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HEALTH PROMOTION AND THE PRODUCTION INSTRUMENTS FOR THE ADOLESCENT: INTEGRATIVE REVIEW

PROMOÇÃO DA SAÚDE E A PRODUÇÃO DE INSTRUMENTOS PARA O ADOLESCENTE: REVISÃO INTEGRATIVA

PROMOCIÓN DE LA SALUD Y LA PRODUCCIÓN DE INSTRUMENTOS PARA EL ADLOESCENTE: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to analyze from the national and international literature, instruments geared to support the promotion of adolescent health. **Methodology:** integrative review conducted from the question << *What are the instruments available in the literature aimed at promoting adolescent health?* >> to search from 1 to 6 April 2013, in ADOLEC databases, LILACS, MEDLINE, BDENF, the virtual libraries SCIELO and VHL, for access to the texts provided by the Ministry of Health/MS. The keywords were: adolescent, health promotion, attention to adolescent health, instrument and protocol. The inclusion criteria was: national/international studies, written in Portuguese/Spanish and published since 1990. **Results:** there were 27 texts found, however, after filtering, only four remain. **Conclusion:** there are gaps in the scientific literature about the existence of instruments aimed at promoting adolescent health; future studies are needed to advance the production of instruments aimed at adolescents. **Descriptors:** Adolescents; Instruments; Health Promotion.

RESUMO

Objetivo: analisar a partir da literatura nacional e internacional os instrumentos voltados para subsidiar a promoção da saúde do adolescente. **Metodologia:** revisão Integrativa realizada a partir da questão << *Quais instrumentos disponíveis na literatura estão voltados para a promoção da saúde do adolescente?* >> com busca entre 1 a 6 de abril de 2013, nas bases de dados ADOLEC, LILACS, MEDLINE, BDENF, nas bibliotecas virtuais SCIELO e BVS, para acesso aos textos disponibilizados pelo Ministério da Saúde/MS. Os descritores empregados foram: adolescente, promoção da saúde, atenção à saúde do adolescente, instrumento e protocolo. Os critérios de inclusão: trabalhos nacionais/internacionais, escritos em português/espanhol e publicados a partir de 1990. **Resultados:** 27 textos foram encontrados, porém, após a filtragem, apenas quatro restaram. **Conclusão:** há lacunas na produção científica quanto à existência de instrumentos voltados à promoção da saúde do adolescente; estudos futuros devem ser realizados para se avançar na produção de instrumentos voltados a adolescentes. **Descritores:** Adolescente; Instrumentos; Promoção da Saúde.

RESUMEN

Objetivo: analizar a partir de la literatura nacional e internacional los instrumentos dirigidos para subsidiar la promoción de la salud del adolescente. **Metodología:** revisión Integradora realizada a partir de la pregunta << *Cuáles instrumentos disponibles en la literatura están dirigidos para la promoción de la salud del adolescente?* >> con búsqueda entre 1 a 6 de abril de 2013, en las bases de datos ADOLEC, LILACS, MEDLINE, BDENF, en las bibliotecas virtuales SCIELO y BVS, para acceso a los textos disponibles por el Ministerio de la Salud/MS. Los descriptores empleados fueron: adolescente, promoción de la salud, atención a la salud del adolescente, instrumento y protocolo. Los criterios de inclusión: trabajos nacionales/internacionales, escritos en portugués/español y publicados a partir de 1990. **Resultados:** 27 textos fueron encontrados, pero, después del filtraje, apenas restaron cuatro. **Conclusión:** hay lagunas en la producción científica sobre la existencia de instrumentos dirigidos a la promoción de la salud del adolescente; estudios futuros deben ser realizados para avanzar en la producción de instrumentos dirigidos a los adolescentes. **Descritores:** Adolescente; Instrumentos; Promoción de la Salud.

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INTRODUCTION

Adolescence is defined as the second decade of life, from 10 to 19 years old¹, differing from the Brazilian State that in its legislation is the period from 12 to 18 years old, according to the Statute of Children and Adolescent².

