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The experiences of vulnerabilities of women: deconstructing through conversation circles

RELATO DE EXPERIÊNCIA

MILENY DE OLIVEIRA PEIXOTO PORTES[1], JÚLIA RESENDE SILVA[2], VIRNA GABRIELA ALVES MACHADO[2], ALINE CASTRO DE ALMEIDA[2], LIZANDRA GONÇALVES MARTINS[1], ISABELA MIE TAKESHITA[3], RAFAELA SIQUEIRA COSTA SCHRECK[3], MÔNICA DAS GRAÇAS DE AZEVEDO[4]

1 ACADÊMICA DO CURSO DE ENFERMAGEM DA FACULDADE DE CIÊNCIAS MÉDICAS DE MINAS GERAIS, BELO HORIZONTE, MG - BRASIL
2 ACADÊMICA DO CURSO DE MEDICINA DA FACULDADE DE CIÊNCIAS MÉDICAS DE MINAS GERAIS, BELO HORIZONTE, MG -BRASIL
3 PROFESSORA DA FACULDADE DE CIÊNCIAS MÉDICAS DE MINAS GERAIS, BELO HORIZONTE, MG-BRASIL.
4 PROFESSORA ORIENTADORA DA FACULDADE DE CIÊNCIAS MÉDICAS DE MINAS GERAIS. EMAIL:MONICA.AZEVEDO@CIENCIASMEDICASMG.EDU.BR, ENDEREÇO: ALAMEDA EZEQUIEL DIAS, 275, CENTRO, BELO HORIZONTE, MG - BRASIL.

ABSTRACT

Introduction: The female population faces social vulnerabilities, requiring actions to address this reality. Academic extension promotes health promotion by engaging neglected populations and overcoming oppression through awareness. The “Ser Mulher” project aims to encourage attention to the health needs of women in vulnerable situations. **Objective:** Develop conversation circles about health education actions with postpartum women in vulnerable situations and caregivers at a home institution linked to the City of Belo Horizonte. **Experience Report:** Five meetings were held, led by nursing, medicine, and psychology students. The students and supervisors selected topics based on a situational diagnosis of observed vulnerabilities during conversations, along with suggestions from the caregivers. Women were given space to discuss challenging situations they had experienced, such as exposure to drugs and violence. The impact assessment relied on participants’ feedback collected through direct oral questions. The women expressed gratitude for the students’ presence in the house. The project gave the students a new perspective on working with vulnerable women. **Final Considerations:** The project played a crucial role in addressing the complex issues women face in vulnerable situations. By promoting health education actions, it was possible to reflect on ways to face the various challenges encountered.

The extension provided reflections on fundamental aspects of the lives of the participants. These experiences consolidate the importance of sensitive and inclusive approaches to promote positive impacts in vulnerable communities.

Keywords: Women's Health; Social Vulnerability; Health Education.

INTRODUCTION

Throughout history, the female population has been exposed to situations of social vulnerability[1]. Many women in this fragile situation share common characteristics, such as low educational attainment, disrupted family structures, and the normalization of violence[2].

Women make up most of the Brazilian population, accounting for 51.1%[3]. According to the 2015 study "Mulheres Chefes de Família no Brasil: Avanços e Desafios"[4], 28.9 million Brazilian families are headed solely by women, representing approximately 50% of all families in the country. This fact constitutes a vulnerability, as single parenthood is associated with greater exhaustion among mothers, leading to symptoms of physical and/or emotional exhaustion and emotional distancing from their children[5].

A study conducted by the Fundação Oswaldo Cruz[6] demonstrated that 21.3% of crack users are women, and this group is in a more vulnerable situation compared to their male counterparts. These women tend to have lower educational levels, are more likely to be homeless and engage in more illicit activities to obtain money or drugs (75.7%). More than half of these women have worked in sex or exchanged sex for money. These facts correspond to risk behaviors and highlight the need for health education actions targeted at this group.

