Health Education and Working with Adolescents in Conflict with the Law

Educación en Salud y Trabajo con Adolescentes en Conflicto con la Ley
A Educação em Saúde e o Trabalho com Adolescentes em Conflito com a Lei

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ABSTRACT: *Health education and the culture of peace are essential tools for working within health promotion. Thus, this study seeks to understand how health education, within health promotion, can be an essential tool in working with adolescents in conflict with the law. The research included the participation of twelve adolescents in compliance with the Socio-Educational Measure of Assisted Freedom, who participated in a Health Promotion and Culture of Peace workshop and focus groups, in addition to their parents and guardians, who were interviewed, and the analysis of Individual Plans Service. The data were analyzed using the theoretical and methodological perspective of Social Constructionism. It was observed a need for public policies to effectively dialogue with each other and for professionals to be prepared for this type of service. Health promotion is only effective due to the intersectoriality and interdisciplinarity of the network.*
ADOLESCENT HEALTH. HEALTH EDUCATION. HEALTH PROMOTION. CULTURE OF PEACE.

RESUMO: *La educación para la salud y la cultura de paz son herramientas fundamentales para trabajar en la promoción de la salud. Así, este estudio busca comprender cómo la educación en salud, dentro de la promoción de la salud, puede ser una herramienta fundamental en el trabajo con adolescentes en conflicto con la ley. La investigación contó con la participación de doce adolescentes en cumplimiento de la Medida Socioeducativa de Libertad Asistida, quienes participaron en un taller de Promoción de la Salud y Cultura de Paz y grupos focales, además de sus padres y tutores que fueron entrevistados y el análisis de Planes Individuales. Servicio. Los datos fueron analizados desde la perspectiva teórica y metodológica del Construccionismo Social. Era necesario que las políticas públicas dialogaran eficazmente entre sí y que los profesionales estuvieran preparados para este tipo de servicio. La promoción de la salud solo es efectiva debido a la intersectorialidad e interdisciplinariedad de la red.*
CULTURA DE PAZ. EDUCACIÓN PARA LA SALUD. PROMOCIÓN DE LA SALUD. SALUD ADOLESCENTE.

RESUMO*: A educação em saúde e a cultura da paz são ferramentas essenciais para o trabalho dentro da promoção da saúde. Deste modo, este estudo busca compreender o quanto a educação em saúde, dentro da promoção da saúde, pode ser um instrumento essencial no trabalho com adolescentes em conflito com a lei. A pesquisa contou com a participação de doze adolescentes em cumprimento de Medida Socioeducativa de Liberdade Assistida, que participaram de uma oficina de Promoção da Saúde e Cultura da paz e dos grupos focais, além dos seus pais e responsáveis que foram entrevistados e da análise dos Planos Individuais de Atendimento. Os dados foram analisados por meio da perspectiva teórico-metodológica do Construcionismo Social. Foi observada a necessidade de que as políticas públicas dialoguem efetivamente entre si e que os profissionais estejam preparados para esta modalidade de atendimento. A promoção da saúde só é efetiva pela intersetorialidade e interdisciplinaridade da rede.*
CULTURA DA PAZ. EDUCAÇÃO EM SAÚDE. PROMOÇÃO DA SAÚDE. SAÚDE DO ADOLESCENTE.

Introduction

Health education is an essential tool when it comes to promoting the population's health. Education enables the expansion of spaces for knowledge construction and dialogue, and engages subjects within the process, through active and participatory social participation. In addressing these two concepts, it is necessary to understand both theoretical perspective and what is the aim of this junction proposal within health promotion, in relation to the adolescent population in conflict with the law.

Brazil is still one of the most unequal countries in the world and has alarming teen homicide rates. Everyday 31 children and adolescents are murdered in the country, with the victims having specific characteristics: boys, blacks and slum dwellers. These data show that Brazil is the country with the highest absolute number of adolescents killed in the world (Unicef, 2015).

Another important aspect of the adolescent population's reality in the country is education. Data indicate that the number of adolescents out of school and without jobs has grown more and more. This exclusion from school and recurring dropout have peculiar aspects, since most of these adolescents are poor, black, indigenous and from quilombola communities. And this points to a scenario, in which many stop studying in order to be able to work and contribute to the family income (Unicef, 2015, Ibge, 2017).