Similar to scholars in the field when relativize that adolescence is not limited to a chronological limit, being a period of life characterized by a series of biological, sociological and psychological changes. This scenario requires the adolescent to adapt to other dimensions to integrate them in their daily lives.³⁻⁵ These changes naturally occurring, combined with an accelerated physical growth, generating behavioral changes and relating, thinking and acting instability.⁶

In this context, these changes are a normal adolescence syndrome, characterized by the search for identity, the group trend, the development of conceptual thinking, the unique temporal experience and the evolution of sexuality. Such characteristics located adolescents in vulnerability context, often associated with the desire for self-assertion. As a result, discoveries and events experienced at this stage will affect the rest of adult life.^{1,7}

For over two decades, Attention to Adolescent Health has been guided by specific projects in order to ensure the uniqueness that is peculiar in this life cycle phase. However, the attention given to this age group remains fragmented, with strong evidence of practices aimed at the welfare, opposed to the conceptions of health promoters⁸. However, we point out that new proposals are being implemented as an expression of recognition of the Brazilian State to overcome these limitations.

Currently, the challenge has changing movements in health services, making them effective in producing care. In this context, the approach to the adolescent should be differentiated and used creative strategies of education and health promotion. From this perspective, the use of instruments can make an important contribution to the know-how of health teams, whose professionals could benefit from proper standardized instruments.^{6,9}

The instruments are inserted in the context of health technologies, which are configured as a set of knowledge and practices related to materials and products rising to therapeutic and work processes and constituting subsidies to perform actions in the health production.¹⁰

The health technologies are divided into light, light-hard and hard. It is observed that when they are classified as light, they are about subjects relationships, host, service management; in light-hard when they refer to well-structured knowledge, as the nursing process and use of protocols; and hard, when they involve technological equipment like machines.¹¹

We stress the importance of all technologies to work in health, since they live in the same scenario. Under the Basic Care, it can be seen a predominance of the use of light and light-hard technologies, while in hospitals, the use of hard technologies is highlighted.

Instruments are increasingly present in the making of health professionals because they are related to the normalization of actions and records, and associated time savings while providing care. They are becoming more prominent in the production of health, given the need to perform actions on the same technical standard with quality and speed. In this context, it seems irrefutable their contribution.

However, we observed that the use of instruments is part of the health work process, passing most of the spaces and times of the care process. Nevertheless, few efforts are reported in the literature in order to systematize the knowledge in this endeavor, which contributes and justifies its production and use seem marked by empiricism.

The relevance of this study is in the possibility of discussions in the context of the use of health technologies, in particular the use of instruments. It also highlights a knowledge gap, raising instruments that development studies to be conducted in the future.

This study aims to analyze the instruments designed to support the promotion of adolescent health from the national and international literature.

METHODOLOGY

This study emerged of the dissertation << *Adolescent Health Care in the Family Health Strategy: Development of an Instrument to Subsidize the Practice* >>, Professional Master Program in Family Health, State University of Vale do Acaraú/UVA together with Northeast Network of Training in Family Health/RENASF and Oswaldo Cruz/FIOCRUZ Foundation, presented in June 2014.

This is an integrative review, descriptive and qualitative approach. This method of

objective research traces analysis on the knowledge already built on a certain topic.¹²

The preparation of this review was developed following six steps: 1) Problem identification defining the research question; 2) establishment of criteria for inclusion and/or exclusion of studies to find scientific literature; 3) definition of the information to be extracted from studies; 4) evaluation of studies; 5) interpretation of results and 6) presentation of the review/synthesis of knowledge.¹²

The search took place on the following bases and databases: Virtual Health Library Adolescents (ADOLEC), Latin American and Caribbean Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Nursing Database (BDENF), virtual library Scientific Electronic Library Online (SciELO) and Virtual Health Library / BVS, for access to the texts provided by the Ministry of Health/MS.

The purpose of the search was to identify instruments that promote adolescent health, with the guiding question: what are instruments available in the literature aimed at promoting adolescent health? We use controlled descriptors: “adolescent”, “health promotion” and “protocol”, and uncontrolled: “focus on adolescent health” and “instrument”, combined in pairs using [and] operator. As inclusion criteria there were: (1) national and international works, (2) with online access and available free of charge, (3) written in Portuguese or Spanish and (4) published since 1990, one year after the institution of the Adolescent Health Program (PROSAD). Texts that not converge with the

object of study or repeated during the search were excluded. The search was carried out between 01 and April 6, 2013.

