



Nurses' work processes with young people vulnerable to syphilis: University experience in the care dimension

Processo de trabalho de enfermeiras com jovens vulneráveis à sífilis: Experiência universitária na dimensão assistencial

Procesos de trabajo de las enfermeras con jóvenes vulnerables a la sífilis: Experiencia universitaria en la dimensión de cuidado

Laís Gabriela da Silva Neves¹

Arthur da Silva Costa Pedroza¹

Luiz Fernando Almeida Machado¹

Eliã Pinheiro Botelho¹

Glenda Roberta Oliveira Naiff Ferreira¹

1. Universidade Federal do Pará, Programa de Pós-Graduação em Enfermagem. Belém, PA, Brasil.

ABSTRACT

Objective: to report on the experience of students and faculty in the nursing work process, in the care dimension, directed toward young people vulnerable to syphilis at a public university health center. **Method:** this experience report was conducted at the Respectus Health Center of the School of Nursing, Federal University of Pará. The center is composed of faculty, undergraduate students, and *stricto sensu* graduate nursing students. In the care dimension, the experience presents the nursing work process with young people vulnerable to syphilis who live in a region with precarious social and health indicators. **Results:** an instrument was adapted and applied to screen young people vulnerable to syphilis and other sexually transmitted infections, with the results guiding the most appropriate care for each person's needs. The work method and products developed contribute to syphilis prevention through early detection and to the training of nurses. **Conclusions and implications for practice:** the nursing work process, in the care dimension, is the result of the interaction among the dimensions of administering, teaching, researching, acting politically, and engaging with the community.

Keywords: Primary Health Care; Equity; Nursing; Work; Syphilis.

RESUMO

Objetivo: relatar a experiência de estudantes e docentes no processo de trabalho em enfermagem, na dimensão assistencial, voltado a jovens vulneráveis à sífilis em um Polo de Saúde de uma universidade pública. **Método:** relato de experiência realizado no Polo de Saúde Respectus, da Faculdade de Enfermagem da Universidade Federal do Pará. O Polo é composto por docentes, estudantes de graduação e pós-graduação *stricto sensu* em Enfermagem. Na dimensão assistencial, a experiência apresenta o processo de trabalho da enfermeira voltado a jovens vulneráveis à sífilis, residentes em uma região com precários indicadores sociais e de saúde. **Resultados:** foi adaptado e aplicado um instrumento para rastreamento de jovens vulneráveis à sífilis e outras infecções sexualmente transmissíveis, cujo resultado direcionou para o cuidado mais adequado à necessidade de cada pessoa. O método de trabalho e os produtos elaborados contribuem para a prevenção da sífilis, detecção precoce e para a formação do enfermeiro. **Conclusões e implicações para a prática:** o processo de trabalho da enfermeira, na dimensão assistencial, resulta da interação das dimensões administrar, ensinar, pesquisar e agir politicamente, devendo considerar as especificidades das pessoas e da comunidade.

Palavras-chave: Atenção Primária à Saúde; Enfermagem; Equidade; Trabalho; Sífilis.

RESUMEN

Objetivo: reportar la experiencia de estudiantes y docentes en el proceso de trabajo en enfermería, en la dimensión del cuidado, dirigido a jóvenes vulnerables a la sífilis en un centro de salud universitario público. **Método:** este relato de experiencia se llevó a cabo en el Centro de Salud Respectus de la Escuela de Enfermería de la Universidad Federal de Pará. El centro está compuesto por docentes, estudiantes de pregrado y estudiantes de posgrado *stricto sensu* en enfermería. En la dimensión del cuidado, la experiencia presenta el proceso de trabajo en enfermería con jóvenes vulnerables a la sífilis que residen en una región con indicadores sociales y de salud precarios. **Resultados:** se adaptó y aplicó un instrumento para la selección de jóvenes vulnerables a la sífilis y otras infecciones de transmisión sexual, cuyos resultados orientaron el cuidado más apropiado según las necesidades de cada persona. El método de trabajo y los productos desarrollados contribuyen a la prevención de la sífilis mediante la detección precoz y a la formación de profesionales de enfermería. **Conclusiones e implicaciones para la práctica:** el proceso de trabajo en enfermería, en la dimensión del cuidado, es resultado de la interacción entre las dimensiones de gestión, docencia, investigación, acción política y vinculación con la comunidad.

