



ADOLESCENT'S EXPERIENCE IN AN INSTITUTIONAL SHELTER UNIT
VIVÊNCIAS DE ADOLESCENTES EM UMA UNIDADE DE ACOlhIMENTO INSTITUCIONAL
EXPERIENCIAS DE ADOLESCENTES EN UNIDAD DE ACOGIMIENTO INSTITUCIONAL

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ABSTRACT

Objective: to know the conceptions of adolescents about living in an Institutional Shelter Unit. **Method:** descriptive, exploratory, qualitative approach, carried out with five temporary resident adolescents in an Institutional Shelter Unit. The data collected through semi-structured interviews were submitted to the Content Analysis technique. **Results:** three categories emerged: Reasons that led adolescents to the Institutional Shelter Unit; Living in the Institutional Shelter Unit; The day-to-day in the Institutional Shelter Unit. **Conclusion:** it is necessary that the nurse and other professionals who work with adolescents discuss and know the reality they live in, in an attempt to integrate them into society, as human beings, with rights and duties of citizens, tending to their needs and understanding the changes. **Descriptors:** Adolescent; Institutionalization; Nursing.

RESUMO

Objetivo: conhecer as concepções de adolescentes sobre o viver em uma unidade de acolhimento institucional. **Método:** estudo descritivo, exploratório, de abordagem qualitativa, realizado com cinco adolescentes residentes temporárias em uma unidade de acolhimento institucional. Os dados coletados mediante entrevista semiestruturada foram submetidos à técnica de Análise de conteúdo. **Resultados:** emergiram três categorias: Motivos que levaram as adolescentes à Unidade de Acolhimento Institucional; Morar na Unidade de Acolhimento Institucional; O dia a dia na Unidade de Acolhimento Institucional. **Conclusão:** necessário se faz que o enfermeiro e demais profissionais que atuam com adolescentes discutam e conheçam a realidade vivenciada pelas mesmas, na tentativa de integrá-las à sociedade como seres humanos, com direitos e deveres de cidadãos, atendendo suas necessidades e compreendendo as mudanças vivenciadas. **Descritores:** Adolescente; Institucionalização; Enfermagem.

RESUMEN

Objetivo: conocer los conceptos de adolescentes acerca de la vida en una Unidad de Acogimiento Institucional. **Método:** enfoque descriptivo, exploratorio, de abordaje cualitativo, llevó a cabo con cinco residentes adolescentes en una sede institucional. Los datos recogidos mediante la entrevista semiestructurada, se sometieron a la técnica de análisis de contenido. **Resultados:** tres categorías surgieron: Motivos que llevaron los adolescentes a la Unidad de Acogimiento Institucional; vivir en la Unidad de Acogimiento Institucional, el día a día en la Unidad de Acogimiento Institucional. **Conclusión:** necesaria si hace que el enfermero y otros profesionales que trabajan con adolescentes, discutan y conozcan la realidad vivida por ellos, en un intento de integrarlos a la sociedad, como seres humanos, con derechos y deberes de ciudadanos, teniendo en cuenta sus necesidades y comprensión de los cambios experimentados. **Descriptor:** Adolescente; Institucionalización; Enfermería.

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INTRODUCTION

Adolescence is characterized as a phase of great transformations, corresponding to a long period of human development. At this point in life, emotions and feelings as well as physical changes, are the major marks.¹ The Statute of the Child and Adolescent (SCA) considers that adolescence begins at 12 and ends at 18 years of age.² It is a phase of many changes, both physical, and psychological, in which the adolescent needs to be followed and cared for by the family. Feeling that they are loved and supervised by someone who is their reference, making them feel safe and at the same time committed to their responsibilities while being in training.¹

In Brazil and in other countries, institutionalization in adolescence is part of the reality of many families, especially, the least favored financially, representing a relevant dimension of the current study.³⁻⁴ The withdrawal from family life refers to the concern with the possible negative repercussions in the emotional structuring and the construction of life projects. The SCA considers shelter as a form of protection,² because the majority of the adolescents who find it come from situations such as poverty, various forms of violence and abandonment.