Popular education promotes health through communication, problem-solving, and engagement with marginalized communities. This type of education overcomes oppression through awareness, critical analysis of reality, cultural appreciation, and the exercise of political direction. Academic health extension develops popular education using strategies beyond traditional educational methods, fostering a more humanized, ethical health practice with horizontal relationships that bring students closer to the community's reality[7,8]. In the university environment, there are various ways to conceive and implement popular academic extensions. However, effective extension practices must be based on the principles of popular education, which have clear political intentionality, prioritizing dialogue, student and community protagonism, affectivity, respect for common sense and culture, and the sharing of experiences[9].

Thus, the "Ser Mulher" project emerged, developed by professors and students from a private college in Belo Horizonte at a temporary shelter in the same city. The proposal is to conduct discussion groups among students, caregivers, and residents, focusing on care and attention to the health demands of women in vulnerable situations. Among the social challenges they face are single parenthood, drug use, and lack of stable housing.

The main objective of this article was to present the health education actions developed through discussion groups with mothers in vulnerable situations and caregivers.

EXPERIENCE REPORT

This is an experience report developed during the Interdisciplinary Academic Extension offered by a private college in Belo Horizonte through the development of the "Ser Mulher" Project.

The activities of the Interdisciplinary Extension were carried out during the first semester of 2023 at a temporary shelter with a capacity for 20 residents maintained by the municipality of Belo Horizonte. This shelter accommodates mothers who lived on the streets, used drugs, or were victims of violence and who are going through the postpartum period (a period after childbirth during which a woman's body undergoes physical and psychological changes[10]). Additionally, caregivers were present at the shelter, assisting in the care of the children and residents.

In the selection of students for the project, an interdisciplinary approach was sought, including students from nursing, medicine, and psychology courses, to integrate into the community, encourage popular participation, humanization, and self-care practices, and complement theoretical knowledge in health-related areas, all respectfully and affectionately.

Initially, the plan was to conduct eight in-person discussion groups in total with dynamics to promote reflections based on theoretical foundations on the main issues addressed by postpartum women and caregivers. It was decided that the audience would be divided into two groups: the postpartum group (G1), women in social vulnerability who were welcomed and live at the institution with newborns, for which two students were responsible for preparing and developing the meetings, and the caregiver group (G2), which was under the responsibility of three other students, ensuring four meetings with each group. The dates were to be chosen according to the students' availability and the institution's schedule where the project was developed. It was also established that the method for evaluating the impact of the experience would be the comments and feedback from the participants about the meetings, collected through direct oral questions to the caregivers and residents at the end of each meeting and recorded in writing by the students. Capturing these perceptions allows for a comprehensive qualitative evaluation, aiming to capture the impressions of the mothers and caregivers, a strategy centered on their voices and experiences.

Before starting the project at the shelter, the students met with the project's guiding professors to establish the extension project's objective and discuss how social vulnerability can influence women's health. Theoretical references (such as the Maria da Penha Law legislation document, articles on how to provide multidisciplinary assistance to women victims of violence, qualified listening as a humanization tool, and updated Ministry of Health booklets on the victimization of women and menstrual poverty in Brazil) were made available to better guide the students, focusing on dialogical and critical interactionism as tools for conducting health education.

To map the demands of postpartum women, the students responsible for G2 created an online form for the professionals to answer individually via cell phone. This form asked them to point out what they liked most about their profession, which topics they wanted to discuss during the meetings, and self-assess their knowledge of various health topics on a scale of 1 to 5 (with 5 being excellent, 4 very good, 3 good, 2 fair, and 1 poor). The topics included care for the umbilical stump, newborn colic, postpartum depression, baby hygiene care (diapers, bathing, brushing), basic first aid, vaccination, introducing solid foods, breastfeeding, and child development milestones. The form was made available to the caregivers through a link via the WhatsApp® app, eliminating the need for the students to be physically present at the shelter. In terms of what they liked most about their profession, responses included making a difference in others' lives, serving, seeing mothers' smiles from having a chance at social reintegration, and being able to offer the support they need. Regarding the topics to be discussed, suggestions included neonatal abstinence, introducing solid foods, spiritual life, and first aid in overdose situations. As for their knowledge, it was noted that more than 50% rated their knowledge on several health topics as fair or poor.