Palabras clave: Atención Primaria de Salud; Enfermería; Equidad; Trabajo; Sífilis.

Corresponding author:

Glenda Roberta Oliveira Naiff Ferreira.
E-mail: glendaf@ufpa.br

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INTRODUCTION

In Brazil, adolescents and young adults up to 30 years of age who are sexually active comprise a priority population for sexually transmitted infection (STI) screening. This criterion is independent of gender, sexual orientation, and socioeconomic status, with prioritization based solely on age group.¹ This approach operationalizes the principle of equity within the organization of healthcare services in the Brazilian Unified Health System (SUS).^{1,2}

Comprehensive and free access to preventive and control services for syphilis is a right guaranteed to all individuals through SUS, the country's main public health policy.¹ Despite progress, the high incidence of syphilis reveals gaps in strategies for screening, timely diagnosis, and therapeutic follow-up. These care practices fall within the nursing scope and are essential for populations in situations of vulnerability.³⁻⁵

Within the context of SUS public health policies, nurses ensure the implementation of the principles of universality, comprehensiveness, and equity by utilizing protocols and tools for the prevention and control of syphilis in vulnerable populations. By identifying those most at risk, nurses can plan and implement individualized care actions and preventive measures to address syphilis and other health needs.^{1,6-8} In the scope of nursing practice in Primary Health Care (PHC), activities include collective educational actions: pre- and post-counseling, rapid testing, and autonomy in diagnosing and treating syphilis.^{9,10}

In the care dimension, the nurse's work process comprises the object, agents, instruments, objectives, and methods of practice.¹¹ In this context, the research question is: how was the nursing work process organized and operated in the care dimension for youth vulnerable to syphilis at a university health center in the Amazon region? Actions for the prevention and control of syphilis align with Sustainable Development Goal 3: Good Health and Well-Being.¹² The objective of this study was to report the experiences of students and faculty in the nursing work process, focused on the care dimension, directed towards youth vulnerable to syphilis at a health center of a public university.

METHODS

This study is characterized as a descriptive experience report centered on the nursing practice at the Respectus Health Center of the Federal University of Pará (UFPA). The reported experience covers the period from November 2024 to July 2025, during which extension services specifically targeting young people linked to a research project were initiated.

The Respectus Health Center is located within the UFPA campus in Guamá, Belém, Pará, in the northern region of Brazil. The state of Pará comprises 144 municipalities and has a population of 8,120,311, including 135,603 self-identified quilombolas.

Despite its large territorial extension (1,245,828.829 km²), the Human Development Index is 0.69, ranking 23rd in the country; the per capita monthly nominal household income is BRL 1,344.00, and it holds the 25th position in the Basic Education Development Index.^{13,14} These indicators demonstrate the social vulnerability of the population. In 2024, the capital of Pará (Belém) reported the second-lowest acquired syphilis detection rate in the country, with 57.3 per 100,000 inhabitants; however, it ranked first in congenital syphilis incidence (27.9 cases per 1,000 live births).¹⁵ In July 2025, PHC coverage in the capital was 71.61%.¹⁶

The Respectus Health Center began its activities in 2022, initially operating in a commercial center in downtown Belém, near the Ver-O-Peso market. In 2023, activities were transferred to the UFPA School of Nursing. In 2024, specific actions were planned and implemented to prevent and control syphilis among young people up to 30 years old in situations of socioeconomic vulnerability, LGBTQIAPN+, and quilombolas. This extension project, coordinated by the School of Nursing, is linked to the Graduate Program in Nursing (PPGENF) and formalized within the Institute of Health Sciences.