The shelter should provide the adolescents with a welcoming environment where they can find support, establish relationships and create links with the people that are part of their life story, according to the National Plan for the Promotion, Protection and Defense of the Rights of Children and Adolescents to Family and Community.⁵ In relation to the principles of shelter programs, what stands out most is preserving the family bond, not breaking up the sibling group and participating in the life of the local community.^{2,5}

A study carried out in Brazil, on institutional shelter data, showed that there is still a percentage below 6% of units that do not perform any activity with families, despite guidelines and regulations in force in the country.⁶ In addition, a study with pregnant adolescents in a shelter situation in Malaysia, found restrictions on their contact with their relatives.⁷

In this context, it is believed that the way the adolescent perceives the institutional reception unit as important because of the relationships that he develops, both in the school environment and the relations with the employees and caregivers, who often perform both the professional function , And the family compensation function, which can

generate a process of trust and emotional attachment.^{3,7}

The institutional reception units should be prepared to serve the child/adolescent and their families with professionals trained and able to recognize the experiences and the desires of each one according to their life story. At a time when the adolescent is estranged from his/her family environment, externalizes feelings not previously experienced and may be more vulnerable to the various types of violence.³ They must feel loved, be close to the people who are a reference in their life and who favor the conditions that are necessary for its growth and development, both now, and in the future.

The relevance of this research is justified by the National Survey of Children and Adolescents in Reception Services, which accounted for 36,929 children and adolescents received in the country.⁶ Thus, it is noticed that there are many institutionalized adolescents and these need health care in both biological and psychosocial emotional aspects. Thus, it is considered essential that health professionals, more specifically those who make up the Nursing team, discuss and know the reality experienced by adolescents, in an attempt to integrate them into society, as human beings, with rights and duties of citizens.

In order for integration and social reintegration to be possible, it is necessary to know the conceptions of adolescents about living in an institutional reception unit, which is a laborious task and with many knowledge gaps. In view of the above, the question is: how does the adolescent experience the process of living in an institutional reception unit? To answer the questioning, this study aimed to know the conceptions of adolescents about living in an institutional reception unit.

METHOD

An exploratory, descriptive study of a qualitative approach carried out with temporary resident adolescents in an institutional shelter unit, located in Rio Grande do Sul. The institution works in the shelter system, which defines it as highly complex, because it functions 24 hours a day , During the seven days of the week. It serves as a residence for children and adolescents at risk sent by the Judiciary and Guardianship Councils, seeking their protection until their situation is reestablished with the biological family or substitute.

The institution guarantees children and adolescents the presence in school, meals,

citizenship, social inclusion, entertainment and leisure, always based on the established by the SCA.² Adolescents can stay there for a few days to years. At the time of this research, 15 adolescents were institutionalized. As inclusion criteria, were established: to be adolescent (12 years complete to 18 incomplete) and to be living temporarily in an institutional shelter unit.

As exclusion criteria: adolescents with cognitive deficits that made them unable to respond to the interview and those who were no longer in the institutional reception unit during the data collection period. They met the inclusion criteria and accepted to participate, forming the corpus of this study five adolescents.

The data were collected in the months of October to November of 2013, through a semi-structured interview. After data collection, they were submitted to content analysis, which consists in discovering the sense nuclei that compose a communication, whose presence or frequency adds significant perspectives to the object of study.⁸

In this way, the operationalization of the analysis process followed the three steps of the method. In the first stage, an exhaustive reading of the data was sought, followed by the organization of the material and the formulation of hypotheses. Subsequently, the material was exploited, the raw data being encoded. In the third and last phase, the data was interpreted and delimited in thematic axes, according to the meanings assigned.⁸

Ethical and legal precepts involving research with human beings were considered, in accordance with National Health Council Resolution No. 196/96.⁹ Participants signed the Free and Informed Consent Form in two copies, one with the participant and the other Another with the researchers. The project was approved by the Research Ethics Committee CEP 383. To keep the participants' anonymity, they were identified by the letter A (adolescent), followed by a numerical number (A1, A2 ... A5).

