

Health problems of children at a school in Cabo Frio - RJ: a contribution to health promotion*Problemas de salud de los niños en una escuela de Cabo Frio - RJ: una contribución a la promoción de la salud**Problemas de saúde de crianças de uma escola em Cabo Frio – RJ: uma contribuição para a promoção em saúde***Abstract**

The outlined aim was to raise the health problems of schoolchildren at a municipal early childhood school located in the city of Cabo Frio - RJ. It is a descriptive, exploratory field research, with a quantitative approach. The scenario was a municipal school for early childhood education, located in the municipality of Cabo Frio, in the State of Rio de Janeiro. The information collected was organized in a database created in the Microsoft Excel® program, and a descriptive statistical analysis was subsequently carried out, the results of which were discussed based on theoretical bases relevant to the theme. The study had 34 participants. The health problems most observed among students by teachers and assistants refer to dermatological, respiratory, behavioral disorders and related to poor hygiene practices. It is worth noting that professionals who work with children in a school environment need to be adequately trained to face the difficulties that may arise during the illness process, as well as with special children, thus allowing the objective of their work to be achieved.

Descriptors: Child Health; Determination of Health Care Needs; School Health Services; Health Promotion; Nursing Care.

Resumen

El objetivo planteado fue plantear los problemas de salud de los escolares de una escuela municipal de primera infancia ubicada en la ciudad de Cabo Frio - RJ. Se trata de una investigación de campo descriptiva, exploratoria, con enfoque cuantitativo. El escenario era una escuela municipal de educación infantil, ubicada en el municipio de Cabo Frio, en el estado de Río de Janeiro. La información recolectada fue organizada en una base de datos creada en el programa Microsoft Excel®, y posteriormente se realizó un análisis estadístico descriptivo, cuyos resultados fueron discutidos con base en bases teóricas relevantes al tema. El estudio contó con 34 participantes. Los problemas de salud más comúnmente observados entre los estudiantes por los profesores y asistentes se refieren a trastornos dermatológicos, respiratorios, del comportamiento y relacionados con malas prácticas de higiene. Cabe señalar que los profesionales que trabajan con niños en el ámbito escolar necesitan estar adecuadamente capacitados para enfrentar las dificultades que puedan surgir durante el proceso de la enfermedad, así como con niños especiales, permitiendo así lograr el objetivo de su trabajo.

Descriptores: Salud de los Niños; Determinación de las Necesidades de Atención Médica; Servicios de Salud Escolar; Promoción de la Salud; Cuidado de Enfermería.

Resumo

O objetivo traçado foi levantar os problemas de saúde de escolares de uma escola municipal de educação infantil localizada no município de Cabo Frio – RJ. Trata-se de uma pesquisa de campo, descritiva, exploratória, com abordagem quantitativa. O cenário foi uma escola municipal de educação infantil, localizada no município de Cabo Frio, no Estado do Rio de Janeiro. As informações coletadas foram organizadas em um banco de dados criado no programa Microsoft Excel®, sendo realizada posteriormente uma análise estatística descritiva, cujos resultados foram discutidos a partir de bases teóricas pertinentes à temática. O estudo contou com 34 participantes. Os problemas de saúde mais comumente observados entre os alunos pelos professores e auxiliares se referem aos distúrbios dermatológicos, respiratórios, de ordem comportamental e relacionados a práticas precárias de higiene. É oportuno frisar que os profissionais que atuam com crianças em ambiente escolar precisam ser adequadamente treinados para enfrentar as dificuldades que podem surgir durante o processo de adoecimento, bem como com crianças especiais, permitindo, assim, que o objetivo de seu trabalho seja alcançado.

Descritores: Saúde da Criança; Determinação de Necessidades de Cuidados de Saúde; Serviços de Saúde Escolar; Promoção da Saúde; Cuidados de Enfermagem.