These and other vulnerabilities that permeate the lives of adolescents contribute to a constant cycle of violation of rights, which leads to a perpetuation of the violence suffered and to a commission of the infraction act. The socio-educational measures are applied by the judicial authority according to the infraction committed by the adolescent, and they do not have a punitive and repressive character, but an educational one, contemplating a process of co-responsibility and non-culpability of the individual and his family. These measures may include warning, damage reparation, provision of services to the community, assisted freedom, semi-freedom and internment. Both socio-educational measures constitute a joint work between the Federal Government, the states and the municipalities so that all the demands of this population are met (Brazil, 1990).

The Reference Center for Specialized Social Assistance (CREAS) is part of the Unified Social Assistance System (SUAS), being a special social protection service of medium complexity, serving individuals and families, victims of violence and in vulnerable situations. The service takes place through the Specialized Protection and Assistance Service for Families and Individuals (PAEFI), ensuring guidance, protection and support for people. As highlighted by the National Social Assistance Policy (PNAS), the assistance in this service also aims at family and community life, meeting the demands generated by violations of rights, such as the socio-educational measures without freedom restraint, such as Assisted Freedom (LA), studied here, and the Community Service (PSC), aiming at the full protection of adolescents in conflict with the law (Brazil, 2004).

This study has fragments of a research carried out between August and October 2019, with twelve male adolescents in compliance with the Socio-Educational Measure (MSE) of Assisted Freedom (LA), at the Reference Center for Specialized Social Assistance (CREAS), in a medium-sized city located in the interior of São Paulo state. The topic of promoting health and the culture of peace and its relationship with socio-educational measures have been little discussed in academic circles. Thus, this study can contribute to socially and theoretically benefit the future researches that address socio-educational measures, and especially, those without freedom restraint.

1.   Health education, culture of peace and adolescents in conflict with the law.

1.1 Education as a subject's "builder"

Education should not be limited to the teaching-learning process only, nor be associated only with the school environment. Education should be seen as a socio-cultural process in which individuals build, through their experiences, different forms of knowledge, which provide to science different contents to be studied.

In Freire's perspective, education can be seen as a process of humanization. Freire points out that the teachers' task, in addition to making the student learn, comprise of an anthropological care, so that the human is manifested in individuals (Freire, 1970). And it is on this second perspective, pointed out by the theorist, that the health education process is an essential tool in the health care of adolescents in conflict with the law. Teachers are not limited to the pedagogical nature of the job, but they put themselves in a position to teach and understand humanity in the other, in a process of empowerment, surrounded by the creation of a dialogical space in which everyone can manifest and express themselves.

Conceptualizing education can be a great methodological and scientific challenge. Ecco and Nogaro (2015, p. 3526), describe the understanding of education and humanization in a clear way:

> Education and humanization are inseparable terms, since educating, in summary, aims to form and "trans-form" human beings, valuing the subjects' processes of change, updating their potentialities, making them human. Furthermore, we consider the pedagogical act as an act of educating; and the educator's work takes place with and among human beings.[1]

The human being is always an unfinished being and in constant construction. It constantly changes in the course of its development. In this sense, "to educate is to promote the other" (Ecco & Nogaro, 2015, p. 3526),[2] and to promote health is to enable ways and means that guarantee the quality of life and well-being of the other. Health Education, then, is promoting health to others and guaranteeing their access to it as a constituted right and public policy.

1.2 Health as a field of action for education

Health, as established by the World Health Organization (1947), can be considered as "a complete state of physical, mental and social well-being and not just the absence of disease or infirmity".[3] Within

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[1] In the original: " Educação e humanização são termos indicotomizáveis, pois educar, em síntese, objetiva formar e "trans-formar" seres humanos, valorizando processos de mudança dos sujeitos, atualizando suas potencialidades, tornando-os humanos. Ademais, concebemos o ato pedagógico como um ato de educar; e o trabalho do educador efetiva-se com e entre seres humanos".

[2] In the original: "educar é promover o outro".

[3] In the original: "um completo estado de bem-estar físico, mental e social e não apenas a ausência de doença ou enfermidade".

this practice, one can understand the holistic model, although some theorists disagree with this understanding, in the conception of the human being in its entirety. And from this biopsychosocial understanding of the individual, we can comprehend the process of a humanizing and healthy education.

