



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

DIFFICULTIES FACED BY NURSES TO DEVELOP DIRECT ACTIONS TO ADOLESCENTS IN PRIMARY CARE

DIFICULDADES ENFRENTADAS POR ENFERMEIROS PARA DESENVOLVER AÇÕES DIRECIONADAS AO ADOLESCENTE NA ATENÇÃO PRIMÁRIA

DIFICULTADES ENFRENTADAS POR ENFERMEROS PARA DESARROLLAR ACCIONES DIRIGIDAS AL ADOLESCENTE EN LA ATENCIÓN PRIMARIA

Maria Santana de Araújo¹, Linda Kátia Oliveira Sales², Mércio Gabriel de Araújo³, Ildone Forte de Moraes⁴,
Fátima Raquel Rosado de Moraes⁵, Cecília Nogueira Valença⁶

ABSTRACT

Objective: to identify the difficulties faced by nurses in the development of actions directed at the adolescent in primary care. **Method:** this is an exploratory and descriptive study with a qualitative approach, with 13 nurses from the Family Health Strategy of a city of Rio Grande do Norte/RN. The data collection was performed with a semi-structured interview, and the data was analyzed according to the Thematic Analysis. **Results:** the difficulties were the absence or the inadequacy of the physical structure necessary to provide debates and meetings with adolescents. There is a work overload that prevents educational practices due to the absence of multi-professional work and the use of the health program in the school as an instrument of approximation between professionals and adolescents. **Conclusion:** it is necessary to strengthen nursing care in adolescent health care based on concrete actions on the reality of this group, as well as to facilitate access to health services with specific programs and services. **Descriptors:** Adolescent; Family Health; Nursing; Primary Health Care.

RESUMO

Objetivo: identificar as dificuldades enfrentadas pelos enfermeiros no desenvolvimento de ações voltadas ao adolescente na atenção primária. **Método:** estudo exploratório e descritivo, de abordagem qualitativa, com treze enfermeiros da Estratégia Saúde da Família de um município do Rio Grande do Norte/RN. A coleta de dados foi realizada com uma entrevista semiestruturada, e os dados analisados conforme a Análise Temática. **Resultados:** as dificuldades foram a ausência e a inadequação da estrutura física, item necessário para proporcionar realização de encontros, debates e reuniões com adolescentes. A sobrecarga de trabalho impede a realização de práticas educativas devido à ausência de atuação multiprofissional. Observou-se a utilização do Programa Saúde na Escola como instrumento de aproximação entre profissionais e adolescentes. **Conclusão:** é preciso fortalecer a assistência de enfermagem na atenção à saúde dos adolescentes a partir de ações concretas baseadas na realidade desse grupo, como também facilitar o acesso aos serviços de saúde com programas e serviços específicos. **Descritores:** Adolescente; Saúde da Família; Enfermagem; Atenção Primária à Saúde.

RESUMEN

Objetivo: identificar las dificultades enfrentadas por los enfermeros en el desarrollo de acciones dirigidas al adolescente en la atención primaria. **Método:** estudio exploratorio y descriptivo, de enfoque cualitativo, con 13 enfermeros de la Estrategia Salud de la Familia de un municipio de Rio Grande do Norte/RN. La recolección de datos fue realizada con una entrevista semi-estructurada y los datos fueron analizados conforme al Análisis Temático. **Resultados:** las dificultades fueron la ausencia o inadecuación de estructura física necesaria para proporcionar la realización de encuentros, debates y reuniones con los adolescentes. Sobrecarga de trabajo la cual impide la realización de prácticas educativas debido a la ausencia de actuación multi-profesional. Y utilización del programa salud en la escuela como instrumento de aproximación entre profesionales y adolescentes. **Conclusión:** es preciso fortalecer la asistencia de enfermería en la atención a la salud del adolescente a partir de acciones concretas basadas en la realidad de ese grupo, como también, facilitar el acceso a los servicios de salud con programas y servicios específicos. **Descriptor:** Adolescentes; Salud de la Familia; Enfermería; Atención Primaria la Salud.