RESULTS

The five adolescents interviewed were female, aged 12 and 14 years, with time in the institution that ranged from 15 days to one year and two months. The data analyzed resulted in three categories: Reasons that led adolescents to the Institutional Reception Unit; Living in the Institutional Reception Unit; The day-to-day in the Institutional Reception Unit.

◆ Reasons that led adolescents to the Institutional Shelter Unit

It can be observed that family disruption, the use of licit and illicit drugs by adolescents and / or parents, as well as the death of the mother are reasons that led to institutionalization:

I was sold by my mother to an old man. (A2)
My father drank a lot [...] of drugs in our house. (A4)
I walked a lot on the street, and I smoked, smelled, used marijuana, drank; My brothers were out in the street ... my mother drank and smoked. (A1)
I had to come here ... I'm going to stay here until I'm eighteen, because my mother died last Thursday. (A3)
My mother became ill [...] I had no husband, and no siblings, but I, the adopted daughter [...] she passed away when I was nine years old. (A5)

The adolescents show a desire to return home. One participant reported having twelve siblings and one of her sisters was in the support house with her, but that, through the influence of the bad companies, she ended up running away and no one knows where she is. Another said that she has two brothers living in the support house and two others who were adopted and that, on some weekend visits to the mother, but not always the mother stays at home, which favors to stay in the street:

I have 12 brothers [...] a sister here, the other one who was here, started walking with "T" and then ran away. Now nobody knows where she is [...] (A5)
I wanted to live in my house. (A2)
I have two brothers here and I lost two brothers who were adopted, a boy and a girl [...] sometimes at the weekend I stay at home and sometimes I go to my mother's house to pose. Last weekend I went there and she did not pose at home, so I stayed on the street and I did not like what I did. (A1)

◆ Living in the Institutional Reception Unit

This category reveals how adolescents feel they are living in an Institutional Shelter Unit. Most of them claim to be good, as they consider it better than living on the street. A teenager claims to be good, but the weekends are hard, having to do tasks they do not like. Another teenager said that she does not like the institutional reception unit because of robberies, gossip, discussions and lack of freedom. One reported that she prefers the host unit than her home and another adolescent reported that her best friends live in the institutional host unit:

[...] it's cool, it's better to live here than on the street. (A2)

It's cool, but I do not stop here, I leave at seven o'clock and I'm going back to the eighteenth [...] of the weekend. I do not like it, because the educator "x" tells us to do everything. (A5)

It's bad, because of the thefts that happen here, it's horrible because of the gossip, the arguments and why they do not give us freedom [...] if we leave we have to go out with the educator. (A4)

Very good, because I do not smoke anything else here. I like being here more than at home. (A1)

It's good, my best friends are here. (A3)

The experience of living in an institutional shelter unit, for the adolescent, favored the perception of the ways of relating to the other. A teenager is considered annoying and annoying, which causes other teenagers to get mad at her. Another teenager says she does not like sweets, and, for that reason, when she wins, she shares them with the girls who live with her. In general, they end up having affinity with some adolescents and implication with others, but nothing that undermines the progress of the institutional reception unit:

[...] I do not know, I'm annoying, I make people uncomfortable until they're "mad" at me [...]. (A2)

I do not eat candy, so, I give it to them, I get better with "J" and "P". I do not give the "T", she is very aggressive. (A5)

Normal [...] it is difficult to disagree, but I disagree with some [...]. (A3)

More or less, I get more with "J" and "P", I have problem with "B", with "A" and "T". (A1)

