

TRAINING SESSIONS ON CHILDHOOD: PERCEPTIONS OF COMMUNITY HEALTH WORKERS

*FORMAÇÃO SOBRE A INFÂNCIA: PERCEPÇÕES DO AGENTE COMUNITÁRIO
DE SAÚDE*

*FORMACIÓN SOBRE LA INFANCIA: PERCEPCIONES DE LOS TRABAJADORES
DE SALUD COMUNITARIOS*

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ABSTRACT

Objective: To understand the perceptions of community health workers regarding training in early childhood development. **Methodology:** This is a qualitative study conducted in four Primary Health Care Units in Fortaleza, Ceará. Nineteen community health workers (CHWs) participated through non-directive interviews, and the qualitative data were processed using the Hermeneutic Circle approach. **Results:** The CHWs emphasized the importance of re-signifying theory through practice and noted that the training was highly exhausting due to the large number of activities required within a short timeframe. Personal changes were reported, particularly in how CHWs began to adopt a broader perspective on caring for their own children and other children within their family and work environments. **Conclusion:** The findings highlight the need for public policies focused on early childhood development training for Primary Health Care professionals, aiming to consolidate new knowledge and practices in child health care.

Keywords: *Child development; Primary health care; Training of human resources in health.*

RESUMO

Objetivo: Apreender as percepções de agentes comunitários de saúde sobre formação em desenvolvimento da primeira infância. **Metodologia:** Trata-se de um estudo qualitativo, realizado em quatro Unidades de Atenção Primária à Saúde em Fortaleza/Ceará. Participaram, por meio de entrevista não-diretiva, 19 ACS, sendo o processamento do material qualitativo por meio do Círculo Hermenêutico. **Resultados:** Os ACS apontam a importância de a teoria ser ressignificada com a prática, pontuando que a formação foi muito exaustiva, pois muitas atividades foram desenvolvidas num curto período. Ocorreram mudanças pessoais na vida dos ACS, relativas a olhar de forma mais ampliada para o cuidado com os filhos e outras crianças do seu ambiente familiar e de trabalho. **Conclusão:** Políticas públicas de formação em desenvolvimento da primeira infância são necessárias para profissionais da Atenção Básica, a fim de consolidar novos saberes e práticas de atenção voltadas para a saúde da criança.

Descritores: *Desenvolvimento infantil; Atenção primária à saúde; Capacitação de recursos humanos em saúde.*

RESUMEN

Objetivo: Comprender las percepciones de los agentes comunitarios de salud sobre la formación en desarrollo de la primera infancia. **Metodología:** Se trata de un estudio cualitativo realizado en cuatro Unidades de Atención Primaria de Salud en Fortaleza, Ceará. Participaron 19 agentes comunitarios de salud (ACS) mediante entrevistas no directivas, y el procesamiento del material cualitativo se realizó a través del Círculo Hermenéutico. **Resultados:** Los ACS señalaron la importancia de resignificar la teoría a partir de la práctica, y destacaron que la formación fue muy exhaustiva, debido a la gran cantidad de actividades que debían desarrollarse en un corto período de tiempo. Se observaron cambios personales en la vida de los ACS, relacionados con una mirada más amplia hacia el cuidado de sus propios hijos y de otras niñas y niños en sus entornos familiares y laborales. **Conclusión:** Se evidencia la necesidad de políticas públicas de formación en desarrollo de la primera infancia dirigidas a profesionales de la Atención Básica, con el fin de consolidar nuevos saberes y prácticas de atención orientadas a la salud infantil.

Descriptores: *Desarrollo infantil; Atención primaria de salud; Formación de recursos humanos en salud.*

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INTRODUCTION

This manuscript is a qualitative evaluation of health programs and services, focusing on the educational practices and child development in early childhood — 0 to 3 years old —, considering the experience of the *Cresça com Seu Filho* (henceforth *Grow With Your Child*) program in the city of Fortaleza, Ceará.