¹Nurse, University of Rio Grande do Norte State /UERN. Caicó (RN), Brazil. E-mail: msa_neguinha@hotmail.com; ²Nurse, Master degree Professor in Health and Society, University of Rio Grande do Norte State /UERN. Caicó (RN), Brazil. E-mail: lindakatia.enfermagem@yahoo.com.br; ³Nurse, Ph.D. Student in Nursing in Health Care, Graduate Program in Nursing, Federal University of Rio Grande do Norte/PPgEnf/UFRN. Natal (RN), Brazil. E-mail: mercio_gabriel@hotmail.com; ⁴Nurse, Master degree Professor in Nursing, University of Rio Grande do Norte State /UERN. Mossoró (RN), Brazil. E-mail: ildoneforte@yahoo.com.br; ⁵Nurse, Ph.D. Professor in Social Psychology, University of Rio Grande do Norte State/UERN. Mossoró (RN), Brazil. E-mail: frmm@bol.com.br; ⁶Nurse, Ph.D. Professor in Nursing, Federal University of Rio Grande do Norte - Campus Santa Cruz/UFRN. Santa Cruz (RN), Brazil. E-mail: ceciliavalenca@yahoo.com.br

INTRODUCTION

Adolescence can be seen from biological, psychological and social aspects. This phase is intermediate between childhood and adulthood, in which there is a discovery of a new world with more responsibilities, choices, and charges with feelings of fear, anxiety and insecurity in the adolescents. In this phase, basic patterns of behavior that affect life are established, such as those belonging to the area of autonomy construction, sexual and reproductive health.¹

In 2010, the Brazilian Ministry of Health launched the National Guidelines for Comprehensive Health Care for Adolescents and Youth People in the Promotion, Protection and Recovery of Health, based on the National Policy on Comprehensive Health Care for Adolescents and Young People. They indicate strategies to be carried out by health professionals that aim to improve the care to adolescents and the quality of life of this population. Also, they integrate different sectoral policies of the Unified Health System (SUS), which meet the needs of adolescents, considering the specificities of each health region.²

Despite the changes occurred in the context of adolescent care and the advances observed over the years, it is perceived that the actions developed by the health services are unsatisfactory. Assistance to this people is provided at several levels of attention, with emphasis on the level of primary care, as it is the main gateway of patients to health services.

The presence of the adolescent in basic care is incipient due to the low demand for health services closely related to the absence of a link between health professionals and adolescents. Thus, the difficulty in implementing actions and services to this group enables perpetuate normative and disciplinary behavior practices, which do not encourage adolescents to build their autonomy and self-care.³

In this understanding, the family health strategy is an instrument of change in the process of production of health services, since its philosophy and guidelines point to health care practices based on collective health, being a decisive element in the Unified Health System. This transforming role is reiterated when it is observed the restructuring of primary care, which aims at a greater coverage of the population and action in the prevention of diseases and health promotion, allowing the existence of qualified

professionals to deal with problems and who can respond to the demand.⁴⁻⁵

It is necessary to consider the immense inter and intra-regional disparities and inequalities of Brazilian society, since they have hindered to extend the coverage of the family health strategy and, consequently, they enabled the changes in the prevailing model of care. In the quotidian of this strategy, there are still attention practices influenced by the Flexnerian paradigm, weaknesses in the qualification of professionals, difficulties in support of municipal management, deficiency in the physical structure of basic health units, lack of inputs, lack of monitoring, Underfunding of the strategy, failures of the reference system and counter-referral and fragmentation of work processes.⁶

The need for adolescents to access the family health strategy becomes a challenge, as this population is particularly vulnerable to sexually transmitted diseases and unplanned pregnancies.

Therefore, the following question emerges: what are the difficulties faced by nurses to develop actions directed at the adolescent in primary care? Proposed to answer this question, this study aims to identify the difficulties faced by nurses in the development of actions directed at the adolescent in primary care.

METHOD

This is a descriptive, exploratory study with a qualitative approach, developed with nurses working in the Family Health Strategy of the urban area that compose the primary care of the municipality of Caicó, Rio Grande do Norte, Brazil.

All the nurses from the urban area participated in the study, totaling thirteen participants. The names of birds were used to ensure the confidentiality of the information, symbolizing the need to fly higher and reach strategies in the care of adolescents, enumerated from 1 to 13 according to the sequence of the interviews.

