ABSTRACT

Objective: to examine how the actions take place in health promotion in the context of the Family Health Strategy aimed at adolescents. Method: a qualitative study in Ceará/CE/Northeast Brazil, with nurses. For data collection it was used a semi-structured interview and analyze the Collective Subject Discourse. The research project was approved by the Ethics Committee in Research Protocol: 042/2010. Results: the actions of health promotion in the context of the Family Health Strategy aimed at adolescents is not yet a reality, especially in other programs already established in primary care and whose actions are directed to different age groups, and when they do, they are disjointed, sporadic and without continuity. Conclusion: reflections about how the actions are taking place to promote adolescent health in the Family Health Strategy should be encouraged because, through the speeches, it is observed that the teenager is not getting due attention. Descriptors: Health Promotion, Family Health Strategy; Adolescents.

RESUMO


RESUMEN

Objetivo: analizar cómo las acciones se llevan a promoción de la salud en el contexto de la Estrategia de Salud Familiar dirigido a los adolescentes. Método: un estudio cualitativo en Ceará/CE/Nordeste de Brasil, con las enfermeras. Para la recolección de datos se utilizó una entrevista semiestructurada y analizamos el Discurso del Sujeito Colectivo. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Protocolo: 042/2010. Resultados: las acciones de promoción de la salud en el contexto de la Estrategia de Salud Familiar dirigido a los adolescentes aún no es una realidad, sobre todo en otros programas ya establecidos en atención primaria y cuyas acciones están dirigidas a diferentes grupos de edad, y cuando lo hacen, son inconexas, esporádicas y sin continuidad. Conclusión: las reflexiones acerca de la manera que están produciendo acciones de promoción de la salud de los adolescentes en la estrategia de salud de la familia, por tanto, deben ser estimuladas por discursos, se observa que el adolescente no está recibiendo la atención debida. Descritores: Promoción de la Salud, Estrategia de Salud de la Familia, Adolescencia.
INTRODUCTION

The conceptual and practical field of health promotion has received in recent years, substantial attention because of the possibilities it provides innovative and creative when addressing health-related events of individuals and the community.

In Brazil, the main initiative of the Ministry of Health to implement the promotion of population health is through the Family Health Strategy - FHS. Through this, we seek to provide a comprehensive and resolute people, families and communities through an interdisciplinary and multidisciplinary team that operates in accordance with the actual needs of the population, identifying the risk factors to which it is exposed and intervening in them form apropiada.1 Although FHS has targeted its actions for the whole family, a population group, teens, deserves special attention due to the numerous risks and health hazards which are exposed.

The main problems related to adolescence are largely conditioned by the natural process of biopsychosocial development of adolescence, which facilitates experimentation and adoption of risk behaviors. Among these problems include sexually transmitted diseases, unwanted pregnancy, drug use, depression, suicide, sexual abuse, violence and accidents.2

The Ministry of Health sets out some actions to be developed in the clinic to guide an integrated approach, disease prevention and health promotion in this population. Among them are: develop actions of health education; perform immunizations according to the immunization schedule; identify early risk factors that result in vulnerability; encourage participation in sports, cultural and leisure; encourage the dialogue in families and guide them about the development of their children.3 Despite these instructions, you realize that most of the actions performed by the professionals still have focus on monitoring physical and minority detaches due attention as it relates to health promotion.

Health professionals still do not see it as their task to participate in the training of adolescents, limiting themselves to care according to their area of expertise and, in most cases, are not able to provide a comprehensive approach in dealing with the same. These restrictions prevent a proper orientation and generate what might be called missed opportunities for health promotion.4 Although all health professionals have an important role in promoting adolescent health, the nurse stands out as a facilitator in the development of health promotion actions, which stimulate and guide decision making to change habits and attitudes of practice for a healthy life.

Aware of the importance of the benefits generated by the development of actions to promote health in the population, especially in adolescents, it is necessary an approach to this reality in the context of Family Health, understand that this scenario represents an important locus of development of these actions, as well as insertion of nurses. In this perspective, the proposal is part of this study, to examine the actions happen as health promotion in the context of the Family Health Strategy aimed at adolescents.

METHOD

A qualitative descriptive study, conducted in the municipality of Crato, Ceará, in the Family Health Strategy. This municipality has 22 Health Units and 27 Family Health Teams, 15 teams located in urban areas and 12 in rural areas. Overwhelmingly, the teams consist of doctors, nurses, dentists, technicians, nurses and community health workers. All teams rely on the professional nurse in its composition.

Study informants were all nurses working in the FHS of the urban area, with a total of 15 respondents. The criterion adopted in this study was the accessibility of researchers to practitioners.

The construction of the data was performed by means of semi-structured interviews, the health unit of the participants, during the month of May 2010. It was initiated by the presentation of the researchers, explaining the research objectives, ensuring the ethical and request to use the recorder.