Conceived in 2013 and implemented in 2014, as it was released in the Municipal Forum of Early Childhood in Fortaleza, the program Grow with Your Child, based on the assumptions and recommendations of the Municipal Plan for Early Childhood in Fortaleza – Law 10.221, of June 13, 2014 –, is based on the importance family has in giving structure to an individual. This is the first group to which human beings belong. Therefore, positive and negative experiences that the human being will experience since pregnancy all depend on it.

The family environment is the first space for learning and affection. It is determinant to give self-esteem, autonomy, and socioemotional and motor skills to children. The active presence of parents, constant dialogue, and emotional support favor school performance, mental health, and the ability to deal with challenges throughout life. Furthermore, the articulation between family and school is pointed out as an efficient strategy to enhance child development, promoting a network of care and continuous stimulation ¹.

Consolidated neuroscience evidence² suggests that promoting environments conducive to child development, especially in their early years of life, is a more effective and economically valuable strategy than a late intervention to mitigate the effects of early adverse experiences.

The scope of early childhood development (ECD), as outlined by the United Nations Convention on the Rights of the Child, encompasses the processes of physical, neurocognitive, linguistic, and socioemotional maturation that take place from birth to the phase in which the child transitions into elementary school, usually between six and seven years of age³. It is recognized as a critical and determinant stage for the integral formation of a human being. Recent studies, such as those presented in the Lancet Early Childhood Development Series³, reiterate that qualified interventions in this stage have a lasting impact on health, learning, and social well-being.

Considering evidence on human development², early childhood is a critical window for the formation of cognitive, socioemotional, and behavioral competencies. From gestation to the first years of life, the contexts in which children are inserted — including physical, social, and affective environments —, as well as the quality of the interactions established with adults and caregivers, are determinant factors for their integral development and the trajectory throughout one's life.

Therefore, children must be offered daily longitudinal care capable of ensuring their protection, in order to make it possible to promote their healthy development, be it in any dimension or stage. Additionally, investments in Early Childhood, especially from pregnancy to the third year of life, have been growing in almost all countries and

their government programs, as they recognize that caring for children in this period, enabling them to develop fully, will promote the organization of pillars that will help individuals deal with many situations distinct in nature, with which life may present them in the future⁴.

In this setting of community approaches and interventions in health, popular practices emerge as a way to converse with different social segments, enabling an exchange of knowledge and contributing to the collective construction of health care strategies. To train professionals (Community Health Agents — CHA and Nurses) in the scope of the program Cresça Com Seu Filho is to foster discussions on the integral development of early childhood, that is, it means improving competences (knowledge, abilities, and attitudes) so these professionals can focus on the integral development of children from 0 to 3 years old.

As a result, Ceccim and Feuerwerker⁵ warn us that training must be oriented towards building skills capable of answering to individual and collective health demands within a context, promoting the growth of the subject's autonomy until they can have an active influence on the establishment of policies of care. This approach transcends a simple application of scientific evidence that focuses on diagnosing, treating, defining prognoses and etiology, preventing disease and health issues, as it also incorporates ethical, social, and participative dimensions in the training process.

That said, the goal of this article is to apprehend the perceptions of community health agents from Primary Health Care (PHC) about a training course on the development of early childhood, within the scope of the program Cresça Com Seu Filho.

METHODOLOGY

This study was guided by a qualitative approach. This type of approach supports health research when it seeks "[...] the meanings that people attribute to their experiences of the social world and to the way in which people understand this world" ⁶(p. 23). Here, these meanings will be exposed and come forward from the experiences lived by the CHAs and Nurses, as they relate to the training process of the program Cresça Com Seu Filho.

This study was developed in Fortaleza, Ceará, in the Northeast of Brazil. Specifically, it was carried out in Regional VI, which aggregates 29 neighborhoods, with an estimated population of 567.575 people. Four Primary Health Care Units (PHCU) were chosen, located in four of those neighborhoods, namely: Jangurussu (estimated population: 50.479), Conjunto Palmeiras (estimated population: 36.599), and Barroso (estimated population: 29.847)⁷.