After diagnosing and surveying the demands, the G2 students scheduled and conducted the first meeting (Figure 1) with the caregivers to introduce themselves and explain the "Being Woman" Project. Four professionals participated in the discussion group on choking, the Heimlich maneuver, and umbilical stump care. The themes of the meetings were based on the topics suggested by the caregivers, planned by the students, and critically reviewed by the advisors. A booklet on the steps for performing the anti-choking maneuver was used as educational material, and each caregiver present discussed or demonstrated with gestures what they knew about the subject, in addition to resolving doubts. Child choking is a topic that needs to be addressed with people who care for and live with children, as there were 2,148 reported choking deaths in Brazil among children aged 0 to 9 years between 2009 and 2019[11].

Some caregivers already knew about the maneuver, only questioning which conduct to perform according to each age group. The students demonstrated the different positions for performing the maneuver, indicating that children under one year should be placed face down, tilted with the head lower than the body on the arm of the person performing the maneuver, applying five back blows between the shoulder blades, turning the baby dorsally, and performing five compressions in the central chest area between the nipples. For children over one year, the maneuver can be performed with the child standing and the rescuer kneeling beside them, performing in a "J" motion. In both maneuvers, the movements should be repeated until the obstructing object is effectively removed[12]. Caregivers were instructed to call the Emergency Service SAMU by dialing 192. The caregivers showed interest in learning more about the topic, creating a bond with the students, and opening space for a more informal conversation about their routines.

For the second G2 meeting, based on the topics of interest expressed by the caregivers in the form, the chosen themes were the excessive use of infant for-

mula, the introduction of solid foods, and child hygiene. However, this meeting did not take place because it was noted that the caregivers did not have fixed schedules available to participate in the discussion groups due to the demands of their work at the shelter. At the same time, it was observed that on the days of dynamics with the residents, the caregivers who had free time were interested in the topics discussed with the mothers and decided to participate together. Therefore, the students, along with the guiding professors, chose to unify the two groups based on the principle that the caregivers, being women and mothers, fit within the proposed themes. Thus, the total number of meetings held became five, with one meeting held only with the caregivers and the other four with the unified group (postpartum women and caregivers), with an average of five women participating in each meeting.

The first of the four meetings held with the unified group (Figure 2) included the presence of four postpartum women and one caregiver and was structured into five parts: (1) the introduction of the students and the women, (2) an icebreaker activity, (3) a discussion on what it means to be a woman and what motherhood represents, (4) an activity where each woman spoke about insecurity in motherhood and received advice from the others, and (5) the closing. This theme was defined by the students in conjunction with the advisors to ensure that the meeting served as an introduction to the project, with subsequent themes being chosen based on a combination of the participants' suggestions and topics deemed important by the students after conducting a situational diagnosis through observation and identification of the residents' vulnerabilities during the discussions.

FIGURE 1: FIRST MEETING WITH THE CAREGIVERS IN THE "SER MULHER" EXTENSION PROJECT IN BELO HORIZONTE (1ST SEMESTER OF 2023). SOURCE: IMAGE BY THE AUTHORS.

During the conversation, when asked what motherhood meant to them, the students observed that the mothers associated it with dependency and saw it as a challenging experience that, despite bringing happiness, was also synonymous with pain. This indicated that the social context in which the postpartum women were immersed, lacking a family support group, did not allow them to see the positive aspects of motherhood. Additionally, there was concern about their children's future once their stay at the shelter ended.

The mothers asked questions about what was or was not suitable for their babies' health, particularly regarding the introduction of solid foods, a topic suggested for a future meeting. In the end, the meeting was praised by the mothers, who commented that it had been delightful and fun and that the students were intelligent and friendly. The students had the opportunity to develop skills such as critical thinking, reflection, and leading the meeting by assigning roles to each participant, with one guiding the discussion and keeping it on topic and the other serving as the recorder, noting important points that arose during the conversation.