The feeling of fear that the adolescent claims to have at bedtime, manifests itself, especially by living in an unknown place, which although it has been living for some time, does not consider insurance. She tries to keep herself in places with movement and, noise of other adolescents, and, to unwind, ends up making a mess, because, in this way, no one sleeps before her:

I'm afraid of sleeping alone, because, today the "T" scared me a lot, she stopped behind the curtain and came to me, and I [...] hit her with a magazine. At night, I go to the living room, I look at any program, I get the "B" [...], I do the housework and sleep in the living room or sleep with the "B", with the "P" and "K". Sometimes, I stay in the bathroom or in the rooms messing around, listening to music, from there I sleep. (A5)

◆ **The day-to-day in the Institutional Reception Unit**

This category reveals the routine in the adolescent institutional unit. It is observed that all of them, besides attending school, need to help in the order and the proper functioning of the institutional reception unit.

They participate in projects and one of them, at the end of the week, goes out with her boyfriend:

[...] at 6 o'clock I take the bus to school. In the afternoon, I go to the advanced computer course. When I arrive, I feed myself and I go to the playground, I watch television and I'm going to take a shower. At 7:00 pm, I have dinner and then I look at the soap opera. When I finish, I go to the room, or with the other girls to make a mess and to curl. At the weekend, I wake up at 10:00 a.m. and go to the patio [...] sometimes, when I have proof, I die studying, if I do not have it, I'll take the gurias. I go to the internet or to the swing in the courtyard. At night I take a shower and go back to the room. (A5)

In the morning, I go to class, when I come back, lunch and I go to the project, that is Tuesday and Friday; Where we train soccer and handball. On other days I have to do laundry, clean the room and help in the kitchen. At night I watch television, listen to music, talk to the gurias and play ball in the courtyard. (A4)

I sleep late, sometimes on Tuesdays, I have to do the dishes and sometimes I have to wash clothes by hand, but if there is nothing to do, I go to the "J" room and in the afternoon I go to school. (A1)

Friday, after class my boyfriend comes to pick me up, I stay there until 11:00 p.m. Saturday, I leave at fourteen and come back at 10:00 p.m., Sunday, he comes to pick me up for lunch, then I'll be back at 21:00 p.m. (A3)

DISCUSSION

The main challenge of the host units is to promote the health of adolescents, guaranteeing them a healthy life, since, with their relatives, this condition was, at some point, neglected. This reality is complex and is growing, significantly, affecting millions of adolescents, who experience a sense of loss and insecurity due to family disruption, as well as to all forms of violence.^{3-4,7}

The family structure is indispensable in any stage of life, especially in childhood and adolescence, since it is a period of life where many changes occur and, therefore, they present themselves as the most susceptible to potentiate positive feelings and situations and/or negative.

In a study carried out in Mina Gerais (MG), Brazil, 11 adolescents from a socio-educational center (SEC) and 11 adolescents of a school, in order to compare their social representations about violence, showed that both juvenile offenders and adolescents from school, recognize that the family plays a pivotal role in their lives, being able to carry

out emotional and social support, assist in their development in a healthy way or provide risks and conflicts during their development process.¹⁰

In the context of the forms of violence experienced by the adolescents of this research, the psychic was evidenced, mainly due to the family structure concomitant to the use of licit and illicit drugs. Thus, it is evident the need for Nursing action, which has been bringing violence against adolescents as an object of study of their research, given the current magnitude of this phenomenon in society.¹¹

Thus, it is considered imperative to listen, seeking to know the actors involved in violence,⁷ because it is believed that this look can contribute to the implementation of effective actions in face of the social phenomenon, time presented. It is also evaluated that the focus of the studies, in the protection factors, can make possible a paradigm change in the care of the institutionalized adolescents, with a focus on health promotion.

Research conducted in Kenya with children and adolescents pointed to a high prevalence of ill-treatment, drug use exacerbated by parents, as well as the death of one or both, and misery as the main reasons for institutionalization.⁴ This data, corroborates with the results Of this research, which found that the reason for the shelter of adolescents, most of the times, was due to violence, family disintegration and adverse economic and social conditions.