Participants included CHAs whose subjective construction, clustered around the object of their analysis, favored a deep apprehension of their dynamics of understanding, contributing to explaining the central aspects of this investigation. We anticipate that certain characteristics will be able to encourage this accumulation, such as being frequent to the program Grow with Your Child; their time working in PHC in the city of Fortaleza; and how close they are to finishing their training at the time of interview.

It stands out that the research included professionals associated with the four PHCU, without a previous definition of a fixed/established number of interviewees. The criteria adopted to conclude the apprehension of the qualitative materials were theoretical saturation, reached when the information obtained started to recur, as opposed to contributing with new analytical elements, as recommended by authors⁸. As a result, 19 CHAs were included.

To the end of obtaining the qualitative materials, a script was used containing indicators that comprised a characterization of the participant (socioeconomic and demographic aspects), as well as guiding questions divided into blocks of questions about perceptions regarding the training that was part of the project Cresça Com Seu Filho, as well as changes in professional and personal life starting with this educational process.

We chose to conduct non-directive interviews, as they favor a deeper exploration of subjective materials. This choice of methodology is based on the correlation between the freedom the interviewee is given to conduct their own narrative, and the richness of the information found, allowing us to reach more complex and significant dimensions of the experience investigated⁹. It was important that, at first, the CHAs would express their perceptions, reporting their experiences about the training that was part of the program Cresça Com Seu Filho.

Since the non-directive interviews with the CHAs were conducted, their content was integrally transcribed and submitted to an analytical process that combined horizontal and cross-sectional readings. This approach enabled us to wholly capture what was expressed in each report, favoring the identification of the recurring central themes that articulated the multiple dimensions in the narratives, which gave support to the interpretive network¹⁰.

This study was based on a hermeneutic perspective, recognized as a methodological current in qualitative approaches. According to the theoretical framework of Schleiermacher¹¹, hermeneutics establishes a critical dialogue with dialectics, showing its interpretive limits, while dialectics shows the possibilities of expanding hermeneutic understanding, in such a way that they complement one another.

Still from the perspective of the author mentioned above, the main purpose of hermeneutics is to understand the thought that is articulated by a discourse, recognizing that all concepts of universality are conditioned to the expressive possibilities of language¹¹.

The hermeneutic process took place via a continuous interpretation that moved from the parts to the whole in regard to the statements of the CHAs, allowing us to understand their perceptions about the training of early childhood development. The analysis stemmed from the individual experiences expressed in the discourses, constantly going back to the general context of the professional practice and the public policies, in a dialogic and reflexive process. As a result, each new partial understanding helped broaden a global understanding, revealing socially constructed meanings and changed meanings found throughout the trajectory of the participants.

This research was approved by the Research Ethics Committee - COMEPPE, from the Universidade Federal do Ceará – UFC, under consolidated opinion No.

751.152.

RESULTS

CHARACTERIZATION OF INTERVIEWEES

Most interviewees were female (17-89.4%). Regarding educational level, 11 (58.0%) of CHAs had finished high school, while only 04 (21.0%) had completed higher education. Their ages were also varied, with most in the age group from 18 to 40 years of age (10-52.6%). Most CHAs were married, a total of 10 (52.6%). Furthermore, the prevalent religion was Catholicism, with 08 (42.1%).

As for their time working in PHC, most CHAs had done so for 6 to 10 years (12 - 62.9%). Therefore, 13 (68.2%) had worked in the family health team for 6 to 10 years at the time of the study.

THE INTERPRETIVE NETWORK

Perceptions of CHAs in regard to the training from the program Grow with Your Child

Despite the relationship between theory and practice, related to the "dispersion period" between one module of the training and the other, the CHAs reported how important it was for the theory to gain new meaning through practice, not only because they found the experience positive, but also because that gave them the opportunity of conducting activities with the mothers, through home visits.