The inclusion criteria were: to be linked to the family health strategy in the National Registry of Health Establishments (CNES) and to carry out their activities during data collection. Exclusion criteria were: not to attend the scheduled date of data collection and to leave the place during the interview.

The data collection was done from semi-structured interviews, with a questionnaire of five questions, from November 2012 to January 2013, using an MP4 device, which

Araújo MS de, Sales LKO, Araújo MG de et al.
develop[...]

Difficulties faced by nurses to

allowed the recording of both the indignations of the interviewer and the responses of the interviewers. The interview was after signing the Free and Informed Consent Term.

The data collected were transcribed using the Thematic Analysis technique. Firstly, the pre-analysis was performed with the reading of the transcribed data, so an exhaustive reading of the collected material was made, for the elaboration of interpretation assumptions from the participants' statements. Then, the exploration of the material occurring to the selection of the speeches and organization of the thematic nuclei, with classification and association of the information, and the construction of the categories. Moreover, finally, the treatment and interpretation of the information that was analyzed according to the pertinent literature.

The research was approved by the Research Ethics Committee of the State University of Rio Grande do Norte in September 2012, under research protocol no. 93,594 E CAAE 03604912.0.0000.5294.

RESULTS

The interviewees reveal difficulties in the access and care of the adolescent to the accomplishment of actions directed to them. Among these difficulties, it is pointed out the physical structure of the basic health units, considered precarious for the development of activities.

There is the structural issue; we do not have where to hold the meetings, this is a reality, and I believe that it is not only Caicó, it is most units that do not yet have that standard of the Ministry of Health, that size. (Eagle)

I think the biggest difficulty is even a physical structure. (Peewee)

In fact, the difficulty we have is that the unit has no room. The physical structure so that people can give lectures. (Hummingbird)

The physical structure of the health units is relevant in the reception of the patients and their absence in the places where nurses work hinders to carry out actions directed to the adolescent population, mainly of an educational nature.

In the discourses, the participants associated the fragility in their work, mainly in the performance of educational practices, the lack of interactivity in the collective work. According to the statements described below, it is possible to identify the individuality of the assistance to the adolescent.

The idea that the other professionals have is that the educational action is a function of the nurse only and the community agent does not see himself as a professional health educator, as the nursing technician, and so on. (Seagull)

For you to implant certain things, you need material and human resources, for the educational part, the management is very weak for sending us this kind of thing, then it is faulty because we cannot embrace it so much. (Eagle)

If the municipality provides contraceptive methods, if there was a doctor in the unit 40 hours a week as there is the nurse, I think that would be a good solution, the nurse alone cannot solve the problem. He contributes, but he cannot solve it. (Peewee)

In the following speech, the nurses recognize that the development of actions to the adolescent difficult by the overload of work within the unit. Overwork weakens the actions of health promotion since the nurse has many responsibilities and little time in the interventions with the community.

It is time and overwork, overwork (Sparrow). No doubt it is the big overhead on the nurse. (Seagull)

Look! The main, the main drawback is overhead. Unfortunately, the demand is over for the nurse. (Hummingbird)

Look! The main one, the main obstacle is the overload, because it is [...] Here at the health center, we stop the service a lot, outpatient, so it is very difficult because the demand is high. (Hawk)

During the interviews, the participants pointed to the Health in the School Program as a program that contributes to the development of actions and increases access to the adolescents in the primary care. Through the school, they can carry out activities with this population, working on topics pertinent to adolescence to guide this group.

We work mainly in schools with health program activities at school. (Sabiá)

With the health program at school, I managed to rescue these young people, and they are coming too much in the unit, to look for me, to ask for guidance, so in the PSE I opened that door so much that we did a very good educational activity at school. (Cardinal)

We have the issue of the health program at a school that we work. (Hawk)

So, initially what we started doing was PSE. (Uirapuru)

In the PSE, we address issues such as teenage pregnancy, sexually transmitted diseases. (Nightingale)

DISCUSSION

From the obtained results, it is identified that the physical structure has compromised the development of actions aimed at the adolescent population. The absence of environments to hold debates and meetings are strongly marked by the speeches of the interviewees. This difficulty corresponds to the care model focused on ambulatory care predominant in the construction of health spaces, which made structural environments unmanageable for actions to promote health.

