SOCIAL DETERMINANTS IN HEALTH FROM THE ADOLESCENT'S PERSPECTIVE: PHOTO VOICE

DETERMINANTES SOCIAIS EM SAÚDE NA ÓTICA DE ADOLESCENTES: FOTO VOZ DETERMINANTES SOCIALES EN SALUD EN LA ÓPTICA DE ADOLESCENTES: FOTO VOZ

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ABSTRACT

Objective: to investigate, from the point of view of adolescents, which social determinants influence their health and the community where they live. **Method:** it is a qualitative, descriptive study, using the Sensitive Creative Method, through the Dynamics of Creativity and Sensitivity photo voice, with ten adolescents of elementary school of a public school of periphery. The photographs were recorded in the neighborhood where the adolescents live, answering the question that generated debate: "For you, what factors influence your health and the health of the community where you live?" The adolescents were then encouraged to report the motivation for carrying out the photographic record. It was adopted to classify, order and systematize the empirical material, the technique of Content Analysis in the Thematic Analysis modality. **Results:** two themes were obtained: "Social situation in which one lives: images of social reality" and "From naive to critical consciousness: the voice of adolescents". **Conclusion:** it was pointed out that when adolescents were given voice, it was observed that they identified the social determinants and reflected how they influence their lives and the community. It is reported that this process can contribute to the transformation of realities and reduce vulnerabilities. **Descriptors:** Adolescent; Community-Based Participatory Research; Photography; Health Promotion; Social Determinants of Health; Awareness.

RESUMO

Objetivo: investigar, sob a ótica de adolescentes, quais determinantes sociais influenciam a sua saúde e a da comunidade onde vivem. **Método:** trata-se de estudo qualitativo, descritivo, empregando o Método Criativo Sensível, por meio da Dinâmica de Criatividade e Sensibilidade foto voz, com dez adolescentes do ensino fundamental de uma escola pública de periferia. Registraram-se as fotografias no bairro onde os adolescentes vivem, respondendo à questão geradora de debate: "Para vocês, quais os fatores influenciam a sua saúde e a saúde da comunidade onde vivem?". Estimularam-se, em seguida, os adolescentes a relatar a motivação para a realização do registro fotográfico. Adotou-se, para classificar, ordenar e sistematizar o material empírico, a técnica de Análise de Conteúdo na modalidade Análise Temática. **Resultados:** obtiveram-se duas temáticas: "Situação social em que se vive: imagens da realidade social" e "Da consciência ingênua para a consciência crítica: a voz dos adolescentes". **Conclusão:** ressalta-se que, quando se deu voz aos adolescentes observou-se que eles identificaram os determinantes sociais e refletiram como eles influenciam suas vidas e da coletividade. Informa-se que esse processo pode contribuir para a transformação de realidades e reduzir vulnerabilidades. **Descritores:** Adolescente; Pesquisa Participativa Baseada na Comunidade; Fotografia; Promoção da Saúde; Determinantes Sociais da Saúde; Conscientização.

RESUMEN

Objetivo: investigar, bajo la óptica de adolescentes, qué determinantes sociales influncian su salud y la de la comunidad donde viven. **Método:** se trata de un estudio cualitativo, descriptivo, empleando el Método Creativo Sensible, por medio de la Dinámica de Creatividad y Sensibilidad foto voz, con diez adolescentes de la enseñanza fundamental de una escuela pública de periferia. Se registraron las fotografías en el barrio donde viven los adolescentes, respondiendo a la cuestión generadora de debate: "Para ustedes, ¿qué factores influncian su salud y la salud de la comunidad dónde viven?". Se estimuló entonces, a los adolescentes a relatar la motivación para la realización del registro fotográfico. Se adoptó, para clasificar, ordenar y sistematizar el material empírico, la técnica de Análisis de Contenido en la modalidad Análisis Temático. **Resultados:** se obtuvieron dos temáticas: "Situación social en que se vive: imágenes de la realidad social" y "De la conciencia ingenua para la conciencia crítica: la voz de los adolescentes". **Conclusión:** se resalta que, cuando se dio voz a los adolescentes se observó que ellos identificaron los determinantes sociales y reflejaron cómo influncian sus vidas y la colectividad. Se informa que este proceso puede contribuir a la transformación de realidades y reducir las vulnerabilidades. **Descriptores:** Adolescente; Pesquisa Participativa Basada en la Comunidad; Fotografía; Promoción de la Salud; Determinantes Sociales de la Salud; Concientización.