For the second G2 meeting, five postpartum women and two caregivers participated. Each woman was asked to give examples of actions that constituted self-care. Additionally, there was the "mirror activity," which involved passing around a box that the students said contained something very special. At the bottom of the box was a mirror, so when the participant opened it, she would see her reflection, providing a moment of self-perception and self-appreciation. There was also a discussion on how each woman copes when going through a difficult situation, and finally, the closing. During this discussion group, the students noticed that the women considered simple activities as self-care, such as taking a bath and feeling good about themselves. In this same meeting, the students felt that the topic of self-care and the discussions provoked many reflections among the women. It was noted that the women did not take self-care very seriously, and the activity contributed to their understanding of the importance of taking care of themselves, providing an opportunity to reflect on their attitudes. The students learned along with the women, reflecting on the privilege of self-care and how different realities impact the formation of a person's individuality[13]. Additionally, the challenge faced by women who use drugs was highlighted, as their context distances them from self-care.

The third meeting focused on introducing solid foods to babies, a topic suggested by the mothers who had various doubts and questions about it. The meeting was divided into an initial discussion about the importance of breastfeeding and the nurse's role in this scenario. Information was presented on how to introduce solid foods, followed by a true or false statement game. Four postpartum women and one caregiver attended the meeting, and it included clarifying doubts and sharing stories about breastfeeding among the women, which helped build confidence in caring for their children and dispelled myths about the topic.

FIGURE 2: FIRST MEETING WITH THE UNIFIED GROUP IN THE "SER MULHER" EXTENSION PROJECT IN BELO HORIZONTE (1ST SEMESTER OF 2023). SOURCE: IMAGE BY THE AUTHORS.

A significant story was shared by a resident mother who was offering foods not recommended for her child at that age (2 months), such as soda and corn pudding. When questioned about this practice, she said she didn't believe in breast milk and, since there was no food available on the streets, she gave her child whatever she could. This was an important moment for the students to develop active listening and support skills, as it was necessary to listen carefully to her story and provide careful guidance without disrupting the established relationship. It was also essential not to devalue maternal care, emphasizing that while some actions might be considered wrong, they were the best she could do. This illustrates the importance of understanding different realities and always making statements without judgment as health professionals.

The fourth meeting's theme was types of violence against women and first aid for babies. It included three postpartum women and one caregiver. For this meeting, five stages were carried out: the balloon activity, reflection, explanation of the types of violence against women and reporting channels, demonstra-

tion of the choking rescue maneuver, and a final moment of gratitude.

The initial activity involved giving each participant a red balloon. The students read out situations that constituted violence against women, whether physical, psychological, sexual, financial, or moral. Each time a situation was read, if the participant had experienced it, she had to inflate the balloon a little. At the end of the activity, it was noted that all the balloons had burst, showing that each woman present had suffered multiple types of violence. During the reflection, the students explained the types of violence and that the balloon represented each of their lives, with the air representing the acts of violence, making a metaphor that they should not allow their lives to be "burst." This allowed participants to feel comfortable sharing their experiences of violence, fostering a sense of connection and a safe environment where the women realized they had shared similar experiences, acknowledged through nods and verbal agreements. This identification with one another's realities helped them see that despite the difficult moments, they were not alone.

After this part of the meeting, as done for the caregivers, the students demonstrated the choking rescue maneuver on a cloth doll. The doll was passed around for each participant to practice, with the students providing corrections to ensure the maneuver was performed correctly. The meeting ended with a moment of gratitude and clarification of pertinent questions on the topic.

Furthermore, an important observation made during the meetings was the significance of the institution for these women, as, for most, the shelter served as a refuge from their previous realities. It also facilitated many opportunities that could effectively change their lives. A noteworthy comment from one of the women highlighted that while previously drugs were her primary refuge, now it was her daughter who strengthened her. Thus, the shelter can serve as a crucial agent in strengthening this bond and improving the quality of life for the mothers and their children[14].