Health promotion can be conceptualized as a community training process that aims to improve people's quality of life and health, involving all actors within the control of this process. In order to achieve biopsychosocial and spiritual well-being, it is necessary that needs and demands are met and that this reflects favorably in the territory where individuals live (Ottawa, 1986).

Health education, linked to health promotion, can be addressed in international letters and declarations and within the National Health Promotion Policy (PNPS), in Brazil.

The Ottawa Charter for Health Promotion (1986) represents a significant milestone for health promotion and for the inclusion of health education within the world scenario, seeking to build healthy public policies through essential aspects, such as training, in which it establishes the importance of:

> Achieving health equity is one of the focuses of health promotion. Health promotion actions aim
> to reduce differences in the population's health status and ensure equal opportunities and
> resources to enable all people to fully realize their health potential (Ottawa, 1986, p. 1).[4]

Within the Brazilian scenario, based on the aforementioned charter, there is the National Health Promotion Policy (PNPS), which, in its operational axes, has strategies to materialize the application of the policy. Within it, education and training are guided "as an incentive to a permanent attitude of sustained learning in problematizing, dialogical, liberating, emancipatory and critical pedagogical processes" (Brasil, 2014).[5]

Through health promotion one can think about the culture of peace and the prevention of violence, whose responsibility is of each social actor, thus reducing the risks of violence and enabling the collaboration and autonomy of each citizen, considering the respect for life and human rights, in a space for collaboration and dialogue, provided for in the PNPS (Brasil, 2014).

The culture of peace must be approached as an essential tool so that discourses permeated by violence can be permeated by peace. Dupret (2002, p. 91) highlights that "building a culture of peace involves providing children and adults with an understanding of the principles and respect for freedom, justice, democracy, human rights, tolerance, equality and solidarity".[6] In this sense, social participation becomes essential for guaranteeing such a culture and for it to be founded as an axis to be addressed within health promotion.

1.3 Health education and adolescents in conflict with the law

Health education can reach adolescents in conflict with the law through different means. However, it tends to find barriers there established by existing vulnerabilities that directly affect this population and their families.

Some of the barriers for health education are: the high number of school dropouts in this public, the learning issues, the difficulties in finding places in regular public education, the fragmented and broken family relationships, the presence of violence in the territories, in addition to the transgenerational aspects, in which the parents were also absent from school, besides the use of drugs and crime, committed

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[4] In the original: "Alcançar a equidade em saúde é um dos focos da promoção da saúde. As ações de promoção da saúde objetivam reduzir as diferenças no estado de saúde da população e assegurar oportunidades e recursos igualitários para capacitar todas as pessoas a realizar completamente seu potencial de saúde".

[5] In the original: "enquanto incentivo à atitude permanente de aprendizagem sustentada em processos pedagógicos problematizadores, dialógicos, libertadores, emancipatórios e críticos".

[6] In the original: "construir uma cultura da paz envolve dotar as crianças e os adultos de uma compreensão dos princípios e respeito pela liberdade, justiça, democracia, direitos humanos, tolerância, igualdade e solidariedade".

by parents, and now reflected in adolescents through consumption and the infraction act, in which case trafficking is the most common (Alvarenga, 2012, Fonseca, Sena, Santos, Dias & Costa, 2013).

There is also a lack of access to services, especially health, since adolescents hardly look for this space and there is no movement for this public to go and integrate with services. The strongest link established is with social assistance, since it is in CREAS where they comply with socio-educational measures; however, until then for a mandatory reason, that is, there is no spontaneous movement of use and access to these spaces.

This study seeks to understand how much health education, within the promotion of health, can be an essential instrument in the work with adolescents in conflict with the law.

2. Methodology

The study presented here contains fragments of a research carried out in 2019, with twelve adolescents in compliance with the Socio-Educational Measure (MSE) of Assisted Freedom (LA), at the Reference Center for Specialized Social Assistance (CREAS), in a medium-sized city located in the interior of the São Paulo state. The research was authorized by the Judiciary of court of Infancy and Youth and approved by the ethics committee of the University of Franca, under CAAE 03384018.9.0000.5495.