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How to cite this article

Marim TD, Partelli ANM. Social determinants of health from the adolescent's perspective: photo voice. J Nurs UFPE on line. 2019;13:e239114. DOI: <https://doi.org/10.5205/1981-8963.2019.239114>

INTRODUCTION

It is known that health has, as determinants and conditioning factors, food, housing, basic sanitation, environment, work, income, among other aspects that evidence the social and economic organization that reflects in people's lives in the place where they are inserted¹ in a certain time-space.² The territory is related to a delimited area where life happens subject to certain interrelations, rules or norms.

It is believed that the recognition of the territory by the health professional is a basic step for the characterization of the residents and their needs, as well as for the analysis of the effect of the services on the health levels of the population, making possible the development of practices according to the daily life of individuals,³ that is, directed to the real needs of the population.

Tem-se discutido, nos últimos anos, o emprego de estratégias que visam ao desenvolvimento de uma visão crítica no indivíduo de forma que este possa ser participativo no processo de mudança. Confia-se que a participação comunitária é o fundamento para o exercício da cidadania, tendo como componente fundamental o empoderamento da população pelo fortalecimento, construção da autonomia e cidadania no controle dos condicionantes e determinantes de saúde.⁴⁻⁵

In this context, it is referred to the Popular Education in Health, initially systematized by Paulo Freire, who had pioneered the production of knowledge associated with practice,⁵⁻⁶ recognizing the user as a subject capable of establishing a dialogical dialogue with the health service and developing a critical analysis of reality, making it possible to increase strategies of struggle and coping.⁷ In this sense, education should be thought of as a collective exercise in individual creativity and in the appreciation of experiences⁸ at all ages.

It is understood that adolescents are often placed as agents of the present, but they have few spaces to participate in the political and social life of their community.⁹ In Brazil, in 2010, more than 34 million people in the age group of ten to 19 years, representing 18% of the population.¹⁰ It is composed by this expressive population, one of the research priorities of the National Agenda for Priorities in Health Research, because it is exposed to risks and vulnerability relationships to be overcome urgently.¹¹

It is necessary that health professionals use strategies that aim to develop a critical vision in the individual, so that it can be participatory so that the process of change can make sense and be meaningful in their daily lives.¹²

Therefore, in this research, we adopted methodologies that provide greater autonomy and

freedom for adolescents, in addition to valuing the experiences, thoughts and opinions in relation to the environment in which they live through criticism,¹³ because, when encouraged to participate actively in the process of health care, adolescents develop awareness and co-responsibility for the real health needs in the place where they live.¹⁴

OBJECTIVE

- To investigate, from the perspective of adolescents, which social determinants influence their health and that of the community where they live.

METHOD

Participatory research,¹⁵⁻⁶ with a qualitative research approach, was used in the group space of the Sensitive Creative Method (SCM), a type of research based on art.¹⁷ Through participatory research, it is possible to produce knowledge in the collective space by sharing experiences, experiences and knowledge of knowledge, and the participant actively acts in their social reality. They approach researchers and participants who distance themselves from the scenario where research is taking place to develop strategies for social change¹⁵⁻⁶ and, when developed in conjunction with SCM, artistic expression served as a way of accessing the human experience, giving more freedom to reflect and act with the mediation of art.¹⁷

The research was carried out with students enrolled in elementary education at a public school located in the periphery of BR 101, in the Litorâneo neighborhood, in the municipality of São Mateus, Espírito Santo. This school was selected because it is close to the university, because it facilitates access by researchers who carry out research and extension projects and because it is located in a region of great social vulnerability, according to the number of families enrolled in the Federal Government's Single Register for Social Programs.¹⁸

It is reported that ten adolescents participated, with five girls and five boys, aged 12 (eight adolescents) and 13 (two adolescents), who met the inclusion criteria: 1 - age between 10 and 19 years (according to definition of the World Health Organization); 2 - carrying out general health and citizenship test and 3 - being among the top ten in the test. Students with cognitive, intellectual and motor deficits that compromised their engagement in the dynamics were excluded. The Free and Informed Consent Term was signed by all the participants and they signed the informed assent agreement agreeing to participate in the research.