During the extension work, there were moments of relaxation, sharing, and reflection on motherhood and women's health. This allowed the participants to freely share challenging situations they had experienced throughout their lives. At the final closing and gratitude moment, the women expressed their gratitude for the project and the students' presence, acknowledging their help and the exchange of knowledge, reinforcing the importance of the bond created during the meetings. The students also felt grateful for executing this project, a common feeling in extension activities, for the challenges faced and the learning opportunities provided[15]. Additionally, in the academic sphere, it reaffirmed that the project enabled a significant evolution in how to interact with women in social vulnerability, contributing to more humanized care and improving active, empathetic, and qualified listening.

THEORETICAL REFLECTIONS

The issue of violence against women is a subject of various scientific productions with analytical and social perspectives. For example, Custódio and Tavares' (2022) article "Vida(s) Maria(s): a história de uma mulher e os (re)tratos da violência em narrativas conta-

das" uses conversation circles and dialogues as its main methodology, generating unique contributions to reflections on this topic[16].

Currently, in Brazil, health professionals face a significant challenge in their daily work: assisting women who are victims of violence, both within and outside the hospital environment, including pregnant and postpartum women in this scenario[17]. It has been observed that this group has difficulty speaking about the violence they have experienced, and when they do, they usually talk to family members, friends, or individuals involved in religious activities[18] rather than seeking help from health services. Thus, health actions like those developed by this project enable the guidance and support of these women, helping them to create coping strategies for their context[14].

Violence against women violates human rights in all its spheres. Living within the cycle of violence can cause various health damages to women, such as chemical dependence, low self-esteem, difficulties throughout motherhood, and social interaction challenges[19]. This reality was found in the chosen house for the project's development, and it was important for the students to use qualified listening to better support the women. Active methodology, combined with psychosocial support, is essential for forming bonds and affection[20] between patient and professional. Thus, the need for health professionals' qualifications to identify and handle the fragilities encountered during their profession is evident[21].

Besides the social vulnerability and postpartum scenarios, breastfeeding is a significant stage in a woman's life, both for those who engage in it and for those who do not. According to the World Health Organization (WHO), breastfeeding should be the exclusive food for babies up to 6 months old. However, it was observed in the house that some postpartum women were not breastfeeding their babies, either due to lack of encouragement and adequate guidance on breast milk (for those without contraindications) or because they were dealing with chemical dependence, a factor that contraindicates breastfeeding[22].

In addition to attention to breastfeeding during the postpartum period, self-care issues are also important. According to the definition of self-care, it is a continuous practice of activities initiated and executed by individuals for their benefit to maintain quality of life and well-being[23]. Therefore, addressing this topic for women in a highly sensitive situation is necessary so that mothers, by taking care of themselves, feel well and ready to take care of their children, providing a better emotional bond.

From the practices carried out in the house, it is clear that the project enabled the group to listen to and support the women in the institution, bringing participants closer and contributing to a dialogical exchange of knowledge. However, some difficulties arose during the project's implementation, requiring adaptation by the students. Among them was traveling to the house, which was a bit distant for some students. Additionally, communication with the house's coordination to determine intervention dates became a sensitive point, as the institution's schedule was already filled with a series of pre-scheduled recreational events. Another significant hurdle was the low parti-

cipation of residents in the activities, as although the house housed 20 postpartum women, only an average of four people participated in the conversation circles. This scenario required a collaborative approach between the students and the house to overcome these challenges and achieve the project's objectives.

Thus, it is observed that despite the difficulties encountered regarding the extension location, the development of dynamics, and the grouping of participants, the main objectives set at the beginning of the project were met.

Regarding the practices addressed in the group, some positive factors were observed and highlighted. It is important to mention the creation of an empathetic and conducive environment for sharing and exchanging problems, information, experiences, feelings, opinions, or any other relevant topic at that moment. Additionally, through the conversation circles, it was understood that there was a need, specific to each woman, for a space where participants were the protagonists of the situation. This allowed the women in the house to feel free to express what they felt was necessary and, on the other hand, enabled the project students to develop more qualified and effective listening, giving openness and importance to what was being said.