The research involved some stages, initially with an integrative review, which, as Souza, Silva and Carvalho (2010) points out, is a tool for searching data contained in the literature, composed of a six-phase process, in which knowledge is currently established in the literature on a specific subject.

Initially, there was the elaboration of the central question of the work (1st stage): "Is it possible for the culture of peace to assist in the prevention of the infraction act and violence?". Subsequently, there was a search or sampling in the literature (2nd stage), consisting on the databases Scielo, Pepsic, Redalyc, Google Scholar and official documents of the Brazilian and international governments according to the following health descriptors: adolescent, health promotion and health education. Within the third stage, data collection is established, in which they were chosen in view of the topic to be addressed and the relations they have in the health field. Twenty-two articles, three books and eighteen national and international documents, all relevant to the theme and selected by reading their abstracts, were used. International articles and documents that portrayed Latin America in Spanish, and ones with emphasis on the World Health Organization (WHO) in English were used. Subsequently, there was a critical analysis of the studies (4th stage), in addition to a careful reading of the information, based on evidence collected on the theme and the present day. Then, the discussion of the collected data (5th stage) and the presentation of the review (6th stage) as presented in the introduction and literature review of this study.

Afterwards, the field research had some essential steps in the process, namely the intervention (workshop), the focus groups and the interviews with the parents and guardians. The field research, as Gil (2008) points out, occurs with the integration of the researcher with the research, as part of it and in contact with the phenomena to be observed, reporting the reality as it is and presents itself.

The selection of adolescents was based on inclusion and exclusion criteria, such as age between 14 and 17 years and being in the Assisted Freedom modality. There was a meeting with the teenagers who met these criteria, the presentation of the project and twelve of them were willing to participate.

After the meeting, there was a Workshop on Health Promotion and Culture of Peace, in order to introduce adolescents to the theme proposed by the research. A workshop can be characterized as a means of treating knowledge in an interrelated and correlated way, involving the members in an active process in the construction of their own knowledge and in the exposition of their experiences in relation to the theme addressed (Marcondes, 2008). The workshop lasted an hour and a half, so that through the dialogue between the adolescents they could get to know and build knowledge through the proposed theme. This intervention included the presentation of the culture of peace and its meaning - through the

use of audiovisual and printed resources - and its insertion within the promotion of health, with a discussion, at the end, on the theme and the relation of these aspects with the infraction acts committed.

Then, six focus groups were held, with six pre-established categories, addressing the family, violence, the adolescent's rights and duties, social relations, the services available in the territory and the culture of peace. Finally, interviews were carried out with parents and guardians and the analysis of the Individual Plan of Care (IPC) was made, which is a document created by the adolescent's reference technician - commonly performed by a social worker -, the adolescent and his family, in which the adolescent's life history, the care proposals and the adolescent's future perspectives are registered.

The analysis took place through the perspective of Social Constructionism, which, as noted by Rasera and Japur (2001), can be used as a theoretical-methodological framework, based on daily life and knowledge construction, and an incessant and attentive analysis of each information contained both in the transcriptions, made possible by recordings, and in the PIA and literature database.

3. Results and Discussion

The act of health educating is to enable spaces for knowledge to be built and for individuals to express themselves about their experiences. It is in the encounter of different realities that knowledge occurs, since it is only possible from the moment when people put themselves in a position to teach and learn (Falkenberg, Mendes, Moraes & Souza, 2014).

The Health Promotion and Culture of Peace Workshop, which took place in a single meeting, enabled the integration between the adolescents and the concepts of culture of peace and health promotion, which were observed in a practical way by each adolescent in their daily lives. Thus, the workshop enables the building of knowledge still unknown and the creation of new worldviews from this experience. Health education, in addition to the workshop, integrated the focus groups and their categories, since there is no health without an education focused on this issue. The work included an analysis centered on Social Constructionism, allowing adolescents to be producers of any and all knowledge built there.

An important distinction must be made regarding health-related education. Health education, as established by the Ministry of Health (Brazil, 2006), should be seen as an educational process that aims to build knowledge through the active participation of the population, increasing people's autonomy regarding care and proposing constant interaction with professionals and managers in order to guarantee attention to all the needs presented. On the other hand, the concept of education in the health system, as described in the Virtual Health Library (VHL), corresponds to the knowledge production and systematization process, starting from a theoretical and formal process, such as teaching practices, didactic guidelines and curricular guidance (Brazil, 2009). Thus, health education is centered on social participation, influenced by the socioeconomic and cultural processes that involve the population, in the construction of knowledge, while education in the health system is based on the assumption of structuring and regularizing the role of education within the scope of health.

