ABSTRACT

Objective: to report about the stages of the implementation of sexual and reproductive health guide: an adolescent's right, with the procedural steps of practical intervention theory of nursing in collective health, highlighting the importance of the contemporary theory on the systematization of work processes in public health. Method: descriptive study, experience report type. The guide was implemented from a pilot project, a partnership between the Ministry of Health and Non-Governmental Organization Reprolatina, Health Municipal Secretary of Manaus and the Municipal and State Secretary of Education. Results: ten teams of the Family Health Strategy have participated, involving professionals and adolescents. In the reality, priority actions of adolescent health for implementation were planned. Conclusion: the applicability of this contemporary theory considering the collective and its objective reality was observed, motivating the involved actors to continue on this way. Descriptors: Adolescents; Sexual and Reproductive Health; Nursing; Nursing Theory.

RESUMO


RESULTADOS

Objetivo: relatar sobre las fases de la implantación del guía salud sexual y reproductiva: un derecho del adolescente, con las etapas procesales de la teoría de intervención práctica de la enfermería en salud colectiva, mostrando la importancia de esa teoría contemporánea en la sistematización de los procesos de trabajo en salud colectiva. Método: estudio descritivo, tipo relato de experiencia. La guía fue implementada a partir de un proyecto-piloto, una sociedad entre el Ministerio de la Salud y la Organización No Gubernamental Reprolatina, Secretaría Municipal de Salud de Manaus y las Secretarías Municipal y Estadual de Educación. Resultados: diez equipos participaron de la Estrategia de la Salud de la Familia, envolviendo profesionales y adolescentes. Frente a esta realidad, fueron planeadas las acciones prioritarias de la salud del adolescente para implementación. Conclusión: se mostró la aplicabilidad de esa teoría contemporánea que contempla lo colectivo y su realidad objetiva, motivando a los actores envueltos a proseguir en este camino. Descriptores: Adolescente; Salud Sexual y Reproductiva; Enfermería; Teoría de Enfermería.
INTRODUCTION

According to the criteria of the World Health Organization (WHO), adolescence is the period between 10 to 19 years old, being the beginning of reproductive life and is characterized by physiological and psychological changes during this period. Such transformations and adaptations should be in a healthy way, without causing harm to adolescents.\(^1\)\(^2\)

The issues about adolescence have been the focus of attention of professionals as well as their parents. Therefore, educators and health care workers in an effort together, developing projects with to provide adolescents a healthy growth and maturing.\(^3\)

Youth protagonism and sexuality issues, including sexual and reproductive rights of adolescents and young people have been the subject of several research and motivated the reformulation of public policies through the increasing rates of Sexually Transmitted Infections (STI), adolescent’s pregnancy, abortion, and other factors that include to this subject.\(^4\) Such rights were defined in the Referential Framework in Sexual Health and Reproductive Health of Adolescents and Young People and are guaranteed in National Guidelines for Integral Health Care of Adolescents and Young People in Promotion, Protection and Recovery of Health as a priority in order to achieve the improvement of the health conditions of the population.\(^5\)

Before the exposed and for confronting these situations, some public policies were implemented, such as Health and Prevention Project at Schools (PPS), having as one of its goals the reduction of harms to youth health in sexual and reproductive field and more recently the School Health Program (SHP) that has as one of the thematic axes sexual and reproductive health of adolescents.\(^6\)\(^7\)

Despite these initiatives, the studies also reveal important limitations to achieve promising results in this area, and one of them is the adolescent access to health services and availability and preparing of health professionals to engage and assist this clients.\(^8\)\(^9\)\(^10\) Thus, emerging the need for reflection on the actions of health care developed with adolescents, understanding their universe of health and providing them with safe, sensitive and empathic responses to their issues, questions and concerns. Both in the process of educating proposed by the PPS and SHP, as in health care, it is observed content and practice dissociation of assistance with the reality and context of adolescent life, especially when it comes to the approach of physical changes initiation and sexual orientation, and everything else that surrounds the human being at the adolescent stage.\(^3\)\(^4\)

In addition, there are few services available to assist specifically the needs of adolescents and there is also resistance from health services in hosting and address their interests by setting therefore an obstacle to the access to information and to actions that protect the health of this clients.\(^8\)

Given this scenario, the Ministry of Health (MH) established a partnership with the Non-Governmental Organisation (NGO) Reprolatina - Innovative Solutions in Sexual and Reproductive Health, which was responsible for elaborating a guide to Basic Health Units (BHU) and to the Family Health Strategies (FHS), in addition to implementing a participatory action pilot project in the city of Manaus to the implementation of this guide aimed at defining a strategy for its expansion in a large scale throughout the country. The guide was titled - Guide for BHU and FHS - Sexual and Reproductive Health: an adolescents’ Right.