A study carried out in Mato Grosso with nursing professionals pointed out the inadequate physical structure as an obstacle to the accomplishment of good actions within the basic health unit by hindering to continue the process of health care and valorization of nursing work.⁸

The deficiencies in the supply of inputs and precarious infrastructure conditions represent obstacles to the implementation of health actions, as it compromises the quality of the services offered. It should be emphasized that one can not only attribute to the low resolubility of the health practices of a service only from its available infrastructure and inputs, but these are conditional on the quality of care provided.⁵

A study developed by professionals of higher education in the State of Bahia in 56 health units showed that, in the majority, these are not in compliance with the requirements recommended by the Ministry of Health, because they present insufficient spaces in the accomplishment of educational activities. Also, absence of areas of joint action with the population hinder the nurses to develop educational practices with the community.⁹

At the site of this study, the reality of the health units does not differ from that described by the study. The physical structure of the units is, for the most part, adapted homes, so space is inadequate for the development of health actions and practices.

The unavailability of a suitable place in UBS does not constitute an insurmountable obstacle since educational practices can be carried out in other spaces (school, clubs, churches) or even in open places (squares). The need for an adequate physical space in the basic health units presents itself as an alternative to welcome the community and favor actions of health education, guaranteeing access to the adolescent.

In speeches, most of the time, educational activities are performed only by nurses. A

survey in the Rio Grande do Sul, with ESF professionals evidenced that a great part of the interviewees feels difficulties in teamwork. Among the difficulties pointed out is the lack of interaction among health professionals, the lack of awareness among team members and the individualization of activities.¹²

Educational activities built by multidisciplinary teams enable to optimize the care provided to the adolescent, but it is difficult to achieve this through the absence of strategies to strengthen ties and permanent education in health, which bring professionals closer to the development of actions.¹³

The use of adolescent educational practices allows professionals to know their singularities and enter the demands based on the health needs of this population. However, joint actions are needed to favor this group's access to health spaces.

A study developed in a health unit of a municipality of Rio Grande do Sul revealed the community health agent as indispensable and relevant in the family health strategy since this professional knows the real needs of the community and allows the population's access to health services.¹⁴

Managers and professionals need to develop actions directed to the adolescent that intervene in the reality of this group through educational practices. In this perspective, it is necessary to carry out coping strategies based not only on ambulatory care, since these do not meet the health needs of this group.

In the reports, the demand for nursing work in primary care is described as significant, generating an overload of work and preventing the implementation of actions aimed at some public health units, including adolescents.

When considering the nursing work process through the attending/intervening actions; Teaching/learning; to manage; Investigate, one can perceive the dimension of the nurse's assignments. In addition to deadlines and standards to be met in health services.

The overwork of nurses hinders to involve them in other activities, including educational activities, performing only occasional and existential actions. The insertion of the adolescent into the health service is considered a difficulty by the health professionals, even with the existence of the National Policy of Integral Attention to the Health of Adolescents and Young people directed to the development of actions to this public.

The Health in School Program allows health professionals, especially nurses, to develop

Araújo MS de, Sales LKO, Araújo MG de et al. develop[...]

Difficulties faced by nurses to

strategies that integrate adolescents in health services, by articulating with the school, where this group attends. It also favors the strengthening of actions in the perspective of integral development and provides the school community with participation in programs and projects that articulate health and education and enable the confrontation of the vulnerabilities present in the full development of Brazilian children and adolescents¹⁵⁻⁶

The deponents show the existence of difficulties in the accomplishment of activities directed to the adolescent and consider the health program in the school a strategy of approach with this people. Through the actions in the school, the adolescent has the interest to look for the health unit with the purpose of acquiring more information, and to seek the services offered by an appointment with the nurse or other professional.

Regarding the family health strategy, intersectoral actions contribute to the expansion of activities developed by professionals, given the range of opportunities and strategies offered to the community, improving the quality of care provided to the individual. From the intersectionality, it is possible to act on extrinsic factors present in the subject's health.¹⁷⁻⁸

The actions promoted by primary care for the promotion of the health of the individual can be carried out beyond the walls of health units, given the need to consider the aspects of people's lives. In this sense, it is important to work and create strategies that integrate the individual.¹⁶

The articulation between the different sectors is relevant because it is a means by which nurses and other health professionals perform their work and actions to promote health in other settings, increasing the participation of the population in these strategies.