Another important aspect described by CHAs is how rich it is to be able to put into practice that which was learned in training modules, especially due to the dialogical construction between the theory apprehended and its practice, as they were almost simultaneous. Therefore, participants stated that this modality helps bring, to the next module, feedback about the experiences they had while dispersed, after which they could discuss and listen to the experiences of other colleagues from other units about their difficulties, obstacles, troubles, and challenges found in the territory.

I think that it is a positive thing, because for everything in life, you have to do theory, but then again theory is one thing and practice is another [...]. (CHAEA1).

I think it was good because we could put into practice the things we learned there, and we would clarify our doubts about what hadn't worked, so I'd say it was good. (CHAPS1).

[...] I evaluated this dynamic in practice, you have theory and practice and it is important to see if that will give you a result or not and what the results would be, which elements that thing can give you. (CHAPS2).

Still seeing through the lens of this topic, subjects have discussed the length of time they remain dispersed between each module. Some of them stated that it is valid, though there was little time between modules. Therefore, they suggest that the intervals should be expanded, so the activities are not performed in such a way that there is little time between the in-person session and the practical exercise in homes:

It is valid, of course, you must have theory and practice, but at certain points it is kind of like such a rush for you to be able to do it, to do it at any cost because you have to present the practice, because the [...] as I said, as I even said before, I have my schedule, but that family has theirs, and it could happen, that it wasn't possible, right, I do my practice and have something to show the group right, but that's what I saw right, it's... really fast [...] (CHAEA1).

It could have been longer, because it was really close since we do have other activities to do, we have to attend to the hypertensive, the diabetics, the elderly, we have to attend to pregnant women, we could have dispersed for longer, but since we had to do it, we had to do it so we could show our results, but that it could be longer, I think it would have been even better (CHAPS2).

Furthermore, some subjects discussed the number of activities the training required. They stated they learned a lot of things, while also signaling how exhaustive the training was and the fact that many activities had to be developed in a short period of time:

We learned a lot of things in training, but it was really hard, like, the activities were many, many activities for a few days of development we had there [...]. (CHAPS6).

[...] now but since the day was really rushed because there were a lot of activities one after the other and we dealt a lot with time and with our heads. (CHAPS6).

It was when we came to the dispersion to do the activities, because we had a lot of things to do. (CHAPV2).

Regarding the methodology used for the training, the CHAs stated it enabled the participants to interact, since many different strategies were used, such as dramatizations, rounds of conversation, group dynamics (referred to here as "playing"), and other strategies, as described in the excerpts below:

[...] the training in itself for me it was good and there was one that caught my attention in home visits, when we were doing them, this one called my attention a lot, I also liked that one by Lu, I liked the [...] which asked us to stage a home visit, and then it was staged and I liked that. (CHAEA2)

[...] from the methodology to the playing. I think playing is very positive, because there is no better way for a child to learn than through playing, through the playful. (CHAPS2).

Still on the methodology, a strategy used in the training sessions was the telling of stories, moments dedicated to the ludic experiences that illustrated children's stories. Many CHAs and nurses indicated that these moments were the best, allowing them to go back to their time as a child and making them want to learn to tell children's stories, as we see below:

I can't forget the telling of stories in which we'd go back to that time as a child and lived the child with that, with that story that she would tell us, like, it's a fascinating world that we even forget other things and, and it goes there, it goes back to the little world of the child, because we become children again, for it to happen we have to be children. (CHAEA2)

Regarding their perception about the facilitators, the CHAs stated that these were renowned, qualified, dynamic, and interacted with the participants, clarifying questions raised and, above all, were friends, knew how to listen, and were open to learn with the participants.

[...] we were very happy with the training, and it was really good to have those professors there, renowned professors, well-known professors, I mean, that we were in awe of their teachings, it was really good [...] (CHAPS1)

I thought it was, they were good in what they were teaching us, I thought they were, they were dynamic (CHAEA2).

Despite its good evaluation from the CHAs, some participants pointed out that some of its aspects should be improved, offering some suggestions, such as: offering more time to experience the playing, having more time to handcraft the toys that will be used in home visits, and having supervision that would help dive deeper in topics related to the child (development) and storytelling.