The university's threefold mission is ensured at Respectus Health Center by integrating undergraduate and master's level teaching in Nursing; research (scientific initiation projects and dissertations); and extension, delivered through multidisciplinary care teams (physicians, nurses, and psychologists). This center served as the data collection site for the macroproject *Saúde de populações vulneráveis da Amazônia: educação, gestão e práticas de cuidado individual e coletivo* [Health of vulnerable populations in the Amazon: education, management, and individual and collective care practices], funded by Notice No. 14/2023 of the Coordination for the Improvement of Higher Education Personnel.

This experience report focuses on actions for the prevention and control of syphilis among young people up to 30 years old, in accordance with the Clinical Protocol and Therapeutic Guidelines (PCDT) for STIs.¹ Inclusion criteria were: being 18–30 years old; undergoing rapid testing for detection of *Treponema pallidum* markers; and self-identification as quilombola, LGBTQIAPN+, or being in a situation of socioeconomic vulnerability. Exclusion criteria were alcohol or illicit drug use at the time of care and receiving services at the center other than rapid testing for *T. pallidum* markers.

Clients are seen on a walk-in basis, and outreach is conducted through activities on the UFPA campus, via the Respectus Health Center's Instagram account, initiatives at other universities through academic associations, research groups linked to the project, and distribution of leaflets at specific events such as LGBTQIAPN+ entrepreneurship fairs. Figure 1 presents a flowchart of the activities performed and the related referrals.

As this is an experience report by the authors, ethics committee approval was not required.

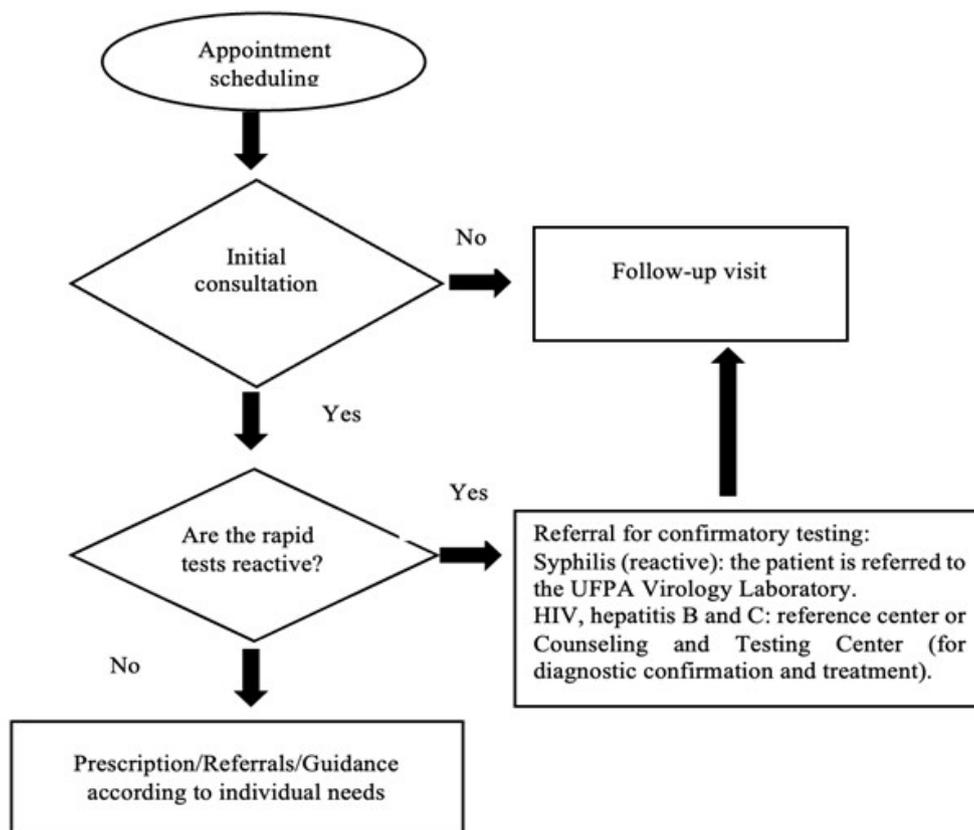


Figure 1. Activity flowchart of this study.