Mayara Ferreira Rodrigues¹

ORCID: 0000-0002-2712-4885

Thainá Louredo Correia¹

ORCID: 0000-0001-9551-030X

Castorina da Silva Duque¹

ORCID: 0000-0003-0466-0965

Luciana da Costa Nogueira**Cerqueira¹**

ORCID: 0000-0003-1339-6828

Priscila Pradonoff Oliveira¹

ORCID: 0000-0003-1998-1649

Giselle Barcellos Oliveira**Koeppe¹**

ORCID: 0000-0002-4821-1021

¹Universidade Veiga de Almeida.
Rio de Janeiro, Brazil.

How to cite this article:

Rodrigues MF, Correia TL, Duque CS, Cerqueira LCN, Oliveira PP, Koeppe GBO. Health problems of children at a school in Cabo Frio - RJ: a contribution to health promotion. Glob Acad Nurs. 2020;1(2):e22. <https://dx.doi.org/10.5935/2675-5602.20200022>

Corresponding author:

Giselle Barcellos Oliveira Koeppe

E-mail:

gisellebarcellos@yahoo.com.br

Chief Editor: Caroliny dos Santos

Guimarães da Fonseca

Executive Editor: Kátia dos Santos

Armada de Oliveira

Submission: 08-16-2020**Approval:** 08-22-2020

Introduction

The school represents a place where children and adolescents spend a significant period of their lives, being considered an influential environment in the formation of social, moral, and general learning values of these individuals. In this context, it becomes an ideal space for the most varied discussions, including those related to health promotion, which can significantly contribute to the growth and development of students¹.

The practice of health promotion at school is extremely applicable, since this environment is favorable to the identification of health problems, to work aimed at preventing diseases and stimulating healthy behaviors since school initiation. By conceiving the school as a safe place that encourages the practice of healthy habits among students, most of the common health problems in this scenario can be considerably reduced².

The term 'school health' is framed as a descriptor in Health Sciences and refers to "actions aimed at the school community for the implementation of health promotion proposals [...] by developing actions for disease prevention, promotion of health and the strengthening of protective factors"³.

With the perspective of expanding health-related actions in the school environment, in 1995 the Regional Health-Promoting Schools Initiative was created by the Pan American Health Organization, seeking to encourage health promotion within the classroom, aiming at physical and social changes in the school environment and the formation of bonds between school, health institutions, family and community^{4,5}.

In Brazil, twelve years after this milestone, the Health at School Program (PSE) was developed, instituted by Presidential Decree No. 6,286, of December 5, 2007, with the purpose of contributing to the integral education of students from the public school system. basic education through prevention, promotion, and health care actions. It refers to a program with intersectoriality between the Basic Health Units and the participating public schools, whose main point is to educate students about health care, developing a critical eye and promoting actions that seek improvements in the quality of their own lives^{1,6}.

The creation and proposals of the PSE reinforce the importance of health promotion actions developed at school, emphasizing the idea that health professionals are of paramount importance for strengthening the health of students, which reflects benefits for the entire community. This is because health promotion promotes the autonomy of individuals and social groups, making individuals and the community able to promote mechanisms that generate health in their daily lives⁷.

In this context, it is worth emphasizing that the school environment should not be considered just a space for the acquisition of instrumental knowledge, but rather a scenario where health promotion actions are continuously cultivated, promoting integral health in this place. Therefore, the commitment of all those involved is essential, including

In the specific case of nursing in this context, it is worth noting that nurses have a primary role in schools, as they are able to contribute to health education actions, based on dynamic methods resulting from professional practice. This professional, in partnership with the other members of the school community, promotes integrality in health care through the development of educational practices^{8,9}.

Actions and studies developed in the school environment are extremely valid, given that the school, in addition to proving itself to be an ideal environment for the practice of education and health promotion, also allows for the joint participation of the education and health, family and community involved in the daily lives of children. The insertion of health in the school field guides the family and society throughout the children's health process, from health promotion and maintenance to assistance, when necessary.

As already mentioned, the participation of the health professional, especially the nurse, in the school's health is fundamental and results in the opening of the range of an area little known and explored by nursing. In addition, it allows for greater professional valorization, where nurses can contribute to the development of knowledge and practices that assist in self-care in children's health and in the prevention of health problems in them.