I'd improve that thing about the playing, we would put into practice better the plays that are taught in the program in the training, you understand? Because we'd talk about it, but when we got here we'd have trouble putting those plays into practice. So, I think we could improve this, there, the handcrafting of the toys that are in the visit guide, right, I think we could have that, improve this in the training, have a day where we handcraft the artisanal, recyclable toys during the training sessions themselves, I think that would be good. (CHAPS1).

[...] that we'd have supervision. [...] that we could have further training, for example, we had storytelling, and that we could have something else to offer even more, you understand? That we could go deeper into other topics related to the child this age, their development, if possible, right, if possible. (CHAPS2).

DISCUSSION

The process of learning for any human being presupposes a cognitive change and a transformation in the practical reality they experience. For that, permanent education in health is recognized as an essential strategy to enhance professional practices at SUS, promoting the continuous and situated learning of the health

professionals in their actual contexts of work. A recent study¹² also points out that permanent education contributes to developing clinical, ethical, and interprofessional competencies, with a direct impact on the quality of care and the effectiveness of services, and setting itself as a pedagogical and political device that enhances the autonomy of health workers, while placing them in a central, co-responsible role.

Offering theoretical sessions, followed by practical ones (in the case of the training carried out here, having modules separated by periods of dispersion) was an assertive pedagogical and methodological choice of the elaboration team, as the statements above show. Thus, to learn means to transform ways of thinking and acting, even recognizing that certain pieces of knowledge or practices may need to be overcome to give space for more effective solutions.

Increasing the length of time the participants are dispersed between one module and the other can be an alternative to settle and to help activities be developed with more quality and for better learning. Moreover, broadening the length of dispersions would allow the CHAs to bring into the next module the routine situations they experienced in the territory, as triggered by the activities in each module, enabling them to experience more and expand in their doubts and learning experiences in the territory in a more significant way.

Some activities were elaborated between modules to be conducted by the CHA. Many of these activities were supposed to be developed in the territory, with the families, during home visits, but between one module and the other, the CHAs had at most one week to conduct said activities. For the pedagogical model evaluated here to fit better, it is necessary to rethink the time dispersed between modules, given the high volume of activities that the CHAs and nurses developed with the family health teams (FHT).

In this regard, one question comes to mind: Why provide them with a longer period to conduct activities while dispersed? We believe in this type of training and that its pedagogical model would be targeted at a form of pedagogy that focused on the CHAs as those who construct their own knowledge, mediated by facilitators that would develop a participative methodology, choosing problematization, that could manage this proposal.

Paulo Freire¹³(p.38) states that "[...] when we acquire knowledge, we are not necessarily concluding ourselves; we are only putting ourselves in the permanent process of recreating, recognizing". Therefore, expanding the time participants have to disperse is associated with the possibility of the pedagogical model of this training to provide and contribute for CHAs to have time to recreate their practices and recognize themselves in this learning process.

We chose a more participative methodology, that could involve the CHAs and the facilitators in the educational process. The methodological strategies developed in the training focused on the process of problematization, which is close to problem-solving (in this case, the problems relative to the field of CHAs).

Souza, Silva, and Silva¹⁴ remind us that, as pedagogical educational tools, the use of active methodologies enables the pupil to anticipate the reality of the setting of

their professional practices, while also preparing them for different ways of dealing with health issues in this field.

A relevant dimension in the context of PHC training is the use of the methodology of problematization, which is a participative teaching strategy. The central characteristic of this approach is the way it conducts the health worker or student through a critical/reflective learning process, stimulating them to analyze real situations, construct knowledge collectively, and develop competencies for the transformation of the practices in the territory¹⁵⁻¹⁶.

Additionally, the problematization process seeks to enable the individual (in the case of this study, health workers) to experience practices that allow them to understand social phenomena as the spring and destiny of knowledge, while placing autonomy and the articulation between knowledge and life at the center of the educational and pedagogical action.