Machado and Wanderley (n.d., p. 6) emphasize that:

> Continuing Health Education (EPS) starts from the assumption of meaningful and problematizing learning, proposing strategies that enable collective construction, in addition to guiding paths towards a dialogical and horizontal relation, in which each protagonist of the SUS (workers, users and managers) can share, teach and learn, build and deconstruct conceptions, ideas and concepts about health, its production and operation and its roles.[7]

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[7] In the original: "A Educação Permanente em Saúde (EPS) parte do pressuposto da aprendizagem significativa e problematizadora, propondo estratégias que possibilitam a construção coletiva, além de nortear caminhos para uma relação dialógica e horizontal, em que cada protagonista do SUS (trabalhadores, usuários e gestores) possa compartilhar, ensinar e aprender, construir e desconstruir concepções, ideias e conceitos acerca da saúde, de sua produção e operação e de seus papéis".

However, the act of health educating should not be limited to SUS precepts, but should be extended to several other existing public policies, such as social assistance, education, culture, sports and leisure, for example, in addition to public security. This is due to the fact that, when health promotion is addressed, it presupposes guaranteeing the quality of life and well-being of the population, and, regarding the health of individuals, several Social Determinants of Health (SDH) interfere, such as socioeconomic conditions, housing, basic sanitation, food, employment and other essential issues for human survival (Ribeiro, Aguiar & Andrade, 2018).

Popular Education on Health (PEH), as a public policy established in 2013, according to the National Permanent Health education policy (PNEP-SUS) proposes the promotion, protection and recovery, through the dialogue between the diversity of knowledge, valuing popular knowledge, ancestry, knowledge production and the insertion of these aspects in the Unified Health System (SUS). The applicability of this policy has four important axes, namely, social participation, social control and participatory management; training, communication and knowledge production; health care; intersectoriality - work between sectors - and multicultural dialogues (Brazil, 2017).

Health educating, as highlighted by Falkenberg et al. (2014), demands from the professional an expanded look at the subject's context and a broad and close knowledge of the territory, so that the realities in which they live can be observed. Health education must not operate in a closed space, but must meet the public and their demands. Promoting a participatory space in which individuals become social agents and actors is essential, so that the work in the territory can obtain results, through a democratic process in which there is social justice.

The Health Promotion and Culture of Peace Workshop enabled teenagers to have their first contact with the terms and to see how close to their realities they could be. The aim was for them to experience the process and to see the different ways of doing health.

The National Health Promotion Policy (PNPS) establishes in its priority themes:

> Promotion of a culture of peace and human rights, which includes promoting, articulating and mobilizing actions that encourage coexistence, solidarity, respect for life and the strengthening of bonds, for the development of social technologies that favor conflict mediation, respect for diversity and differences of gender, sexual orientation and gender identity, between generations, ethnic-racial, cultural, territorial, social class and related to people with disabilities and special needs, guaranteeing human rights and fundamental freedoms, articulating the RAS [Health Care Network] with the other social protection networks, producing qualified information capable of generating individual and collective interventions, contributing to the reduction of violence and to the culture of peace (Brasil, 2014, p. 23).[8]

It is within the Health Care Network (RAS) that health education and its process are installed; however, this applicability must be in line with the demands of the group to be assisted: the terms to be used, the experiences to be understood, the difficulties encountered and the knowledge built there, and, finally, a systematic evaluation of the results obtained, if any.

The central theme of the study addressed here focused on the culture of peace and health promotion through categories. In each category, realities and experiences were addressed. Each participant was coded in a way that they could be identified, according to their statements. The letter P, followed by a number, represented each adolescent, the letter M, followed by a number, stood for

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[8] In the original: "Promoção da cultura da paz e de direitos humanos, que compreende promover, articular e mobilizar ações que estimulem a convivência, a solidariedade, o respeito à vida e o fortalecimento de vínculos, para o desenvolvimento de tecnologias sociais que favoreçam a mediação de conflitos, o respeito às diversidades e diferenças de gênero, de orientação sexual e identidade de gênero, entre gerações, étnico-raciais, culturais, territoriais, de classe social e relacionada às pessoas com deficiências e necessidades especiais, garantindo os direitos humanos e as liberdades fundamentais, articulando a RAS [Rede de Atenção à Saúde] com as demais redes de proteção social, produzindo informação qualificada e capaz de gerar intervenções individuais e coletivas, contribuindo para a redução das violências e para a cultura de paz".

mothers and the letter F, followed by a number, for fathers, with only one father participating in the research.