In addition, the nurse's understanding of the most recurring health problems faced by the population served, enables a better team preparation to absorb the demand for occurrences, in addition to favoring safer and more diligent care¹⁰. It is essential that the educational and preventive practices developed at school are adjusted to the real needs of the students involved. For this reason, it is extremely important that the health problems of the school population served by the health professional are comprehensively known, with a view to promoting directive actions and, therefore, more precise.

Given the above, the guiding question of this study was: what are the most common and recurring health problems found among students at a school located in the city of Cabo Frio-RJ?

The outlined objective was to raise the health problems of schoolchildren at a municipal early childhood school located in the municipality of Cabo Frio – RJ.

Methodology

It is a descriptive, exploratory field research, with a quantitative approach. The scenario was a municipal school for early childhood education, located in the municipality of Cabo Frio, in the State of Rio de Janeiro.

According to the Law of Directives and Bases of Education, early childhood education corresponds to the first stage of basic education, aiming at the integral development of children from 0 to 5 years old^{11,12}. In accordance with current legislation, the school classes in the place where the study was conducted serve children aged 0



to 5 years. They are divided into daycare center 1 (children up to 11 months and 29 days old); day care center 2 (1 full year); nursery 3 (2 full years); daycare center 4 (3 full years); pre-school 1 (4 years completed); and preschool 2 (5 full years).

The research subjects were 18 early childhood teachers, 1 special education teacher, 14 class assistants and 1 special education assistant, totaling 34 participants. The inclusion criteria adopted were teachers and assistants, of both sexes, over 18 years of age, who performed their activities directly and daily with schoolchildren in the study setting. Participants were excluded who, during the period of data collection, were away for vacation or medical leave.

As for the activities developed by the study participants, it is worth mentioning that early childhood teachers are responsible for teaching, carrying out planning, registration and evaluation activities. Special education teachers work in Specialized Educational Services for students with disabilities, autism spectrum disorder and students with high skills. Class assistants assist the teacher, helping in the whole process of educating and caring for students.

Data collection took place in August and September 2019 and took place through a semi-structured questionnaire designed for this study, which included questions related to the characterization of the subjects and information about the most recurrent health problems among students, observed by the research participants.

The information collected was organized in a database created in the Microsoft Excel® program, and a descriptive statistical analysis was subsequently performed, whose results were discussed based on theoretical bases relevant to the theme.

The study respected the ethical aspects provided for in Resolution No. 466 of December 12, 2012, of the National Health Council¹³, being approved by the Research Ethics Committee (CEP) of University Veiga de Almeida, by Consubstantiated Opinion No. 3,451.156, of July 11, 2019.

Results

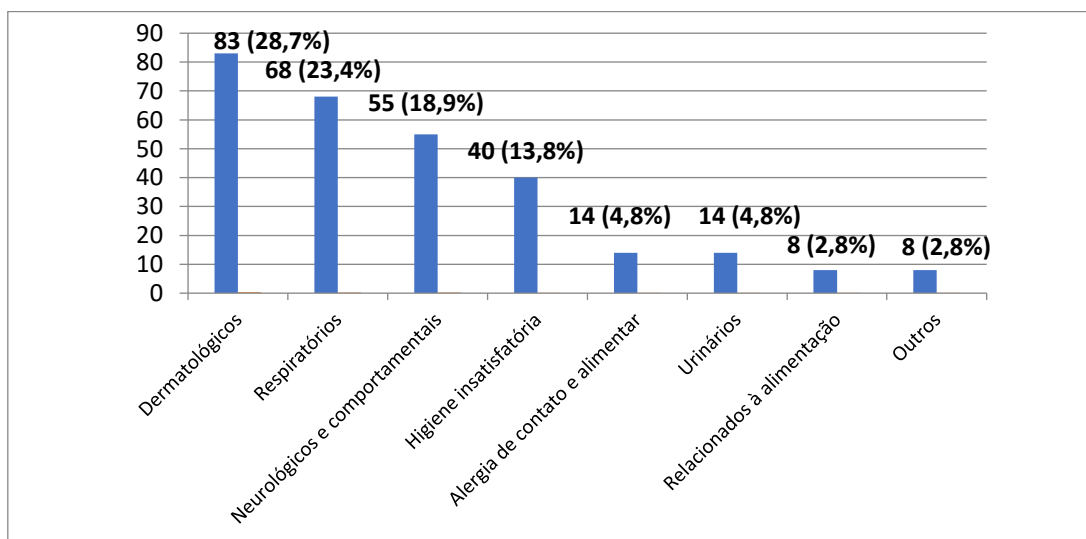
As already pointed out, the study had 34 participants. Of these, 32 were female and 2 were male. Regarding the age group, 12 were between 18 and 30 years old and 22 were over 30 years old. As for the activity developed at the institution, 18 are teachers of early childhood education, 14 class assistants, 1 teacher of special education, and 1 assistant of special education.