Thus, during the conversation circles, it was possible to observe that the participants developed considerably positive feelings that were often forgotten. This highlights the importance of self-care, empathy, self-esteem, love, strength, and several other characteristics that may be repressed but can significantly improve a woman's quality of life if valued.

Another relevant point observed is the interdisciplinary and interprofessional interaction, which allowed an enriching exchange among students from different courses, enabling a transfer of knowledge and experiences. Moreover, it allowed the development of essential competencies and skills for professional training, such as the ability to recognize and analyze conditions of inequality and social vulnerability, teamwork, proactivity, empathy, and leadership. Furthermore, the project allowed students to get to know and experience the work of other professionals in the institution, contributing to more diverse and qualified training and significantly impacting each student's academic and personal development.

FINAL CONSIDERATIONS

The "Ser Mulher" project played a crucial role in addressing the complex issues faced by mothers in vulnerable situations. By promoting health education actions through conversation circles and dynamics, it was possible to identify and reflect on ways to confront significant challenges, such as situations of violence against women, drug use, lack of support networks, lack of knowledge about the benefits of breastfeeding, as well as issues related to self-esteem and self-care. The use of practices such as active listening and empathy allowed the construction of a welcoming environment where the residents felt truly understood. The participants' accounts evidenced changes in their ways of thinking and acting, where caregivers also were able to improve their knowled-

ge in first aid and general care for babies. The project not only offered knowledge but also provided a supportive space where women (both postpartum and caregivers) could reflect on fundamental aspects of their lives. These experiences underscore the importance of sensitive and inclusive approaches to promoting positive impacts in vulnerable communities. Moreover, this project enriches the academic field by exploring impactful approaches for health promotion in challenging contexts.

REFERENCES

1. Durand MK, Heidemann ITSB, Rumor PCF, Vendruscolo C, Belaunde AMA, Souza JB de. Possibilidades e desafios para o empoderamento feminino: perspectivas de mulheres em vulnerabilidade social. Escola Anna Nery. 2021;25(5).

2. Ávila J da S, Areosa SVC. A mulher em vulnerabilidade social e a relação com a violência familiar. Revista Psicologia, Diversidade e Saúde. 2023 Jul 14;12:e4821.

3. Instituto Brasileiro de Geografia e Estatística. Diretoria de Pesquisas, Coordenação de Pesquisas por Amostra de Domicílios, Pesquisa Nacional por Amostra de Domicílios Contínua, 2022.

4. Suzana Cavenagui, José Eustáquio Diniz. *Mulheres chefes de família no Brasil: avanços e desafios*. 1st ed. Escola Nacional de Seguros, https://www.ens.edu.br/arquivos/mulheres-chefes-de-familia-no-brasil-estudo-sobre-seguro-e dicao-32_1.pdf (2018).

5. Roskam I, Mikolajczak M. Parental Burnout in the Context of Special Needs, Adoption, and Single Parenthood. *Children* 2023; 10: 1131.

6. Bastos FIPM, Bertoni N (organizadores). Pesquisa nacional sobre o uso de crack: quem são os usuários de crack e/ou similares do Brasil? Quantos são nas capitais brasileiras? [Internet]. Rio de Janeiro: ICICT/ Fiocruz; 2014 [citado 2019 fev 5]. 224 p. Disponível em: Disponível em: https://www.arca.fiocruz.br/handle/icict/10019.

7. Oliveira FLBD, Almeida Júnior JJD. Extensão universitária: contribuições na formação de discentes de Enfermagem. *Rev Bras Pesqui Em SaúdeBrazilian J Health Res* 1969; 19–24.