The first category was the "family" and its representation for each adolescent. Some of them found it difficult to give meaning to this term, that is, a meaning beyond the word itself, but the proximal relationship or not with the word in everyday life. Fragmented and broken family relationships demonstrate an often perverse scenario for the adolescent, through the construction of bonds and future relationships. It is also important to consider that the constitution of the subject is an understanding of the sum of the internal and the external, and that there is a cyclical interaction of internalization and externalization in relation to the environment.

> P11: My father and my mother. It is important because it is good, right.
> P1: My mother and my sister. She gives me structure, right.
> P5: I didn't know him. My father abandoned me when I was a little boy.
> P6: I live away from my father because he is in prison. Otherwise, we were supposed to be together.

The statements portray those who managed to define, according to their conceptions, what family meant for them. In most families, it was the mother who represented the centrality and the financial and affective support. As pointed out by Ramires and Falckes (2018), broken and fragmented bonds directly affect adolescent development and their relationships. The way they will fit into groups, how they will relate to the environment, how the process of interaction with laws and social values will be and how the father's absence may or may not impact their lives, due to the fact that they felt the lack of parents, who, in some cases, were unknown. Understanding families makes it possible to understand the subjects' ability to bond and how they can be approached by health, educational and socio-assistance services.

The category "violence" pointed to the experiences of violations of rights and risk situations with which they lived. Some examples are family conflicts, prejudice, social exclusion, police violence, trafficking and its functioning and the fact that they do not use the public services present in their neighborhoods, such as the Basic Health Units (UBS) and the Reference Centers for Social Assistance (CRAS). Violence is a cycle that tends to increase if fueled by negligence, the denial of rights and the absence of an established social justice.

> M1: Before I even came, the police picked up my son, who was sitting at the door of the house, listening to music with headphones.
> M4: I saw when they got P4. His face was all swollen. They hit him in the face. And they said to P4: if you say we hit you, we'll come back. So, then it creates an outrage in them. Are they wrong? They are not right. But it ends up creating an outrage in them.
> P2: When the guy punches his hand in your face "right!" [When does violence occur?].
> P1: And verbal [Types of violence].
> P: And when do you experience this? [Situations of violence].
> P1: Anywhere, anywhere.

Belga, Silva and Sena (2017) point out that violence remains installed in the territories and that in different situations there is not a confrontation to it, but a repressive and punitive action that strengthens it. An infraction act committed by an adolescent is just a symptom of a society that falls ill in the face of vulnerabilities and denial of rights. Thus, adolescents exposed to several risk factors and that question their own lives.

The relations established with trafficking as a form of income, as opposed to the legal labor market, are an example, although there is the law of legal learning. In addition to the use and dependence on alcohol and drugs, such as marijuana, which are sold by themselves. The capitalist system brings into play the adolescents' desires, their socioeconomic condition and the lack of opportunities - experiencing social exclusion, which is also configured as a form of violence.

The "services available in the territory", which was another category, were worked out using maps of the city where they live. The intention was for them to observe the space and mark the services present, besides telling about the neighborhood and its characteristics. A few examples are Basic Health Units (UBS), the Reference Centers for Social Assistance (CRAS), schools, sports courts, squares and other spaces that could be used by adolescents. Although there are services, non-access to these spaces is constant. There is no movement on the part of the services so that they can reach this public and spaces such as courts and squares, which are permeate by the domain of trafficking and the constant presence of the police.

> P1: These people have a lot of prejudice. If you go somewhere, and the person asks where you live, and you say I live in such a neighborhood, the way they look at you already changes.
> P2: Not too. It has no equality. The son of the rich is not treated like the son of the poor. It makes us feel more insecure. It's what makes us insecure. Yeah, we have no freedom.
> M4: I think it lacks more leisure. More space for children and young people to play.
> M12: I think there it is necessary one, like this, something like this to be accompanying them, especially this age range of 14 to 16 years old. Or even between 11 and 12 years old and up. On the neighborhood. Because there, there is a place where you can set up a workshop for teenagers.