By knowing how adolescents contextualize living in an institutional reception unit, positive and negative factors were evident. A study carried out in Campinas also showed that the host institution was perceived by adolescents as a protection, since they believe that they are better than living in a street situation.¹² In a study carried out with adolescents in the United States showed that the institutional reception favors the improvement of the Deviant conduct, especially, in relation to the use of illicit drugs.¹³

However, the issue of lack of freedom and the norms and routines experienced in reception units often do not please adolescents, and may weaken the exercise of their identities as individuals.¹² Another aspect evidenced by the minority of adolescents, but significant importance, is the representativeness of the unit as a place where there are possibilities, but also with moments of revolt, the desire to return home with the family, even with the conflicts in the

home. Due to the low number of studies on adolescents in the institutional context, no studies were found to substantiate this finding, which demonstrates the importance of the institutional role in trying to maintain the bond of the adolescents with the family, as recommended nationally and internationally.

Among the professionals trained to work with adolescents is the nurse. Thus, it is important that there is a reorganization of Nursing actions more contextualized to the condition of life and health of this public. Thus, actions that can address, through an expanded vision, the needs of the adolescents welcomed, aiming at the development of educational practices, both individual, and collective, should be stimulated in order to guarantee the exercise of human rights.¹⁴

It is up to the professionals who work in the unit to understand the diverse feelings expressed by the adolescents, performing a care that favors their adaptation to the new and unknown. Adolescents have dreams and needs and need an adult to help them understand what is best for themselves, to enable them to become safe, life-long adults with future perspectives.¹⁵

In this study, adolescents have a routine with characteristics that resemble that of other adolescents, since they attend school, participate in activities, projects, housework and a boyfriend. However, it was possible to observe that being far from home, of the family, alter ways of acting and the temperament of each of the adolescents, in their singularity and subjectivity.

In a study carried out with nurses who develop their care activities in Institutional Shelter Units in southern Brazil, professionals reported that sheltered children/adolescents need a care that essentially addresses empathy and welcoming dialogue, so they can feel at ease, protected and free to exhibit their fears, yearnings, and limitations.

In order to contribute to these considerations, it is necessary that the nurse, together with the multi-professional team that acts in the institutional reception unit, helps in coping with situations that can go beyond the social and cultural domain. It is necessary, to know how to identify these situations and to face them in a way that helps the adolescents to lead their lives.

CONCLUSION

It was possible to perceive the conflicts experienced by a group of adolescents in an institutional reception unit. It was highlighted how difficult it is, for some of these girls, to

be away from home, from the family, even if this is not an example to follow.

The relationship between them, the need to feel free and useful, future perspectives, rebellions, routines in the host unit, as well as the day-to-day life of adolescents, are similar to that of other adolescents of the same age group. What differs is the family experiences and conflicts that have led them to experience situations of shelter, such as: living on the street, prostitution, drugs, sometimes different from other adolescents who live with a good family structure, therefore, regardless of the financial and social condition of the families, what adolescents need is to feel loved, protected and watched over. In this scenario, nurses are fundamental because they can work for the education and promotion of adolescent health. It is usually the health professional who stays with people for the most time, so, she has a greater opportunity to explain and guide the adolescents about the developmental stages, sexuality, conflicts, needs and feelings generated by family and social problems.

This study presents limitations inherent to any qualitative study, which does not allow generalization. As potentialities, the receptivity of the adolescents who participated in the study was emphasized, contributing to the effectiveness of the study, which may serve to stimulate new research in the area, improving the professionals' performance in the care of multi-dimensions of adolescents in similar conditions.

It is suggested, therefore, the construction of research that encompasses the knowledge of adolescents' perception of living in the home, as presented in this research. It is considered relevant to also research the participation and role of the professionals of these institutions, to understand if there is and how the reception and the bond are established so that the adolescents feel more and more secure.

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