Survey participants pointed out 290 recurring health problems among the children with whom they perform their duties. It is worth mentioning that the disorders reported by the study subjects are based on pre-established medical diagnoses in these children, of whom the school is aware of them. None of them presented any disease situation based on their own knowledge, as this position is not in accordance with their professional ability.

As already noted, the research subjects carry out their activities with children up to 5 years of age, which means that the problems reported by them refer to health problems specific to this age group.

The problems identified by the participants were distributed analytically in a graph and in a table for a detailed discussion of them and were divided into 8 groups that contemplated the similar disorders among themselves. The groups formed were dermatological problems; respiratory; neurological and behavioral; unsatisfactory hygiene; contact and food allergy; urinary; related to food; and others.

Graph 1. Distribution of the groups of identified health problems among schoolchildren in a municipal school. Cabo Frio, RJ, Brazil, 2019



Among the 290 problems identified, the most prevalent were dermatological 83 (28.7%), respiratory 68 (23.4%), neurological and behavioral 55 (18.9%), and those related to unsatisfactory hygiene 40 (13, 8%). The least frequent were contact or food allergies 14 (4.8%), urinary

allergies 14 (4.8%), those related to food 8 (2.8%), and other situations 8 (2.8%) , which emerged in an incipient way and were preeminently associated with ophthalmological and hearing conditions (Graph 1).

Among the dermatological situations, pediculosis



for 50% of the reported allergic conditions. Urinary infection represented 92.9% of the urinary problems. Among eating disorders, there was no difference between obesity and malnutrition. Ophthalmological and hearing problems were not specified by the study participants (Table 1).

was the most mentioned (28.9%), followed by scabies (21.7%). In respiratory patients, bronchitis (26.5%), sinusitis (20.6%) and rhinitis (19.1%) were the most frequent. Regarding neurological or behavioral problems and between hygiene conditions, there was no significant variation between the indicated disorders. Lactose allergy accounted

Table 1. Distribution of the main health problems by similar groups identified among schoolchildren in a municipal school. Cabo Frio, RJ, Brazil, 2019

HEALTH PROBLEMS	N	%
Dermatological	83	28,7
Pediculosis	24	28,9
Scabies	18	21,7
Atopic dermatitis	14	16,9
Eczema	12	14,5
Contact dermatitis	8	9,6
Impetigo	4	4,8
Foot Hand Mouth	2	2,4
Melasma	1	1,2
Respiratory	68	23,4
Bronchitis	18	26,5
Sinusitis	14	20,6
Rhinitis	13	19,1
Pneumonia	11	16,2
Asthma	7	10,3
The flu	3	4,4
Bronchiolitis	2	2,9
Neurological and behavioral	55	18,9
Attention deficit	15	27,3
Autism spectrum disorder	14	25,5
Down's syndrome	13	23,6
Hyperactivity	13	23,6
Poor hygiene	40	13,8
Oral hygiene	20	50
Body hygiene	20	50
Contact or food allergy	14	4,8
Lactose	7	50
Chocolate	3	21,4
Wet wipes	2	14,3
Food coloring	1	7,1
Bug bite	1	7,1
Urinary	14	4,8
Urinary infection	13	92,9
Urinary incontinence	1	7,1
Food related	8	2,8
Obesity	4	50
Malnutrition	4	50
Others	8	2,8
Ophthalmological	5	62,5
Hearing aids	3	37,5

Discussion

The parasitic diseases pediculosis and scabies were the most frequent among the dermatological problems listed. Research carried out previously showed pediculosis as the most prevalent parasitic infection in the school environment. This finding is worrying, since parasitic diseases can trigger other health problems, providing a gateway for other pathogens¹⁴.