In the organization of the data we used the method of the Collective Subject Discourse (CSD) which is the set of ideas presented by a single speech, elaborated in the first person singular, gathering various thoughts about a central idea. This method brings higher reliability of data collected through the remarkable consistency and quality of information, enabling to know what a community thinks about a certain subject within single speech.5

In this study the interviews were transcribed and subjected to analysis by extracting each of the statements the central ideas and their corresponding key expressions that were synthetically represented in five CSD seeking best available information collected from participants in order to
consider the representations social of all involved to the phenomenon under study, to then be analyzed in light of the literature related to health promotion.

The research project was approved by the Ethics Committee in Research of the Federal University of Ceará/UFC under Opinion n° 042/2010 and funded by the Foundation of Ceará for Support of Scientific and Technological Development - FUNCAP.

RESULTS

In this study, the age of the respondents ranged between 25 and 48 years old, only one is male. As regards the training time variation was of 3-24 years; nine professionals have training time equal to the time working in the FHS, which leads us to conclude that the majority began his career in this reality.

As for the additional training, all nurses are specialists and only one master is doing. Of these, nine are specialists in Family Health, which can be deduced that these professionals already hold one theoretical framework for a more effective practice in relation to health promotion in the context of the FHS.

A content analysis of reports obtained from the nurses about the lived experience on the promotion of adolescent health in the FHS resulted in five speeches, which are presented below.

The first speech reveals vision of nurses towards the promotion of adolescent health and evidence that this practice does not happen in the FHS as requested by the Ministry of Health and is brittle when it does not include the many essential aspects of this public health.

DSC 1: Promoting the health of adolescents is still to be desired within the FHS and the practice is somewhat difficult. Teenager is long forgotten because the FHS teams end up prioritizing other areas. Besides, has not been used or deployed card question adolescent and do not work directly aimed at the promotion of adolescent health as recommended by the Ministry of Health is also the question of the adolescent does not want to get in, or not knowing, or by the service that is not prepared to receive it. However, I believe it has many aspects that we can work and that is very important and necessary.

The second speech versa on the activities performed by nurses to promote adolescent health and demonstrates that these professionals work to promote adolescent health in a non-specific and individual, ie, the actions performed are the same used for other individuals and occur during consultations or other services, was a notable absence of a group in which they work in an organized and continuous aspects related to the health of young people.

DSC 2: There is a specific activity toward the adolescent; health promotion is offered as to the general public. I make available vaccines, Minister mini-courses, realize wheels conversations, meetings, lectures and distribution of educational material, but these actions are not frequent, are sporadic, occasional and often are present people of different age groups. I do not have a specific group of teenagers then we meet more in individual consultations, when he seeks.

The third discourse refers to the mode of carrying out activities to promote the health of adolescents. The same evidence that the promotion of adolescent health is embedded in the activities performed by nurses, focusing on actions recommended by the Ministry of Health and with other life cycles. But, there is also the school as a space of this action, which indicates an extremely important aspect.

DSC 3: The activities are carried out within their own groups that already exist in the FHS that also have teenagers as prenatal care, family planning, prevention, and each individual query. I also use the waiting room to do these things and I go to the community and schools. When I do these activities sometimes invite someone outside and use educational material that I have and we create a way, a strategy for the teen to ask, because sometimes he is ashamed. In the course of these actions we try to explore the reality and subjects of interest to them, always putting as multipliers for neighbors, friends and family.

The fourth discourse signals the difficulties found to carry out activities to promote adolescent health and leads us to think that the vast majority actually goes beyond the resolving power of nurses requiring action by managers in overcoming these obstacles, but others leave transpire lack of will or decision of most professionals actually initiate actions for these young people.

DSC 4: We worked with excess number of people and a lot of bureaucracy interferes assistance. There are so many indicators to reach people that just letting go of activities that could be undertaken for teens. The adolescence itself is a difficulty because there are some who do not want, do not like, do not get involved, and they do not seek health care facility, seeks only the health unit when pregnant or when you have a health problem. Another factor that makes it very difficult is the lack of information for parents, who often do not understand and even opposes the process, explaining that this can cause the teen to early sexual practice. Lack time, everything gets back the nurse and I also lack training and support. The municipality has to provide means, mechanisms, tools and dispose of material resource and financial and creating partnerships.
The fifth discourse refers to facilities found to carry out activities to promote adolescent health and emphasizes that, despite being known for rebellion and instability, nurses rated them as curious, interested, responsive, participatory and eager for novelty. These factors combined will of the enablers professionals working with this population can be a positive aspect in this process.