After reading the text, a validated instrument to support the organization and analysis was used¹³. Production from search were also classified according to their level of evidence, distributed in level 1, evidence from systematic review or meta-analysis of all relevant randomized controlled clinical trials or derived from clinical guidelines based on systematic reviews of randomized controlled trials; level 2, evidence derived from at least one randomized controlled clinical trial clearly delineated; level 3, evidence from well-designed clinical trials without randomization; level 4, evidence from cohort studies and well-designed case-control; level 5 evidence originating systematic review of descriptive and qualitative studies; level 6, evidence derived from a single descriptive or qualitative study; level 7, evidence from opinion of authorities and/or report of expert committees.¹⁴

RESULTS

There were 27 studies found in the bases and consulted databases, and four were repeated, leaving 23. Out of them, 19 did not treat the instrument expression in the design of a construct, but rather with the meaning of method, form or manner, and being discarded, leaving only four texts. Figure 2 below shows the layering of the articles.

Descriptors	Database/Virtual Libraries						Total
	Adolec	Bdenf	Medline	Lilacs	SciELO	Ms/Bvs	
“instrument” and “adolescent”	02	00	00	02	00	07	11
“ instrument” and “health promotion”	00	00	00	10	02	00	12
“protocol” and “adolescent”	01	00	00	01	00	02	04
“protocol” and “health promotion”	00	00	00	00	00	00	00
“protocol” and “attention to adolescente health”	00	00	00	00	00	00	00
“instrument” and “attention to adolescente health”	00	00	00	00	00	00	00
Total							27

Figure 1. Number of articles distributed by database and descriptors, in the period from 1 to 6 april, 2013.

Analyzing search results, it is evident that there is a paucity of literature on the scientific production of instruments aimed at health promotion, especially in the context of attention to adolescent health.

After analyzing the texts, only four remain. Because the search was not restricted to scientific articles, two are in the full texts of books and two scientific articles.

Code	Title	Author	Year of publication	Database/Virtual Libraries	Publication	Level of evidence
T1	Análisis de la confiabilidad y validez de un instrumento que mide el rol protector familiar en las conductas de riesgo adolescente	Rodríguez et al.	1996	Adolec	Cuadernos Médicos Sociales (Chile)	VI
T2	Família e adolescência: indicadores de saúde: manual de aplicação de instrumentos e instrumento abreviado	Hernandez e Angela	1999	BVS	Livro	VII
T3	Roteiro de avaliação dos modelos assistenciais Paism, Paisc e Prosad.- v.2	Ministério da Saúde	1995	BVS	Livro	VII
T4	Protocolo eletrônico de fisioterapia respiratória em pacientes com escoliose idiopática do adolescente	Cano et al.	2011	Lilacs	Colégio Brasileiro de Cirurgia	VI

Figure 2. Codification of the selected productions. Distribution by author, year of publication, database, way of publication and level of evidence.

Out of the four studies, two were available in full. Through reading, we conclude that the publications dealing with protocols and other instruments in the area of Adolescent Health Care, or even in Health Promotion, assume an essentially psychometric or evaluative feature, the intention to propose a quantification or assessment of the situation intended. Only the proposed instrument in another study¹⁷ showed the guiding approach to the provision of care. This instrument serves to the conduct of a care process for adolescents with idiopathic scoliosis helping to define the best respiratory therapy for each case.

Regarding the level of evidence, they ranged from VI and VII. This observation indicates the need for further study and rooted to a greater methodological rigor in the context of the production of instruments under the Promotion of Health and Health Care of Adolescents.

There is a gap in the literature regarding the existence of instruments of development studies, especially those about the psychometric perspective. Such inference is consistent with the fact that the vast majority of instruments used in health is seated on empirical means of production, with little closer to validated scientific methods.

Figure 3 deals with a categorization of articles from its objectives, which confirms the previously woven inference that the instruments aimed at promoting adolescent health in a dialogue with the guidance of ways to care, being marked by psychometric character or record. In this context, only Article T4 presents a proposal for guidance of a form of care.

Code	Objective	Total
T1	Validation of a data collection instrument.	1
T2 e T3	To guide professionals and the application of an instrument.	2
T4	To develop a guiding instrument in a manner of care.	1

Figure 3. Code of the article and objective of the publications.