The school environment facilitates the transmission and dissemination of parasitic infections, this is due to the physical proximity between children in daily life. The proportions of transmissibility increase with poor hygiene, which is alarming in this study specifically, where a considerable percentage of children with unsatisfactory hygiene were found.

Respiratory problems also had considerable prominence, because respiratory diseases represent an aggravating factor with a strong impact on children's health



in Brazil, especially among children up to 5 years of age. Such diseases, especially pneumonia, are common morbidities in this age group, both among pediatric hospitalizations and in primary health care^{15,16}.

Respiratory allergies have also frequently emerged in this research, testifying to a previous study in municipal schools, which pointed to rhinitis as a common condition among children, being frequently responsible for school absenteeism¹⁷. Bronchitis and asthma are considered the most common chronic immunoallergic diseases of the lower airways among children¹⁵.

Neurological and behavioral problems were widely cited by educators participating in the study, among them are attention deficit and hyperactivity, symptoms that when linked to impulsivity can be classified as Attention Deficit Hyperactivity Disorder (ADHD). Although none of the participants mentioned the diagnosis of ADHD directly, it is worth mentioning that this disorder is easily identified in children in the preschool phase, due to their symptoms appearing before the age of 7 years. This makes it common for the disorder to be recognized in the classroom by teachers and assistants, who perceive the periods of attention difficulties and concerns of these students when compared to other children of the same age group¹⁸.

Autistic Spectrum Disorder (ASD) mentioned by the study participants as one of the common behavioral problems among students, allows discussing the need to develop strategies that guarantee the development of these children. To this end, the planned actions must focus on the understanding of this condition by the professionals involved, seeking to enhance the student's autonomy, good communication and behavior change through creative interaction¹⁹.

Down syndrome, also indicated by the study participants, deserves attention among all professionals working in schools. This is because the school environment significantly interferes with the child's neuropsychomotor development. In addition, like the ADHD and ASD mentioned above, Down syndrome at school highlights the importance of the discussion about the social inclusion of these children. The policy of including children with disabilities in ordinary schools has evolved over the last decade throughout Brazil and needs to be disseminated and encouraged among professionals, family, and society in a comprehensive and continuous manner²⁰.

Problems related to hygiene were widely cited, and the lack of oral and body cleanliness was also reported. The lack of good hygiene habits is a worrying finding, as this situation increases the risk of health problems among students. For this reality to be reversed, it is essential to use actions aimed at raising the awareness of children and their families, with a view to empowering self-care by this population.

A unique feature of the school is to promote care actions aimed at the integral health of students. Such actions, based on the promotion of child health, should include activities with the child such as welcoming, feeding and cleaning, providing learning situations about taking care

Lactose intolerance was a type of allergy quite pointed out by the study participants. This problem affects many people around the world, occurring in about 65% of the world population^{22,23}. This data refers to the need to carefully observe this problem among children in schools, to avoid serious complications related to food allergy in the school environment. In addition, knowledge of this reality can promote the establishment of a different menu for these children, improving the quality of life of these students.

Urinary tract infection (UTI) constituted almost all the presented urinary problems. This circumstance represents one of the most frequent bacterial infections in pediatrics and is probably the most prevalent in infants. The results found in this study are probably related to the fact that the peak incidence of UTI occurs in children between 3 and 5 years old²⁴.

Obesity and malnutrition were found in the same proportion among problems related to food, but other investigations point to a higher prevalence of obesity and overweight among their findings. Brazil has been going through a transition in the nutritional profile of the population, related to inadequate eating habits that are increasingly prevalent. In this context, it is ideal for the school environment to function as a vehicle providing information and activities related to good food choices, and nutrition education should be adopted as a strategy to influence the adoption of healthier habits that last until the adult stage^{25,26}.

The result of ophthalmological problems is consistent with the findings of research carried out previously that shows important visual changes among the child population. This data reinforces the importance of promoting eye health in the school scenario, through actions that seek the screening and necessary referral in the face of ophthalmological problems encountered²⁷.