8. Dickmann I. Diálogo com Moacir Gadotti no Instituto Paulo Freire(texto). *Rev Pedagógica* 2016; 18: 255.

9. Silva RC, Werner RC. A contribuição da Extensão Universitária para a formação acadêmica no serviço social e sua aproximação com a metodologia da Educação Popular. In: *Anais do(a) IV Congresso Internacional de Política Social e Serviço Social: desafios contemporâneos*. Londrina, Paraná, Brasil: Even3, 2022.

10. Slomian J, Honvo G, Emonts P, et al. Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Womens Health* 2019; 15: 174550651984404.

11. Iara Oliveira Costa, Rawllan Weslley Alves-Felipe, Tiago Barbosa Ramos, et al. Revista de Pediatria SOPERJ. *Estudo Descritivo Óbitos Por Engasgo Em Crianças No Bras*; 21. Epub ahead of print December 2021. DOI: 10.31365/issn.2595-1769.v21isupl.1p11-14.

12. Freitas IEL. Guia prático: manobras para ajudar uma vítima engasgada [Internet]. Itabuna: Universidade

Federal do Sul da Bahia, UFSB; 2021 [citado 20 Abr 2024]. Disponível em: https://ufsb.edu.br/proaf/images/SEPSE/Edital_sa%C3%BAde_092021/GUIA_PR%C3%81TICO-MANOBRAS_PARA_AJUDAR_UMA_V%C3%8DTIMA_ENGASGADA_6.pdf.

13. Bittar Y, Liberman F. Frestas: uma experiência de espaço contemplativo na formação em Saúde. *Interface - Comun Saúde Educ* 2023; 27: e220047.

14. Cavalcante agp, taveira lr, silva svrd, et al. A inserção do enfermeiro na visita de acolhimento das gestantes em uma maternidade pública. *Enferm Em Foco* 2022; 13: e-202237ESP1.

15. Thaís Teixeira da Silva. Revista da Pró-Reitoria de Extensão do IFRS. *Um Relato Gratidãoa Ext Como Práticaprofissional*; 1, 2022.

16. Custódio MA, Tavares KNLB. Vida(s) Maria(s): a história de uma mulher e os (re)tratos da violência em narrativas contadas. *Psicol USP* 2022; 33: e200129.

17. Pereira Gomes ADA, Meira Gomes R, Dos Santos Simões J, et al. Concepção de puérperas sobre violência obstétrica: Revisão integrativa. *Nurs São Paulo* 2022; 25: 8592–8603.

18. Caicedo-Roa M, Cordeiro RC. Análise de casos de feminicídio em Campinas, SP, Brasil, entre 2018 e 2019 por meio do modelo ecológico da violência. *Ciênc Saúde Coletiva* 2023; 28: 23–36.

19. Santos ABD, Casetto SJ. O Caps como espaço potencial: diálogos com a teoria winnicottiana. *Saúde Em Debate* 2022; 46: 1063–1076.

20. Ferreira Lachtim SA. Vínculo e acolhimento na Atenção Primária à Saúde: potencialidades e desafios para o cuidado. *Tempus – Actas Saúde Coletiva*; 16. Epub ahead of print 2 April 2023. DOI: 10.18569/tempus.v16i4.3060.

21. Alves Melo E, Pereira Tavares De Alcântara P, Almeida Neves De Oliveira C, et al. Mulheres em situação de violência: reflexões sobre a atuação da enfermagem. *Rev Enferm Atual Derme*; 96. Epub ahead of print 31 October 2022. DOI: 10.31011/reaid-2022-v.96-n.40-art.1522.

22. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Saúde da criança: aleitamento materno e alimentação complementar. 2ª ed. Brasília: Ministério da saúde; 2015. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/saude_crianca_aleitamento_materno_cab23.pdf. Acesso em 31 de janeiro de 2024.

23. Pereira MMM, Xavier SSDM, Araújo MGPD, Valença CN, Menezes RMPD, Germano RM. The self-care Theory of Orem and its applicability as a theoretical framework: analysis of a survey. Rev Enferm UFPE Line. 30 de maio de 2011;5(4):896.