The guide is a tool to guide the integral adolescent health assistance and also shows its contents evaluation and monitoring criteria, allowing self-evaluation, interpretation and reinterpretation of results in order to improve the process of work to promote adolescent health.\(^9\) However, although it is a well prepared project, it is considered that the nursing professional approach requires systematic tool to perform and evaluate actions. Therefore, during the implementation process we realized and discussed the practical implementation of the nursing theories, in this specific case the Practical Intervention Theory of Nursing in Collective Health (PITNCH), which is the Group of modern theories, described by Emiko Yoshikawa Égry, based on historical and dialectical materialism.\(^10\)

The aim of this study is:
- To report about the phases of implementation of the sexual and reproductive health guide: an adolescent’s right, with the procedural steps of practical intervention theory of nursing in collective health, highlighting the importance of contemporary theory on systematization of work processes in collective health.

METHOD

This is an experience report about the implementation of Sexual and Reproductive Health Guide: an Adolescent’s Right with the methodology proposed by the Practical
Intervention Theory of Nursing in Collective Health (PITNCH) as the theoretical framework. The pilot project of participatory action for the implementation of the Guide was systematized and developed in steps demonstrating the use of the methodology proposed by the PITNCH, as following:

1. Capture of objective reality: meeting for presentation of the pilot project to the representatives of the secretaries of Health and Education, base participatory diagnosis to know the situation of Sexual and Reproductive Health care of adolescents in health services;

2. Interpretation of the objective reality: sexual and reproductive health training for health professionals, education professionals and a group of adolescents/students who would act like Adolescents Volunteer Health Agents (AVHA) in schools, encouraging the process of peer education and strengthening the link between FHS and the school through the youth protagonism;

3. Construction of the intervention project in objective reality: participatory planning of priority actions to be carried out by the FHS, School and ANHA;

4. Intervention in objective reality: implementing of the priority actions planned, supporting and monitoring the implementation of the actions;

5. Reinterpretation of objective reality: evaluation and discussion of the results, including the application of the methodology of participatory diagnosis and the focus group method, with the actors involved in the process.

The proposed implementation of the Guide was established in steps in the period from January to September 2012 and the institutions involved were the Ministry of Health in a partnership with the NGO Reprolatina, Municipal Health Secretary, State and Municipal Secretary of Education.

The responsible technique of Adolescent and Young Health of the Ministry of Health, researchers from the NGO Reprolatina, the municipal coordinator of the adolescent health, the district health coordinator of the adolescent and women’s health, the state and local coordinators of special programs in education, health-care professionals of the Family Health Strategy and education professionals in the selected schools as well as the adolescents/students of these schools have participated in the process.

**EXPERIENCE REPORT**

- **Steps in the implementation process of the guide and the procedural steps of (PITNCH)**

It started in January, with a meeting of representatives of the MH and the NGO Reprolatina and local coordinators for the presentation of the pilot project, planning the schedule for implementing the proposed steps and choice of FHS/schools that would participate in the project. The criteria for selection for FHS selection were: teams with training in adolescent health, teams that were effectively using the book of adolescent in the assistance, teams with doctor in their composition and where the school linked to the health team had adolescents/students between 10-19 years old.

Then, in March, sexual and reproductive health training for health professionals and education of selected institutions was help, involving local coordinators. At another time, the adolescents acting in the schools were also trained, as Adolescents Volunteers Health Agents (AVHA) in order to strengthen the process of educating by peers and the link between FHS and the school through the youth protagonism.

The following participatory diagnosis was made based on 04 FHS, being a team of each health district of the city, West, East, South and North; including contributions from health professionals, education and adolescents/students/AVHA previously trained. Faced with the reality found in the diagnosis and interventions proposed in the Guide, priority actions were planned in relation to adolescent health, which needed to be implemented by establishing the period from March to September for implementation of actions agreed and was scheduled for July a moment of evaluation of the results achieved in the course of the process, enabling thus, the reinterpretation of reality and possible adjustments during the proposal.