RESULTS

The experience of students and faculty at the Respectus Health Center is presented according to the care dimension components of the nursing work process.

Object of this study

The young population attended met the described criteria. LGBTQIAPN+ individuals were defined as self-identified, including transgender persons, genderqueer, gender-fluid, nonbinary persons, individuals in the process of gender questioning, lesbians, gays, bisexuals, pansexuals, asexuals, and other non-heterosexual identities.^{17,18}

Socioeconomically vulnerable individuals were those classified as belonging to classes C2, D, or E according to the Brazil Criteria of the Brazilian Association of Research Companies, based on studies associating these lower socioeconomic strata with increased occurrence of syphilis and coinfections.^{19–21}

Quilombola status was determined by self-identification, following the Brazilian Institute of Geography and Statistics' definition: "quilombola communities are ethnic groups defined by self-identification, with their own historical trajectory, specific territorial relations, and presumed Black ancestry related to historical resistance to oppression."²²

Agents

During the reporting period, the care team focusing specifically on vulnerable youth consisted of five nurses (two undergraduate professors and three master's students from PPGENF). When necessary, the team included one physician and two psychologists. The support team comprised 15 undergraduate nursing students, including nine research fellows connected to scientific initiation projects.

Instruments

The instruments used by the nurses included scientific knowledge of anatomy, physiology, pharmacology, immunology, microbiology, health education, health policy, service management, and care coordination. Appointment scheduling used a project-specific phone number provided for this purpose.

The physical space consists of a room with five designated areas: reception, two individual consultation rooms, an area for examination collection and rapid testing, and a storage area for materials. Equipment and materials include tables, chairs, cabinets, a computer, an examination couch, a blood collection chair, and handwashing sinks. Supplies encompass rapid tests for *T. pallidum*, HIV, and hepatitis B and C markers; blood collection materials such as vacutainer tubes, syringes,

needles, scalpels, and vacuum collection systems; as well as consumables for sample processing and transport, including pipette tips, microtubes for centrifugation, polystyrene, and gel packs. The center also uses its own printed forms. Records and documents are stored in folders locked in a cabinet.

METHODS

Figure 1 shows the simplified workflow at the center. Six scientific initiation volunteers perform outreach through direct (face-to-face) interaction at universities, fairs, events, public squares, and with non-governmental organizations, as well as via the project’s Instagram account.

Scheduling is managed via WhatsApp® by a team of nine scientific initiation fellows. Appointments are scheduled according to walk-in demand as young people request the services offered at the center. Only the full name and telephone number are required at the time of scheduling.

The first appointment is conducted by nurses, master’s students, and faculty associated with PPGENF at UFPA. There are specific protocols for the initial nursing consultation and follow-up. The work method is based on the Nursing Process.²³ For this care activity, an instrument (Chart 1) was developed and implemented, referencing the PCDT for STIs¹ and guided by vulnerability dimensions as proposed by Ayres et al.²⁴

Based on the needs identified, guidance is provided on access to PHC services and the prevention of STIs/syphilis, in addition to nursing care provided at the center itself. After the application of the instrument (Chart 1), rapid tests for syphilis (*T. pallidum*), HIV, and hepatitis B and C are offered. A trained nurse provides pre-counseling, performs the test, and delivers post-counseling.

When a reactive result for syphilis is obtained via rapid test, a blood sample (5 mL) is collected for processing and analysis at the UFPA virology laboratory. Confirmation is conducted using a non-treponemal rapid plasma reagin test, with results issued by laboratory biomedical professionals. For other reactive tests, the nurse refers the individual to the reference service. All reactive cases are reported and referred for treatment.

If the nurse identifies a lack of knowledge regarding PrEP or PEP, they provide guidance on inclusion criteria for free access to medication in the public health network and indicate dispensing locations. PrEP criteria include: request or desire to use it; anal or vaginal sexual practices involving penetration with no or inconsistent condom use; frequent sexual relations with casual partners; number and variety of sexual partners; history of STIs; repeated recourse to PEP; partner(s) living with HIV with detectable viral load; sex in exchange for money, goods, drugs, or housing; engagement in sex while using chemical substances

Chart 1. Care management instrument for youth vulnerable to syphilis.