DSC 5: Teenagers are very responsive, participatory, mostly, and well willing to participate in groups and educational activities. It's a good group to work and are eager for novelty. I have the desire to work and easy to assemble them. The schools are also open to work jointly education and health and it is very good, since the school is where many teens focus.

DISCUSSION

With regard to actions directed at adolescents the Ministry of Health emphasizes that actions targeting this population should be the result of the interaction between health and other sectors to health promotion, identification of risk groups, early detection of diseases, treatment appropriate and rehabilitation of individuals in this age group, always in full, multisectoral and interdisciplinary.\(^6\)

The adolescent service is not contemplated in the FHS schedule effectively and the actions being taken are the same used for other individuals and occur predominantly during consultations or other services, was a notable absence of a group that work in an organized and ongoing issues related to the health of young people.

According to professionals some of the factors that contribute to the promotion of adolescent health do not happen in the way you want; the numerous activities performed by nurses, not looking at the FHS teenagers and/or lack of preparation of the service itself to receive it.

Seeing the duties of nurses in the FHS are actually found that many functions as it should make the direct care nursing consultation in all areas (women's health, child and adolescent, family planning, hypertension, diabetes, among other); ask exams, prescribe/transcribe medications, manage, coordinate, implement and evaluate the unit, supervision and coordination of the actions of the Community Health Agents and nursing assistants.\(^7\) However, these functions cannot be called as a factor impediment for adolescents, since this comprises one aspect of their framework for activities.

In DSC 1 adolescent access to health services is also cited as a contributing factor for the promotion of their health still occurs discretely in primary care. In a similar study observed difficulty justifying the relative absence of adolescents in health services is due to short supply of actions to them or to the low demand for them, since these two factors are interrelated and refer to how the health service is structured.\(^5\) This view also shared by the subjects of this study to the extent that it did this same question in relation to the access of young people in primary care.

Despite the evidence that many aspects need to be improved to work to promote adolescent health, nurses recognize the benefits of the same health of this population; as well as they are contributing to improving the quality of life of future adults and therefore changing the profile health of the population.

Many of the actions mentioned in the DSC 2 to promote adolescent health as lectures, mini-course and conversation circles are fundamental activities of the process of health education, which is activity through the promotion of health, especially in the context of primary care.

The Ministry of Health explains that performing actions and educational practices can be individual and in groups, but the educational groups for adolescents should be unique to this age group, it is recommended to divide the groups in age from 10-14 years old and 15-19 years old to obtain better results.\(^8\)

A study aimed to know the importance of the peer group in adolescence showed that the adolescent emphasizes the importance it assumes for its healthy development, revealing that in many situations is between peers that is open to express themselves and feel valued.\(^9\)

Importantly, the success of educational programs in health is not always noticeable because they are complex activities that can be immensely related to careful planning of actions to be performed and, when the target audience, the venue and the right strategies and continuity of actions.\(^10\)

The DSC 2 also expressed that activities to promote adolescent health are actually anchored in the principles of health education. But as fragmented, ad hoc and are not aimed at a specific group of teenagers cannot bring results as expected.

The FHS throughout its existence has been seeking to realize the ideals of health promotion in view of the quality of life of Brazilian people, however, it requires for its
sustainability, establishing ongoing intersectoral partnerships, combining actions interdisciplinary care, prevention and health Promotion.\textsuperscript{12}

In this sense the school, as a place of maximum concentration of adolescents and have a supportive environment and conducive to learning, must be engaged in the development of healthy public policies and in stimulating the creation of environments that favor health and learning behaviors that allow implication of increasing the population in health promotion projects.\textsuperscript{13}

One aspect also critical to the success of the educational process is listening to customers and since the promotion of adolescent health in the FHS is focused on health education activities, the nurses reported, as seen in the DSC 3, an approach with the reality of young people to meet their needs and thus contribute to education and health promotion more effective.

In a work that was focused on lifting the causes of low supply of educational activities by FHS teams and identifying the main problems in the development of these actions, it became clear that today's educational practice requires the knowledge of reality, and a critical those who intend to develop any theme, because health education should be based on critical reflection group on the problems and the actions needed to improve the quality of life, health and well-being of those involved.\textsuperscript{14}

Involve adolescents in educational activities requires skill on the part of professionals, since they must arouse the interest and attention of these clients. To accomplish this, nurses must draw on elements that promote this as, for example, inserting other actors and topics of interest to young people, using creative resources and encourage them to debate; making participation in it is more active.

The adolescent service is really a challenge to the qualities and professional skills, requiring the addition of these technical and scientific knowledge, availability, flexibility and interaction. Moreover, the process of teaching and learning it is directed to the expense of using alternative practices because they signify a break with routine and generate greater educational advancement in training this be, that, being trained, acts as care of themselves and other teens.\textsuperscript{15}

Many difficulties permeate the realization of this practice in the context of the FHS. For nurses this study the many tasks assigned to them, especially activities and bureaucratic excess number of families which have to provide assistance, as expressed in DSC 4, culminates in the absence of time available for other activities, among them an assist and greater attention to adolescents.