This step, according to theoretical-philosophical method of PITNCH, consists in capturing the objective reality, i.e. to know the reality in three structural dimensions, particularly and singular, in which the structural dimension is formed by processes of development of productive capacity and the development of the relations of production, the economic and social formation and the ideological-political forms derived, that is, knowing the current health system as a whole and the binding subject to it, the performance of the health institutions in health issues,
dynamics and historicity of the health-disease-process within the different social classes, highlighting the inclusion of the subject in a given social class.10-1

The private dimension is formed by processes of social reproduction, epidemiological profiles of classes, integrated by the reproductive classes profiles and health-disease profiles and special ways of practice and ideology in health, knowing the dynamic and work processes of local health services and the relationship of the community with these services and unique dimension formed by processes that ultimately lead to be sick and die (potential of wear), or on the other hand, to develop the causal bio-psychic (potential of strengthening) by the participation and construction ways of the individual conscience.10-1

Even at this stage of the pilot project, the 2nd, 3rd and 4th stage of PITNCH were shown, consisting, respectively, in the interpretation of objective reality, started with their capture in the first step. This is accomplished by the explanation of the contradictions existing in three dimensions as it captures the objective reality and make explicit the contradictions that exist in the interpretation phase. From there, the project construction of intervention in objective reality begins which should contain common range goals (professional/subject) by establishing, together, the range of these periods and, in dynamic continuity with the previous steps, the goals are being put into practice featuring the intervention in objective reality.10-1

It is important to highlight that the intervention is not immutable, because as the goals are being stroked, new themes of objective reality can be captured and interpreted, which can modify the initial proposition.10-1 This movement was noted in the phase of the pilot project carried out in the period of July-August.

During this period, there was a meeting with local managers and actors involved in the process to expose and evaluate the results already achieved, on-site visits of health teams who attended the training held in March in order to support and monitor the process. There was also the second training with health professionals and education more than 0 FHS and linked schools, where it was agreed to carry out the priority actions in the Guide and also a schedule for the completion of participatory diagnosis of these base units was established with the local coordinations.

Thereby, it is possible to notice that the description of the method proposed by PITNCH is presented in procedural steps, because it is more didactic, but without the connotation that they are an stagnation, noting that, throughout the development, they interpenetrate, because in the pilot project phase described above, despite the intervention project having been stroked, there was again a moment of capturing the objective reality and interpretation of reality, bringing contributions to the proposed intervention project and were thought new ways to intervene in this reality.11

In September, there was the evaluation step, using the same method/instrument of base participatory diagnosis used in the beginning of the process, with the objective of evaluating the improvements achieved from the proposed intervention and planned by involved actors based on the strategies suggested in the Guide. After the visits, there was a meeting of representatives of the MH and the NGO Reprolatina with health professionals, education professionals, local coordinators and adolescents/students/AVHA in order to evaluate and discuss the process of implementation of the pilot project Guide, thinking together expansion strategies both at the municipal as national level.

At that stage, it was evident the 5th step of the PITNCH, consisting in the reinterpretation of objective reality, in which it is proposed a rereading of the objective reality, in the face of the transformations that have occurred or not, in front of the interventions carried out. At that time, the impacts, difficulties found in the process, as well as the resizing of the goals previously set and projection of new propositions were analyzed.10-1

FINAL CONSIDERATIONS

From the experience in the implementation of this pilot project, it was possible to reflect and make some considerations. The first consideration is evidence that despite numerous efforts to assist fully the adolescent’s health, both in the educational process and in health care, many times, it is still great the estrangement of adolescents. Maybe this is because it does not involve them as subjects active in the planning of actions, making the education and health areas unattractive to them.

The proposal for implementation of the “Guide to BHU and FHS - Sexual and Reproductive Health: an Adolescent’s Right” brings this differential in the moment in which includes the adolescent in all stages of the process and stimulate youth protagonism when training the adolescent, making them AVHA (Adolescents Volunteer Health Agents) thus, strengthening the link between the
school and the FHS, stimulating the demand for more and more adolescents to health services.

In addition to considering the adolescent as protagonist in the process, the Guide also brings self-evaluation as an innovative and important strategy, allowing at any time the work process analysis, interpreting and reinterpreting the reality, enabling reflection and the adequacy of the proposed intervention project.

On the innovative proposal brought by the pilot project of Guide implementation, it is evident the importance of systematization of work processes. When thinking about systematizing, we must also think in theoretical-methodological models and specifically on that experience, it was possible to prove the correlation of the stages of the pilot project with the steps in the PITNC: Practical Intervention Theory of Nursing, which brings as a proposal the possibility at any time and moment to capture, interpret, plan, participate and reinterpret the reality, always adapting and adjusting the intervention project, since they need to follow the dynamism and the historicity of the society.

Finally, the experience allowed the importance of thinking and systematizing the process of work based on a theory involving the collective and its objective reality with the purpose of producing a social transformation carried out collectively, with shared responsibilities. This experience encourage the actors involved in the process and boosted to continue on this way to face new challenges for the health of future adults.

REFERENCES

Implementation of a guide based on the theory...