In addition, professionals involved in school education need to be guided on the importance of realizing the ophthalmological and auditory limitations among students, since often, learning difficulties and lack of interest in classes are associated with the visual and / or hearing deficits that student presents.

Conclusion

The health problems most observed among students by teachers and assistants refer to dermatological, respiratory, behavioral disorders and related to poor hygiene practices.

It was possible to verify that a good part of the problems found in the school can be avoided with education and health promotion actions, orientations provided to the family and the community. Non-preventable problems need to be addressed in the school environment and professionals who deal with children daily need to be properly oriented. Thus, addressing health at school is essential for care in this context to be holistic and resolving.

Rodrigues MF, Correia TL, Duque CS, Cerqueira LCN, Oliveira PP, Koeppel GBO sectors of society, such as the school. Therefore, health education at school aims to prepare students to exercise their citizenship, making them aware that health is a right that implies personal and social responsibility, guaranteed by the Brazilian Constitution.

As a limitation of this research, it is possible to point out the lack of studies that address the role of nurses in this scenario, reinforcing the importance of the insertion of nurses in the school environment.

It is worth mentioning that this research motivated the elaboration of an extension project that will be developed by nursing students in the research scenario, with a focus on assistance based on health promotion and disease prevention actions. This proposal aims to promote the dissemination of the nursing profession as an educating and influencing agent in health-related topics.

With the Health at School Program being increasingly guided, it is necessary that more research related to the epidemiological profile of students be carried out so that the actions provided are directed to the reality of each school institution.

It is worth noting that professionals who work with children in a school environment need to be adequately trained to face the difficulties that may arise during the illness process, as well as with special children, thus allowing the objective of their work to be achieved.

It is worth highlighting the role of nurses in the subject, due to the ability to adapt to different scenarios, for their wide performance in the actions of education, promotion, assistance and recovery of health, as well as in putting educational strategies into practice, performing teamwork with the educators.

It is essential that the health service goes beyond the walls of hospitals and involves the participation of other