As Alvarenga (2012) points out, the lack of access to public services and public policies, constitutes a denial of rights that make social exclusion and social inequality even greater. The adolescent experiences prejudice for living in a certain neighborhood and this is even accentuated when looking for a job. And yet, the services barely include this population, which only gets broader attention when they are being monitored, having already committed the infraction act.

When talking about promotion and prevention, aspects prior to the execution of the infraction come to mind. Public services must guarantee these subjects the means to develop properly, as required by the Child and the Adolescent Statute (ECA), and to access all spaces; in addition, professionals need to be prepared to work with this population, remembering that this action should not be limited and must cross several social, economic and cultural boundaries (Brasil, 1990, Carmo & Guizardi, 2018).

In the "adolescent rights and duties" category, the Child and the Adolescent Statute (ECA) was studied with the adolescents, as a reference for rights and full protection and the duties of adolescents towards their families and the community environment. In this group, questions arose regarding the absence of freedom and the differences that, according to them, exist in the attention and approach to people with different socioeconomic classes.

> P1: Sometimes you're going and you don't even come back. You just go.
> P1: Back at the [institution] ... the "bagui" was more massive, it was lower. If there were three employees and you were going to pass close to the three, you had to tell them yes sir three times, because, otherwise, you would immediately take a slap already. And if you were giving a lot of trouble, the guys would take you out of the conviviality and take you to the tranca and that was it, you would get beat up in the tranca. Sometimes the homies came back even breathless.
> P2: The lunchbox I hit the fork it had soon a "stake" and the thing didn't even pierce. I got there in the corner, gathered, lay down and woke up at dawn, the "bagui" pulling my mattress it looked like a cat. I didn't even have the courage to "pá" the "bagui". I lay on my side and stayed quiet.
> P5: Some "monstruous" rats.

The health education process also involves a social education that guarantees subjects to know and understand the laws that protect them. ECA needs to be accessible to all children and adolescents, whether in schools, or in other spaces that aim to guarantee and promote the rights of this population. If a teenager knows his rights, hence he knows his duties to society. Although they demonstrate difficulties in understanding the law and obeying it, they transgress it not to be punished or repressed, but to be understood socially, because they portray a scenario in which public policies are not being

applied correctly and actively, where individuals find themselves unprotected (Brazil, 1990; Dupret, 2002).

The "social relationships", established in the fifth category, demonstrated how the adolescents' relationships are built both within the family environment, and with the external environment such as friends and possible partners in a relationship. They say they have few friends and that relationships with partners were always troubled and considered difficult by adolescents. In the group, only one of them was dating, but much of them had already had some romantic relationship.

> P8: Friend is the one that is daily with you, teacher.
> P2: It has to be a guy who pá. Be present at the best and lowest hours as well.

Sânchez (2012) points out that the social relationships that are built by adolescents, through a phase in which they are inserted in different groups outside the family environment, demonstrate new characteristics of the individual in mediating their "self" and the environment around them. It is a continuous process of projection and introjection around personal and group thoughts and values.

In the last category, addressing the "culture of peace", the adolescents were able to establish how much the whole process and the previous categories were listed with the culture of peace and health promotion. The culture of peace only becomes possible in the process of health educating and socially educating the subjects, since it occurs in the mediation of conflicts, in the effective application of public policies, in intersectoral work within the care networks and in recognition of individuals as social actors who must participate in decision-making processes, within the democratic and discursive environment built by empowerment, which is the space for discourse between subjects, and for equity, which proposes to serve each individual according to their personal needs (Cabral & Gothardo, 2014, Mendes, Fernandes & Sacardo, 2016).

> All of them: It was great to be here, teach', and to participate.
> P10: In my previous group it was just me, and this one has more people and it was cooler too.
> All of them: We learned a lot.

As pointed by Falkenberg et al. (2014), health education involves three segments of social actors that are necessary for it to happen. Health professionals - not only them, but through the concept of intersectoral network - must value promotion, prevention and curative practices. Managers are responsible for assisting and supporting professionals. And finally, the involvement of the population, who need to build their knowledge and increase their autonomy in care, individually and collectively. However, it is necessary to observe the present gap between theory and practice, considering what the policies foresee and what is actually put into practice.