The school favors the work of health professionals, especially the primary care workers because it is a suitable place to develop educational activities and favor the exchange of knowledge among students, teachers, and other professionals.

Regarding adolescents, the health program at the school brings the family health strategy closer to the population and contributes to the professionals carrying out orientation work with this group. In it, there are discussions on several important themes to work with the adolescents, from interaction with the teachers of the school where they study. In this sense, the fragility is identified in the development of actions involving the

adolescent, since the participants referred to actions to this group only in the activities of the health program in the school, not expanding their practice in health education practices and the construction of spaces Privileged with a differentiated and specific service to this population.

Facing these findings, the health policies directed to the adolescent are not fully done, preventing the nursing professionals from performing their practice with the necessary quality to attend this group. From the limitation of this study, it is suggested to carry out a cross-sectional study which covers other realities and to make a wider diagnosis of the region of this study.

CONCLUSION

From the results, it is necessary to develop affirmative actions for the adolescent in the family health strategy, since it is evident the need for assistance focused on their demands. Therefore, the difficulties reported by the nurses were the absence or the inadequacy of the physical structure necessary to provide meetings, debates, and meetings with adolescents. Another was to work overload which prevents the implementation of educational practices due to the absence of multi-professional work. Moreover, finally, the use of the health program in the school as an instrument of approximation between professionals and adolescents.

Nursing needs to develop concrete actions based on the reality of adolescents. It also facilitates access to health services through programs and services specific to this people. This study involves strengthening nursing care in adolescent health care by enabling the delineation of some difficulties faced by nursing professionals and proposing to discuss solutions to these obstacles.

REFERENCES

1. Cedaro JJ, Boas LMSV, Martins RM. Adolescência e Sexualidade: Um estudo exploratório em uma escola de Porto Velho-RO. *Psicol ciênc prof* [Internet]. 2012 [cited 2015 Mar 29];32(2):320-39. Available from: <http://www.scielo.br/pdf/pcp/v32n2/v32n2a05.pdf>
2. Ministério da Saúde (BR). Secretaria de Atenção em Saúde. Departamento de Ações Programáticas Estratégicas. Diretrizes nacionais para a atenção integral à saúde de adolescentes e jovens na promoção, proteção e recuperação da saúde. Brasília: Ministério da Saúde; 2010.

Araújo MS de, Sales LKO, Araújo MG de et al. develop[...]

Difficulties faced by nurses to

3. Sampaio J, Santos RC, Callou JLL, Souza BBC. Ele não quer com camisinha e eu quero me prevenir: exposição de adolescentes do sexo feminino às DST/AIDS no Semi-árido Nordeste. *Saúde Soc* [Internet]. 2011 [cited 2015 Mar 30];20(1):171-81. Available from: <http://www.scielo.br/pdf/sausoc/v20n1/19.pdf>

4. Morais IF, Oliveira AG, Azevêdo LMN, Valença CN, Sales LKO, Germano RM. What has changed in the health services with the family health strategy. *Rev Rene* [Internet]. 2012 [cited 2015 Mar 29];13(2):291-9. Available from: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/212/pdf>

5. Dantas JF, Valença CN, Morais IF, Sales LKO, Germano RM. O sistema único de saúde no olhar dos enfermeiros da estratégia saúde da família. *J Nurs UFPE on line* [Internet]. 2013 [cited 2015 Mar 26];7(9):5518-25. Available from: http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/view/3304/pdf_3385

6. Giovanella L, Mendonça MHM, Almeida PF, Escorel S, Senna MCM, Fausto MCR et al. Saúde da Família: limites e possibilidades para uma abordagem integral de atenção primária à saúde no Brasil. *Ciênc Saúde Coletiva* [Internet]. 2009 [cited 2015 Mar 28];14(3):783-94. Available from: <http://www.scielo.br/pdf/csc/v14n3/14.pdf>