Questions and answers	Care
SCREENING	
Age (years)	
Sexual orientation (heterosexual; bisexual; gay/lesbian; asexual; pansexual).	
Gender (cis woman; cis man; trans man; trans woman; transvestite; non-binary).	
Type of sexual partner – check all that apply (woman; trans woman; transvestite; man; trans man; not applicable – has never had sexual intercourse).	
Have you ever had a syphilis test with a reactive [positive] result? (no; yes – when?).	
How many times have you been diagnosed with syphilis?	
The last time you were diagnosed, were you cured after treatment? (yes, I was treated and discharged by a nurse; I was treated and discharged by a physician; I completed treatment but did not return to the physician for discharge; I did not undergo treatment).	
Have you had a free rapid HIV test? (never tested; every six months; once a year; at each visit to the health service; other).	
Was the rapid HIV test performed based on a nurse’s recommendation? (yes; no).	
Have you had a free rapid test for syphilis? (never tested; every six months; once a year; every three months; other).	
Was the rapid syphilis test performed based on a nurse’s recommendation? (yes; no).	
Have you had a rapid test for Hepatitis B (yes; no; I do not remember)	
Have you had a rapid test for Hepatitis C (yes; no; I do not remember)	
	Provide counseling on the recommended frequency and eligibility criteria for rapid tests, and perform rapid testing for syphilis, HIV, and hepatitis B and C.

Chart 1. Continued...

Questions and answers	Care
SAFE SEX	
<p>With your steady partner, how often do you use condoms during sexual intercourse? (every time; we never use them; less than half the time; more than half the time; do not know).</p> <p>Do you have a regular sexual partner – a relationship with a single partner in the last six months? (yes, with a man; yes, with a woman; no).</p> <p>Type of condom used (external/male; internal/female; both; not applicable).</p> <p>In the last 12 months, have you had a casual sexual partner? Even when you have a steady partner, do you have sexual intercourse with another person? (yes; no; prefer not to answer).</p> <p>Number of casual sexual partners in the last 12 months (1; 2; 3 to 5; 6 to 8; more than 8; not applicable).</p> <p>Did you use condoms during sexual intercourse with a casual partner? (yes, every time; yes, sometimes; no; prefer not to answer; not applicable).</p>	<p>Provide counseling and distribute condoms to everyone.</p>
<p>Besides condoms, which other contraceptive method(s) do you know? (internal condom; oral contraceptive pill; injectable contraceptive; intrauterine device; skin patch; subdermal implant; other; I do not know any).</p> <p>Do you have access to the contraceptive methods you use or are considering using (I do not have access; yes, I can buy them on my own; yes, I have free access through the health service or university/college; yes, through both means - purchase and free service; yes, through other means; not applicable)</p>	<p>Provide counseling on contraceptive methods and on how to access them in PHC services.</p>
<p>Have you ever received information or counseling about pre-exposure prophylaxis (PrEP) – the use of antiretroviral medications by people who do not have HIV to remain HIV-negative? (yes; no; I do not remember).</p> <p>If yes, what was the source? (nurse; other health professional; TV; radio; social media; internet; university; someone told me about it; lecture; other).</p> <p>Do you use or have you ever used PrEP? (yes, I currently use it; yes, I used it in the past; no, but I am considering using it; no, and I am not interested in using it).</p> <p>For how long have you used or did you use PrEP? (less than 6 months; between 6 months and 1 year; between 1 and 2 years; more than 2 years; not applicable).</p>	<p>Provide counseling on the eligibility criteria for PrEP and PEP and on how to access services that provide these medications.</p>
<p>Have you ever received information or counseling about post-exposure prophylaxis (PEP) – the use of antiretroviral medications to prevent HIV infection after a risk exposure, such as sex without a condom, condom breakage, or sexual violence? (yes; no; I do not remember).</p> <p>If yes, what was the source? (nurse; other health professional; TV; radio; social media; internet; university; someone told me about it; lecture; other).</p> <p>Have you ever used PEP? (yes, I used it recently; yes, I used it in the past; I have never used it).</p> <p>For how long have you used or did you use PEP? (less than 6 months; between 6 months and 1 year; between 1 and 2 years; more than 2 years; not applicable).</p>	<p>Provide counseling on the criteria for dispensing PEP and on access to dispensing services.</p>
<p>Have you been vaccinated against human papillomavirus (HPV)? (1 dose; 2 doses; 3 doses; I do not remember; I have not been vaccinated).</p> <p>Have you been vaccinated against hepatitis B virus (HBV)? (1 dose; 2 doses; 3 doses; no; I do not remember).</p> <p>Have you been vaccinated against hepatitis A virus (HAV)? (1 dose: yes; no; I do not remember).</p>	<p>For those who are not vaccinated, provide counseling on the criteria and pathways to access these vaccines.</p>
<p>Do you undergo cervical cancer screening (Pap smear) regularly? (yes, annually; yes, every 2 years; yes, every 3 years; yes, every 4 years; I have never had this test).</p>	<p>For those who do not undergo annual screening, provide counseling on the criteria for screening and on how to access primary health-care services.</p>