Full protection for children and adolescents, as established in the ECA (Brazil, 1990), is only possible when policies become effective and are applied, so as to guarantee the rights and protection of these two groups, as established by the System of Guarantee of Rights of the Children and Adolescents (SGDCA) (Nunes, Ferriani, Malta, Oliveira & Silva, 2016). Health education means respecting diversity and recognizing groups as a source of knowledge, mediated by their social relationships and the constant construction of subjects. Dolto (2004) highlights that adolescence is a phase of human development and, therefore, the criterion that the adolescent must be approached as a developing subject, that is, a constant transformation must be taken into consideration, even if there is no sociocultural framework that understands it as an important phase in this journey.

No policy works without education and knowledge. Zecchin and Andrade (2017) observe that education is liberating, allowing the individual to understand the same world and its different realities. When adolescents address an absence of freedom, they emphasize, in addition to a real (dis)protection, an absence of knowledge about their rights and a relation of misunderstanding about the laws and what they configure. The same "law" that punishes failed to protect.

The culture of peace becomes, through health education and health promotion, one of the means to face violence and prevent infraction acts. The mediation of these conflicts becomes an essential instrument, enabling empowerment, through a dialogical and democratic space, and considering the risk factors and the vulnerability with which this population lives. Social Determinants in Health must also be addressed in order to meet the needs and demands of the subjects in an equitable way, understanding each reality and each demand individually, but expanding the service and attention to the collective. Access must be for all, according to the principle of universality, which guarantees care regardless of race, creed, sex, gender, ethnicity, socioeconomic status and nationality.

Final considerations

The culture of peace proposes, in its essence, that discourses permeated by violence, then, be spaces of discourse for peace. The reach of this is only possible when there is the mediation process between conflicts, social justice, equity, universality and empowerment, seen not as a way of giving power, but as a dialogical space for the construction of knowledge. A peaceful culture enables a healthy and sustainable environment, seeking to invest in fair public policies and in the active participation of the population in each action and in each debate.

Health education then requires interdisciplinary and intersectoral work, with an aim of working together between public policies. Educating requires a network that works observing all the needs of the people to be served, so that all demands are addressed. A safety net is necessary, allowing in it the construction of knowledge and respect for different experiences and realities. All actions must understand the socioeconomic and cultural aspects, allowing real attention to this population.

The study pointed out that the culture of peace can be a guideline for the prevention of the infraction act and the violence, considering the fact that the adolescents recognized through their speeches and experiences the importance of the concepts and the need to invest in public policies, beyond public security, such as health, traffic and sports and leisure areas. As for the service, it is pointed out the high demand and the small number of reference technicians available for this service, which generates an overload of professionals. Another parameter to be pointed out is the preparation of professionals for this service and the need for health and education policies in particular to work effectively with social assistance, which is overloaded in this monitoring. Public policies must leave their physical spaces and go to the homes, transforming the territory, as a whole, into a space for intervention and participation by all.

This research presents only a small reality, given the small number of participants (n. 12), the small number of professionals serving these adolescents, the city having a population of about eighty thousand inhabitants only and not representing the Brazilian scenario - this should serve as an impulse for other researches to emerge within Brazil and in its diverse realities. Attention to the adolescent population in conflict with the law must be taken in order to guarantee them the rights already established by the Child and the Adolescent Statute (ECA) and to strengthen the institutions and professionals that serve this public. Knowledge must be an exchange of all professionals, managers, families and individuals involved in the fulfillment of socio-educational measures. The guarantee of rights is only possible in a collaborative and participative work of all involved.

Finally, health promotion, which encompasses the culture of peace and health education, occurs when all these concepts come together and when they are applied collaboratively. When you educate in health, you implement peace and promote health. The National Health Promotion Policy must be strengthened and involve the population within a democratic and participatory system, in order that the Sustainable Development Goals are achieved and that there are healthy and sustainable environments which help the adolescent population in compliance with the socio-educational measure and understanding the various vulnerabilities that affect them. And these changes only happened with the constant incentive to researches that encompass contemporary social constructions.

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