar. *Rev APS*. 2017[cited 2018 Sept 12]; 20(2):288-92. Available from: <https://periodicos.ufjf.br/index.php/aps/article/view/15703>
- Áfio ACE, Balbino AC, Alves MDS, Carvalho LV, Santos MCL, Oliveira NR. Análise do conceito de tecnologia em Enfermagem aplicada ao paciente. *Rev RENE*. 2014[cited 2018 June 12];15(1):158-65. Available from: <http://periodicos.ufc.br/rene/article/view/3108>
- Machado LDS, Ramos JLS, Machado MFAS, Antão JYFL, Santos SB, Marinho MNASB, et al. Processos participativos de promoção da saúde na escola. *J Human Growth Develop* 2015[cited 2018 Aug 11];25(3):357-63. Available from: www.dx.doi.org/10.7322/jhgd.106014
- Azevedo IC, Vale LD, Araújo MG, Cassiano AN, Silva HS, Cavalcante RD. Compartilhando saberes através da educação em saúde na escola: interfaces do estágio supervisionado em Enfermagem. *Rev Enferm Cent-Oeste Min*. 2014[cited 2018 June 12]; 4(1):1048-56. Available from: <http://www.seer.ufsj.edu.br/index.php/recom/article/view/565>
- Dean SV, Lassi ZS, Imam AM, Bhutta ZA. Preconception care: promoting reproductive planning. *Reprod Health*. 2014[cited 2018 July 13];11(Supl.3). Available from: www.reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-11-S3-S2
- Higa EFR, Bertolin FH, Maringolo LF, Ribeiro TFSA, Ferreira LHK, Oliveira VASC. Intersectorality as a strategy for promoting adolescent sexual and reproductive health. *Interface Comun Saúde Educ*. 2015[cited 2018 Sept 12];19(Supl.1):879-91. Available from: <https://www.redalyc.org/pdf/1801/180142195018.pdf>
- Luz RT, Coelho EAC, Teixeira MA, Barros AR, Carvalho MFAA, Almeida MS. Estilo de vida e a interface com demandas de saúde de adolescentes. *REME - Rev Min Enferm*. 2018[cited 2018 Aug 15];22:e-1097. Available from: www.reme.org.br/artigo/detalhes/1235
- Costa RF, Zeitouni RCG, Queiroz MVO, García CIG, García MJR. Adolescent support networks in a health care context: the interface between health, family and education. *Rev Esc Enferm USP*. 2015[cited 2018 Dec 18];49(5):741-7. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342015000500741&lng=en&nrm=iso&tng=pt

20. Zeferino MT, Cartana MHF, Fialho MB, Huber MZ, Bertencello KCG. Percepção dos trabalhadores da saúde sobre o cuidado às crises na Rede de Atenção Psicossocial. *Esc Anna Nery Rev Enferm*. 2016[cited 2018 Aug 20];20. Available from: www.redalyc.org/articulo.oa?id=127745807004
 21. Robards F, Kang M, Usherwood T, Sanci L. How marginalized young people access, engage with, and navigate health-care systems in the digital age: systematic review. *J Adolesc Health*. 2018[cited 2018 June 19]. Available from: www.sciencedirect.com/science/article/pii/S0370269317303453
-