(chemsex); sharing needles/syringes or other injectable drug equipment; partner(s) with unknown HIV-1 status; and the presence of any of these factors.²⁵

When necessary, referrals are made to other public health services, within the university itself, and at two other higher education institutions, one public and one private. In these situations, the nurse refers the individual for basic laboratory tests and provides information on accessing medical specialties within the public health system and private universities, such as gynecology, psychiatry, endocrinology, and gastroenterology.

Outputs

The main output is increased knowledge on the prevention and control of syphilis through rapid testing, especially for syphilis. The project developed flowcharts and a screening instrument adapted from the PCDT, applied to identify populations vulnerable to STIs and syphilis. Considering the needs of vulnerable youth in the Amazon, a virtual booklet will be developed for STI prevention and control, with an emphasis on syphilis, based on infection indicators in Belém.¹⁵ The research group will also produce 15 Board games for educational interventions in communities. The results of the associated research project will be published in a scientific journal.

DISCUSSION

The Respectus Health Center serves as a privileged space for education, training, and ethical qualification of nurses in caring for populations in situations of vulnerability. By facilitating direct interaction with individuals and their social, cultural, and territorial contexts, it supports the development of competencies necessary for professional practice committed to equity and social justice.² Health care actions require the integration of technical-scientific knowledge with the ability to recognize others in their entirety, an approach fostered in critical training environments such as the Respectus Health Center.

Regarding programmatic vulnerability, by prioritizing nurse training centered on person-focused care, the Respectus Health Center's activities help reduce barriers to access—whether related to the distance between communities and primary health care units or the welcoming of the LGBTQIAPN+ population. In this sense, the Respectus Health Center also serves as a space to address prejudice and obstacles to health care for this population. The National Policy for Integral LGBT Health emphasizes the need for training free from stigmas and LGBTphobia, promoting practices that ensure the right to health with dignity, respect, and acceptance.^{26,27} Thus, experience in the Respectus Health Center contributes not only to technical training but also to the consolidation of an ethical and humanized posture, grounded in the principles of the SUS and highlighting equity.

Furthermore, the establishment of referral and counter-referral flows integrates the extension project into the service network and organized civil society, facilitating early detection of STIs, particularly syphilis in Belém and Pará, where the high incidence of congenital syphilis underscores the need to intensify detection among sexually active populations.¹⁵ At the programmatic level, the

Federal Nursing Council expanded the scope of nurses' practice in syphilis prevention and control, authorizing nurses to perform and issue reports for rapid tests, as well as conduct pre- and post-test counseling.¹⁰ This expansion increases access to early diagnosis and, consequently, timely treatment and interruption of transmission chains.¹