Another aspect experienced by the CHAs was storytelling. Telling stories is entering the most intimate part of the uniqueness of each being, because stories bring, within them, a significant load of emotion and memory. Therefore, by being presented with many new stories and, simultaneously, recovering their own stories, Lacombe¹⁷ (p. 509) states that, by telling children's stories, "[...] the stories represent an important contribution for the structure of the emotional lives of children and adults. They have an enormous relevance in the psychic life of all of us".

By incorporating this methodological strategy into their training, we realize how significant these moments were for the CHAs. The goal was not only to mobilize them to experience a ludic moment through storytelling, but also to let them perceive the import of such an activity for the cognitive and affective development of the child, given that, as Batista et al.¹⁸ remind us, it is necessary to watch children's health closely and continuously.

The team of facilitators of the modules, those responsible for conducting the training process, was quite diversified. Many of the professionals who elaborated the pedagogical model and the Guides for the Training and Home Visits were the mediators of the different groups that were part of the Training of the CHAs in the program Grow with Your Child.

The facilitator must provide a pedagogical environment and methodological strategies that fit this idea, that is, the possibility of transposing into practice that which has been learned-apprehended in theory. CHAs have experiences with children's health in the territory. The facilitators, well-evaluated as shown in the excerpts above, were able to articulate this knowledge that was brought by the CHAs and nurses in new constructs, new meanings, and improvements, by expanding their cognitive repertoire.

The CHAs admit that they need more time and supervision to dive deeper into certain issues and prepare the pedagogical material to be used in home visits. Indeed, this training did not restrict itself to aspects relating to the crafting of toys, nor to the availability of a longer period to experience the pedagogical activities (playing) that are part of the Home Visit Guide.

A study conducted by Silva et al.¹⁹ showed that permanent education practices are implemented in several areas of knowledge, in order to improve the quality of

professional routines in the scope of health. Regarding future perspectives of public policies for child development, managers highlighted the relevance of an integrated and comprehensive approach, able to address social, family, physical, mental, and emotional dimensions. Furthermore, it was necessary to enhance intersectoral and interprofessional articulations, in order to build collaborative networks that could increase the effectiveness of actions for early childhood.

FINAL CONSIDERATIONS

The training for community health agents in the primary care of the city of Fortaleza/Ceará, so they were able to work in the program Grow with Your Child, revealed many strengths and teachings, but also some challenges.

The pedagogical model predicted for this training significantly reflected on the personal and professional lives of these pupils. Its participative, inclusive, and dialogical nature allowed these subjects to weave internal and external reflections. The training provided a space for listening and discussing, which was well used, especially, by CHAs.

The analysis of the perceptions of the CHAs showed that the training in early childhood development, in the context of the program Grow with Your Child, was recognized as an essential component to qualify the practices in the territory, improving their bond with their families. The reports showed that, although there are challenges to put these actions into practice and consolidate knowledge, the professionals showed themselves to be engaged and valued the knowledge they acquired as a tool to promote integral care to children.

This investigation has some limitations, namely: the study was conducted in a single city or region, so its findings may not be able to reflect the reality of community agents in other places, with different socioeconomic and cultural contexts; since the study discusses perceptions, the personal experiences, beliefs, and values of participants may have an influence, making it difficult to standardize and compare the qualitative materials; and without an analysis over a longer period, this study may be unable to capture changes in perception caused by other training sessions, public policies, or practical experiences. Despite these limitations, the results and constructions indicated here did not interfere with the production of knowledge and the quality of the manuscript.

To increase social applicability, managers of public policies for children's health should strengthen and expand permanent education programs that already exist in the municipality; develop periodical and up-to-date training courses on child development, using accessible language, considering the context of CHAs; and promote conversation rounds, workshops, and home visits, focused on strengthening family and community bonds.

Moreover, this study also shows the need for public policies to train PHC professionals in early childhood development. As for the training of the program Grow with Your Child, it must be institutionalized, in order to foster and consolidate further knowledge and practices of child health care. This, therefore, would be a challenge to

educational institutions regarding the training processes of the professionals in the field, within the scope of SUS.

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