There is an urgent need to discuss the lack of preparation of managers and their subsequent lack of vision of public health that bind the conduct of the profession, particularly the nurses, and the various bureaucratic jobs and do not encourage health education activities. On the other hand, one must review the conduct of the professionals themselves, who simply settle to consult and report at the end of the month, leaving in the background the activities that should be priorities of your practice in the FHS.\textsuperscript{16}

In the view of the professionals in this study, adolescents in themselves are a factor that is difficult to perform actions that involve, as some are shy and do not allow themselves to enjoy these moments and the vast majority just goes to the clinic when they have some commitment making it difficult to perform activities of preventive nature.

In a study on the care program for adolescents in Emaús, Belém-Pará, revealed that the group of teenagers was the least sought health services and, when sought, usually by disease was first, followed by pregnancy and dental problems, leading them to believe that the reason for looking at adolescent health service has been beyond the clinical problems 17, a fact which goes in line with the vision of the nurses in this study.

Parents were also cited as one of the aspects that made it difficult to work with adolescents, especially during activities involving sexual orientation, for many, still think that this thematic approach encourages the adoption of this practice, prevent your teen to participate in these events, thus revealing the fear and difficulty of these parents accept that early sexual activity is increasingly early.

In a study that sought to characterize program actions and preventive intervention for adolescents developed by doctors and nurses of the Family Health, it was found that they are encountering difficulties in addressing the teenagers and one of the factors is the lack of parental acceptance in relation to some issues, especially about sex, a difficulty also experienced by the subjects in this study.\textsuperscript{17} This fact that arouses uneasiness and urgency to carry out work also directed to parents.
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Other difficulties were flagged to lack of support from managers, training professionals, partnerships, physical infrastructure, transportation, material resource and financial difficulties which make not only the performance with the teenager, but also affect the work across the FHS.

In a study that sought to define the profile of the professionals and the organization of work in daily Family Health Program, it was identified that the main difficulties were the lack of infrastructure to support the agencies responsible for FHS and transfer of funds and the absence of any kind of training/qualification for the top-level professionals (doctors and nurses) may act in the FHS. This aspect is extremely important and emphasizes that the success of worked performed in primary care is the summation of the performance of good professionals and managers committed.

In DSC 5 we see that facilities are also found, but in spite of respondents consider the characteristics of adolescent strengths to promote your health is important to emphasize that they are for active, curious, idealistic protesters and become susceptible to various risks personal and social. Hence the need to carry out work with these stakeholders to channel all this potential in favor of healthy behaviors.

An interesting aspect that deserves consideration is the fact that the teen be considered in DSC 4 difficulty to perform activities to promote health and DSC 5 reveals itself as a facility, which indicates the complexity of being a teenager, until even from the point of view of nurses, now considering the simplistic and sometimes complicating implementation of practices for health promotion.

Other events that contribute to the achievement of the promotion of adolescent health are ease of bringing them together and eagerness that nurses report having to implement this action, according to them, unlike other age groups, the teen is very frequent when asked to participate in the activities planned.

In contrast, it was observed that some professionals of a similar study reported that even the service providing activities for the prevention or health promotion, adolescents do not attend and membership is very small.

Given that this reinforces the perception of professionals about the teenagers, now being considered easy to work sometimes complicated.

Although adolescents are considered a clientele sometimes accessible to work and sometimes difficult, nurses declared willingness to perform actions with a focus on health promotion of these, but for having more difficulties that facilities, realize that these interfere much in the way to commit them in the FHS.

CONCLUSION

It was evident that the promotion of health in the context of FHS targeted to adolescents is not yet a reality very present being carried out mainly within other programs already established in primary and whose actions are directed to different age groups.

Another issue is that some nurses have already developed initiatives geared towards teens, although they have been sporadic, disjointed and without continuity, which shows a willingness to act on the health of these young people, although there is lack of perseverance of nurses for this activity occur in a more organized and frequent. This is mainly related to the impact which causes difficulties, contributing to the promotion of adolescent health that happens quite discreet in primary care.

Reflections about how the actions are occurring health promotion directed at teenagers in the FHS should be encouraged because the speeches, it is observed that the teenager is not getting due attention on the part of health services, which contributes to that many young people adopt in situations and risk behaviors.

Health professionals, because they are health promoters, should be involved in the context of adolescents, seeking to understand their biopsychosocial development process, the risks and problems associated with this phase of life, and so, it is taking actions that generate a change in behavior for health and quality of life.

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REFERENCES


Machado MFAS, Araujo NR de.