This context demonstrates that nurses require work processes beyond direct care. Managerial aspects of care and referral flows within the health network demand administrative processes, while engagement with non-governmental organizations entails political action.¹¹

Individually, vulnerability related to limited knowledge about available and free services in PHC and other SUS services is reduced. The initiative also enhances young people's awareness of STI prevention. Studies indicate that, in contexts of vulnerability, youth exhibit risk behaviors for syphilis and other STIs, contributing to high prevalence rates in this age group.^{28,29} Hence, nurses play a fundamental role in preventive actions against syphilis, as well as in diagnosis, treatment, and post-treatment follow-up.³ Nursing care practices, such as ordering tests and prescribing medication, are routinely performed in PHC.⁴

Given that this is an extension project linked to research and implemented in a region with disparities in the number of masters and doctors, the project also mobilizes the dimensions of administration, teaching, and research, which are integral to nursing work processes.¹¹ The initiative contributes to the formation of a critical mass contextualized to the Amazonian reality and promotes the production of knowledge directed at problems affecting the most vulnerable populations in these regions, marked by unfavorable indicators of syphilis and social metrics.¹⁵

The development of care protocols, flowcharts, and educational materials based on the needs and context of these populations supports the training of undergraduate and master's students. The combination of strategies recommended by the Ministry of Health for youth and the adaptation of nursing anamnesis to the population strengthen specific care actions. Utilizing person-centered protocols that are attentive to social indicators in vulnerable contexts and to social determinants of health, especially among youth and historically neglected subgroups such as the LGBTQIAPN+ population, strengthens care continuity and the strategic role of nursing in responding to syphilis and other STIs.^{1,27}

CONCLUSION AND IMPLICATIONS FOR PRACTICE

The nursing work process, from a care perspective, results from the interaction of administration, teaching, research, and political action. Developing care practices based on clinical and screening protocols for STIs enhances the prevention and diagnosis of syphilis in this priority population. The role of the Respectus Health Center in training professionals sensitive to the specificities of these groups is also evident, contributing to the humanization of care, reduction of access barriers, and realization of the principles of equity and social justice.

By integrating education, research, and extension, the initiative strengthens nurse training aimed at reducing prejudice, stigma, and access barriers faced by subpopulations. These strategies are especially relevant to nursing education in the Amazon region, which has historically shown disparities compared to other regions of Brazil. Because it was implemented at the university, the study's limitations include its restriction to faculty and students and the assessment of long-term implementations.

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DATA AVAILABILITY RESEARCH

The data underlying the research text are contained within the article.

CONFLICT OF INTEREST

No conflict of interest declared.

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AUTHOR'S CONTRIBUTIONS

Study design: Glenda Roberta Oliveira Naiff Ferreira.

Data acquisition: Laís Gabriela da Silva Neves, Eliã Pinheiro Botelho, Glenda Roberta Oliveira Naiff Ferreira.

Data analysis and interpretation of results: Laís Gabriela da Silva Neves, Arthur da Silva Costa Pedroza, Luiz Fernando Almeida Machado, Eliã Pinheiro Botelho, Glenda Roberta Oliveira Naiff Ferreira.

Drafting and critical revision of the manuscript: Laís Gabriela da Silva Neves, Arthur da Silva Costa Pedroza, Luiz Fernando Almeida Machado, Eliã Pinheiro Botelho, Glenda Roberta Oliveira Naiff Ferreira.

Approval of the final version of the article: Laís Gabriela da Silva Neves, Arthur da Silva Costa Pedroza, Luiz Fernando Almeida Machado, Eliã Pinheiro Botelho, Glenda Roberta Oliveira Naiff Ferreira.

Responsibility for all aspects of the content and the integrity of the published article: Laís Gabriela da Silva Neves, Arthur da Silva Costa Pedroza, Luiz Fernando Almeida Machado, Eliã Pinheiro Botelho, Glenda Roberta Oliveira Naiff Ferreira.

ASSOCIATED EDITOR

Gerson Luiz Marinho 

SCIENTIFIC EDITOR

Marcelle Miranda da Silva 