References

1. Ministério da Saúde (BR). Ministério da Educação (BR). Programa saúde na escola: Caderno do gestor do PSE. Brasília: Ministério da Saúde e Ministério da Educação; 2015.
2. Rosa EFT, Oliveira EC, Campos ICM, Andrade SC, Adão IC. Considerações sobre a enfermagem na escola e suas práticas educativas. HOLOS [Internet]. 2017 [acesso em 2020 fev 25]; 33 (5): 360-9. Disponível em: file:///C:/Users/GISELLE/Downloads/3644-16891-1-PB%20(1).pdf.
3. Descritores de Ciência em Saúde [Internet]. Consulta ao DeCS - saúde escolar [acesso em 2019 mar 8]. Disponível em: <http://decs.bvs.br/cgi-bin/wxis1660.exe/decsserver/>.
4. Silva KL, Sena RS, Gandra EC, Matos JAV, Coura KRA. Promoção da saúde no programa saúde na escola e a inserção da enfermagem. Rev Mim Enferm [Internet]. 2014 [acesso em 2020 mai 2]; 18(3):614-22. Disponível em: <http://www.dx.doi.org/10.5935/1415-2762.20140045>.
5. Oliveira FPSL. Avaliação do programa saúde na escola com foco na integração entre unidade básica de saúde e escola de ensino fundamental: um estudo de caso em Belo Horizonte, Brasil [tese] [Internet]. Belo Horizonte: Universidade Federal de Minas Gerais. Faculdade de Odontologia; 2017. [acesso em 2019 dez 15]. Disponível em: <https://repositorio.ufmg.br/handle/1843/BUOS-ATXKKG>
6. Brasil. Decreto nº 6286, de 5 de dezembro de 2007. Institui o Programa Saúde na Escola – PSE, e dá outras providências [Internet]. Diário Oficial [da] República Federativa do Brasil. 2007 dez 6 [acesso em 2020 jan 18]. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2007-2010/2007/decreto/d6.
7. Couto AN, Kleinpaul WV, Borfe L, Vargas SC, Pohl HH, Krug SBF. O ambiente escolar e as ações de promoção da saúde. CinerGIS [Internet]. 2016 [acesso em 2020 abr 10]; 17 (4 supl1): 378-83. Disponível em: <http://dx.doi.org/10.17058/cinerGIS.v17i0.8150>.
8. Gueterres EC, Rosa EO, Silveira A, Santos WM. Educação em saúde no contexto escolar: estudo de revisão integrativa. Enfermería Global [Internet]. 2017 [acesso em 2020 abr 18]; 46:477-88. Disponível em: <http://dx.doi.org/10.6018/eglobal.16.2.235801>.
9. Oliveira RS, Moraes SH, Portugal ME, Silva FB. Atuação do enfermeiro nas escolas: desafios e perspectivas. Revista gestão & saúde [Internet]. 2018 [acesso em 2020 jun 5]; 18(2): 10-22. Disponível em: <http://www.herrero.com.br/files/revista/fileb861209a53556557cd850a74126688a8.pdf>
10. Marconato RS, Marconato AMP, Silva MFN, Jardim VM, Marmol MT, Silva TL, et al. Perfil do atendimento de urgência e emergência pediátrica em um hospital de ensino do interior do estado de São Paulo. Sínteses: Revista Eletrônica do SimTec [Internet]. 2016 [acesso em 2020 mar 28]; 6 (6): 260-260. Disponível em: doi: <https://doi.org/10.20396/sinteses.v0i6.8630>.
11. Brasil. Presidência da República, Subchefia para Assuntos Jurídicos. Lei nº 9394 de 20 de dezembro de 1996. Estabelece as diretrizes e bases da educação nacional [Internet]. Brasília, DF; 1996. [acesso em 2020 jan. 15]. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/l9394.htm.
12. Brasil. Presidência da República, Subchefia para Assuntos Jurídicos. Lei nº 12.796 de 4 de abril de 2013. Altera a Lei nº 9.394, de 20 de dezembro de 1996, que estabelece as diretrizes e bases da educação nacional, para dispor sobre a formação dos profissionais da educação e dar outras providências [Internet]. Brasília, DF; 2013. [acesso em 2020 jan. 15]. Disponível em: http://www.planalto.gov.br/ccivil_03/_Ato2011-2014/2013/Lei/L12796.htm.
13. Ministério da Saúde (BR). Conselho Nacional de Saúde, Comissão Nacional de Ética em Pesquisa. Resolução nº 466 de 12 de dezembro de 2012: aprova como diretrizes e normas regulamentadas de pesquisa envolvendo seres humanos. Brasília: Ministério da Saúde; 2012.
14. Cardoso AAS, Melo JV, Araújo A, Santos LLP, Rocha RFT, Boga THP. Infecções parasitárias prevalentes na comunidade estudantil de uma unidade escolar pública do município do rio de janeiro, RJ. Revista presença [Internet]. 2017 [acesso em 2020 jul 20]; 2(8): 1-12. Disponível em: <https://revistapresenca.celsolisboa.edu.br/index.php/numerohum/article/view/104/89>.
15. Frauches DO, Lopes IBC, Giacomini HTA, Pacheco JPG, Costa RF, Lourenço CB. Doenças respiratórias em crianças e adolescentes: um perfil dos atendimentos na atenção primária em Vitória/ES. Rev Bras Med Fam Comunidade [Internet]. 2017 [acesso em 2020 jul 10]; 12(39): 1-11. Disponível em: [http://dx.doi.org/10.5712/rbmf12\(39\)1450](http://dx.doi.org/10.5712/rbmf12(39)1450).