7. Minayo MCS. Pesquisa social: teoria, método e criatividade. São Paulo: Atlas; 2011.

8. Pedrosa ICF, Corrêa ACP, Mandú ENT. Influências da infraestrutura de centros de saúde nas práticas profissionais: percepções de enfermeiros. *Ciênc Cuid Saúde* [Internet]. 2011 [cited 2015 Mar 29];10(1):58-65. Available from: <http://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/13288>

9. Moura BLA, Cunha RC, Fonseca ACF, Aquino R, Medina MG, Vilasboas ALQ et al. Primary health care: the structure of units as a component of health care. *Rev Bras Saúde Mater Infantil* [Internet]. 2010 [cited 2015 Mar 29];10(sup):69-81. Available from: <http://www.scielo.br/pdf/rbsmi/v10s1/07.pdf>

10. Freitas KR, Dias SMZ. Percepções de adolescentes sobre sua sexualidade. *Texto Contexto Enferm* [Internet]. 2010 [cited 2015 Mar 29];19(2):351-7. Available from: <http://www.scielo.br/pdf/tce/v19n2/17.pdf>

11. Silva SED, Padilha MI. O alcoolismo na história de vida de adolescentes: uma análise à luz das representações sociais. *Texto*

Contexto Enferm [Internet]. 2013 [cited 2015 Mar 25]; 22(3):576-84. Available from: <http://www.scielo.br/pdf/tce/v22n3/v22n3a02.pdf>

12. Marqui ABT, Jahn AC, Resta DG, Colomé ICS, Rosa N, Zanon T. Characterization of family health teams and their work process. *Rev Esc Enferm USP* [Internet]. 2010 [cited 2015 Mar 25];44(4):956-61. Available from: <http://www.scielo.br/pdf/reeusp/v44n4/14.pdf>

13. Medeiros CS, Carvalho RN, Cavalcanti PB, Salvador AR. O processo de (des) construção da multiprofissionalidade na atenção básica: limites e desafios a efetivação do trabalho em equipe na estratégia saúde da família em João Pessoa - PB. *Rev Bras Ciênc Saúde* [Internet]. 2011 [cited 2015 Mar 19];15(3):319-28. Available from: <http://periodicos.ufpb.br/ojs/index.php/rbcs/article/view/10833>

14. Rangel RF, Fugali MM, Backes DS, Gehlen MH, Souza MHT. Avanços e perspectivas da atuação do enfermeiro em estratégia saúde da família. *Cogitare Enferm* [Internet]. 2011 [cited 2015 Mar 15];16(3):498-504. Available from: <http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/viewFile/24223/16236>

15. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Passo a passo PSE: Programa Saúde na Escola: tecendo caminhos da intersetorialidade. Brasília: Ministério da Saúde; 2011.

16. Silva KL, Rodrigues AT. Ações intersetoriais para promoção da saúde na estratégia saúde da família: experiências, desafios e possibilidades. *Rev Bras Enferm* [Internet]. 2010 [cited 2015 Mar 22]; 63(5):762-9. Available from: <http://www.scielo.br/pdf/reben/v63n5/11.pdf>

17. Fleury É, Fernet M. An exploratory study of gang-affiliated young men's perceptions and experiences of sexuality and gender relations. *The Canadian J Human Sex*. [Internet]. 2012 [cited 2015 Jan 25];21(1):1-15. Available from: [http://www.thefreelibrary.com/An+exploratory+study+of+gangaffiliated+young+men%27s+perceptions+and\[...\]a0302109615](http://www.thefreelibrary.com/An+exploratory+study+of+gangaffiliated+young+men%27s+perceptions+and[...]a0302109615)

18. Otta MA, Ghanian N, McKenzia F, Rosenbergerc JG, Bell DL. Adolescent boys' experiences of first sex. *Cult Health Sex* [Internet]. 2012 [cited 2015 Feb 01];14(7):781-93. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3439130/>

Araújo MS de, Sales LKO, Araújo MG de et al.
develop[...]

Difficulties faced by nurses to

Submission: 2015/06/02

Accepted: 2016/09/13

Publishing: 2016/11/15

Corresponding Address

Linda Kátia Oliveira Sales
Residencial Santa Costa
Rua Professora Coutinho, 402, Ap, 209
Bairro Centro
CEP 53900-000 – Caicó (RN), Brazil