With all this, the search for theoretical and methodological references that support the nursing care with adolescents is still young and although can have important practical knowledge and therefore it is necessary insights, discussions and expanded disclosures, to train workers in various care scenarios or

labor fields.¹⁶

DISCUSSION

◆ Advances in attention to adolescent health.

In recent decades, it has become more important to take care of life so that they reduce vulnerability to illness and the chances of the media is unable producer, chronic suffering and premature death of individuals and population.

In this context, the Promotion of Health emerges as one of the health production strategies, that is, as a way of thinking and operating articulated to other policies and technologies developed in the health system, which contributes to the construction of actions that enables respond to social needs in health.

The Health Promotion, as being seen in the last 20-25 years, is a promising strategy to address the multiple health problems affecting human populations and their surroundings. From a broad conception of the health-disease process and its determinants, it proposes joint technical and popular knowledge and the mobilization of institutional and community resources, public and private, for its confrontation and resolution.¹⁸

Since the Declaration of Geneva in 1924 aimed at children, but also to adolescents in some of their items, to the definition of guidelines for Youth-Friendly Services, which seems to be the strategy most current in this perspective, we realize that much has been produced for tensioning an effective change in health services, in a search for more suitable space to offer attention to this population.

However, what we observe is a considerable gap between policies and proposed strategies and what actually is offered this group within the health services, especially offered by the Family Health Strategy, since this policy is beginning to promote health and also be configured as the backdrop for much of the health policies and programs, but have located their adolescents on the sidelines of this care.

◆ Use of instruments in the health field

There are accumulating evidence that show that investing in adolescents is predictive to break the poverty cycle and inequity that affect communities and countries, endangering the development and rights of countless of children.¹ Thus, operationalization of actions that actually translate into improved care adolescents should be based on a change of paradigms, in which the adolescent migrate from their

current situation, considered a problem and synonymous with vulnerability to health services, to be understood as a potential holder and carrying a valuable ability to change and improve the quality of life.

For understanding of this study, and because of the gap in the literature that it is a clear concept of what it means for the health field, we understand as a guiding instrument of a professional practice. Instrument will therefore be understood in this study as an expression of an organizational mode of thought, which triggers and guides a care process, serving for a particular purpose, supporting and establishing as/for registration, and can be represented as query script, scale, organization chart, protocol, checklist, among others.

It is also necessary to be an understanding that a standardized language on the practice is necessary but is not configured as a restrictive factor that delimit and the critical and creative ability whom it makes use¹⁹. Thus, it is understood that this assumption can be translated into all professional categories in the health, including the use of instruments as an alternative that can contribute to improve the health care.

Instruments should not be used to supplant clinical investigations and trials, being more like a guide and starting point for the “face to face” between users and professionals²⁰. Thus, the use of instruments should be understood as a guiding feature for care adolescent health and do not constitute, therefore, control mechanism or immobilization of care innovation possibilities.

◆ Instruments Health Promoters

The instruments of production in the health field shows a preponderance of constructs that serve to evaluate, such as scales, or records such as medical records, evolution leaves or checklists for materials conference.

We emphasize the gap as instruments designed to promote adolescent health, that is serving to guide processes of care, thus transcending the prevailing psychometric perspective or descriptive literature.

Thus, regardless of the instrument and its purpose, its use can bring a significant contribution to the quality of services, since streamline and standardize the care process. However, the use without planning can subtract the uniqueness of care and subsidize a contest of energy and time between filling the forms and attention provided to customers/patients, placing the instrument or protocol in order to condition, not as a medium.

On the production of instruments in adolescent health context, it is important to note that such initiatives should dialogue with existing health programs and policies aimed at this group. Otherwise, they tend to focus on a narrow range of issues, being necessary that the interaction of managers and health services so that together can build proposals attracting the adolescents to health services.²¹⁻²

CONCLUSION

Given the scarcity of literature and compared to the levels of evidence of texts found, some considerations to forms of care, show its commitment potential. However, in our view, this does not affect the nature of the study, since it brings a relevant concern about the lack of studies dealing with instruments that support a care process verification, supplanting the psychometric perspective and evaluative or instruments for registration.

The literature is incipient when requested to it is positioned as it would be to design or conceptual instrument for health.

Future studies should be conducted in the search for progress in the production of instruments aimed at adolescents but also for developing methods that enable the construction of these more aligned to the scientific method instruments.

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