16. Pedraza DF, Araújo EMN. Interações das crianças brasileiras menores de cinco anos; revisão sistemática da literatura. *Epidemiol Serv Saúde* [Internet]. 2017 [acesso em 2020 jun 30]; 26(1): 169-82. Disponível em: <https://doi.org/10.5123/s1679-49742017000100018>.
17. Viana AGS, Marinho HML, Dantas MA, Lima YA, Matos CJO. Avaliação de Sinais e Sintomas Respiratórios em Crianças e Adolescentes em Período Escolar. *Revista Saúde em Foco* [Internet]. 2018 [acesso em 2020 mai 31]; 5(2): 70-87. Disponível em: <http://189.43.21.151/revista/index.php/saudeemfoco/article/view/1738/491491826>.
18. Paiva FJO, Ferreira AM. As práticas docentes na educação infantil usadas em atividades com alunos acometidos por transtorno do déficit de atenção e hiperatividade. *Revista Interação Interdisciplinar* [Internet]. 2018 [acesso em 2020 jun 13]; 4(1). Disponível em: <http://publicacoes.unifimes.edu.br/index.php/interacao/article/view/174/620>.
19. Magalhães JM, Lima FSV, Silva FRO, Rodrigues ABM, Gomes AV. Assistência de enfermagem à criança autista: revisão integrativa. *Enfermería Global* [Internet]. 2020 [acesso em 2020 jul 31]; 58: 541-50. Disponível em: <https://doi.org/10.6018/eglobal.356741>.
20. Minetto MF, Baril N, Cruz ACB, Pereira PASR, Valle NKS, Carniel TC, Correia ILS. A escolha da escola para filhos com síndrome de Down. *Invest práticas* [Internet]. 2018 [acesso em 2020 jun 25]; 8(1): 75-97. Disponível em: <http://dx.doi.org/10.25757/invep.v8i1.153>.
21. Silva MFA, Santos PFBB, Wesp LHS, Silva LLI, Bispo WF. A enfermagem nas instituições de educação infantil: refletindo sobre essa prática. *Rev enferm UFPE* [Internet]. 2017 [acesso em 2020 jul 31]; 11(supl 8): 3310-6. Disponível em: DOI: 10.5205/reuol.11135-99435-1-ED.1108sup201716.
22. Mathiús LA, Montanholi CHS, Oliveira LCN, Bernardes DNA, Pires A, Hernandez FMO. Aspectos atuais da intolerância à lactose. *Revista odontológica de Araçatuba* [Internet]. 2016 [acesso em 2020 jul 30]; 37(1): 46-52. Disponível em: <https://apcdaracatuba.com.br/revista/2016/01/trabalho6.pdf>.
23. Barbosa NEA, Ferreira NCJ, Vieira TLE, Brito APSO, Garcia HCR. Intolerância à lactose: revisão sistemática. *Para Res Med J* [Internet]. 2020 [acesso em 2020 jul 30]; 4(e:33): 1-10. Disponível em: <https://www.prmjournal.org/article/10.4322/prmj.2019.033/pdf/prmjjournal-4-e33.pdf>.
24. Sociedade Brasileira de Pediatria. Departamento científico de nefrologia. Infecção do trato urinário. Documento científico [Internet]. 2016 [acesso em 2020 jun 30]; 1: 1-10. Disponível em: https://www.sbp.com.br/fileadmin/user_upload/2016/12/Nefrologia-Infeccao-Trato-urinario.pdf.
25. Pedraza DF, Silva FA, Melo NLS, Araújo EMN, Sousa CPC. Estado nutricional e hábitos alimentares de escolares de Campina Grande, Paraíba, Brasil. *Ciência & saúde coletiva* [internet]. 2017 [acesso em 2020 mai 31]; 22(2): 469-77. Disponível em: <https://www.scielo.br/pdf/csc/v22n2/1413-8123-csc-22-02-0469.pdf>.
26. Botelho AM, Veiga CM, Pereira LJ, Bizarro GM, Assis MAA, Di Pietro PF, et al. Diagnóstico nutricional e elaboração de material didático para educação nutricional de escolares. *Extensio: R eletr de extensão* [Internet]. 2016 [acesso em 2020 jun 1]; 13(24): 49-63. Disponível em: <http://dx.doi.org/10.5007/1807-0221.2016v13n24p49>.
27. Souza AGG, Benetti B, Ferreira CIB, Fix D, Oliveira RSC, Purim KSM. Avaliação e triagem da acuidade visual em escolares da primeira infância. *Rev bras oftalmol.* [Internet]. 2019 [acesso em 2020 jun 22]; 78(2): 112-6. Disponível em: <https://doi.org/10.5935/0034-7280.20180107>.