In order to capture the images of the social determinants that influence the health of the

adolescent and the community in which they live, the dynamics of creativity and sensitivity (DCS) foto voz19 do SCM.¹⁷

It is explained that the SCM is an alternative research tool where the groups elaborate artistic productions and develop a group discussion mediated by Freire's critical-reflexive. As a fundamental axis, the DCSs are presented for answering a question that generates debate (QGD). They become the dialogues, in the group space, enlightening and, in this way, the consciousness is expanded, revealing opinions, and the group then assumes a new reality, transforming the naive consciousness into critical consciousness.¹⁹ This method is performed in five moments: in the first, the reception, the presentation and the group interaction take place, adopting some device of relaxation and sensitization. The QGD is presented and the objectives of the dynamics and its development process are described. It develops, in the second, individual or collective work to promote group interaction and awaken the creative and sensitive dimensions. The texts generated are presented in the third, and can be verbal, imagistic and written, which helps to state existential situations. The fourth is reserved for the collective analysis of production, codification of existential and existential situations in generative themes founded on the reflexive critique of group dialogue. The group focuses on the collective and individual aspects of the experience, discovering the common and the unusual for the purpose of negotiating the sub-themes decoded from the generating theme. The theme is summarized in the fifth section and then validated.

People are used in the photo voice to document their health and work realities.¹⁹ It is described that as participants engage in a group process of critical reflection, they can advocate changes in their communities, using images and stories to communicate with local policy decision-makers.¹⁹⁻²¹

There were weekly meetings, totaling seven meetings, in the months of April and May 2016, with a minimum duration of one and a maximum of three hours, in the computer lab of the school, private place reserved for the research on days and times previously scheduled.

It was clarified, in the first meeting, about the project, agreeing the days and times of the other meetings and the activities to be carried out in each one. A digital photographic camera (Sony-DSC-W690 / R) and training on the operation, care and manipulation of the equipment by the researchers were received in the second, by each participant. The participants were divided into three groups: three adolescents and two adolescents with three adolescents to perform the photographic records from the QGD: "For you,

what factors influence your health and the health of the community where they live? " The neighborhood was visited by adolescents, recording images that responded to QGD in two afternoons (two hours a day).

The images recorded by each participant in a notebook were downloaded, where a folder titled "fotografia" was created with sub-folders for each adolescent containing the date of the registrations.

The projection (Epson Powerlite Projector S18) of the whiteboard images was given in the fifth, sixth and seventh meetings, and the adolescents were encouraged to report the motivation of the recording of each image. After the individual presentations, the group discussion where repeated photos were excluded and which had the same motivation, resulting in a bank with 136 images. During the individual presentations and group discussion, the researcher and research aids were key words and, at the end of each meeting, these words were sent to the group for the validation of the textual contents produced. The meetings were recorded.

In order to classify, order and systematize the empirical material (captured images and narratives), the Content Analysis (CA) path, which refers to the study of both the contents in the language figures, ellipses, between lines, and the manifestos.²² In this study, the cut was chosen according to the Thematic Analysis (themes), which led to the use of sentences, sentences or paragraphs as analysis units (AU). Thus, the thematic analysis was developed through the following steps: a) pre-analysis; b) exploitation of the material; c) treatment of results and interpretation. Frames were drawn up with the AU in common, applying the theoretical framework adopted, obtaining two themes: "Social situation in which one lives: images of social reality" and "From naive to critical conscience: the voice of adolescents".

After the analysis movement, a final meeting was held with the participants where the final material was presented, discussed and validated by the group.

The research was approved by the Research Ethics Committee of the University Center of the North of Espírito Santo under number 49172415.6.0000.5063. The statements of the participants with fictitious names, followed by age, were identified in order to guarantee confidentiality and privacy.

RESULTS

♦ Social situation in which one lives: images of social reality

It was revealed in the images captured by the ten adolescents that it is common to find

reservoirs, such as disposable cups, tires, open water box and sink with standing water on the streets and on the grounds of the community where they live (Figure 1A). Garbage and rubble were found lying in the middle of the street and on the ground (Figure 1B). It is added that there is the presence of animals such as the horse that appears in a photograph surrounded by wire, which is near the BR 101, a place where there is a lot of cars, and the apparently ill dog, wandering in the middle of the street (Figure 1C).

Images of food and beverages found in the market, bakery and bar (Figure 1 D), which are part of their daily life, as well as alcoholic beverages and cigarettes (Figure 1 E) were also brought to the adolescents. The Basic Health Unit (UBS) and pharmacy were registered as health care facilities (Figure 1 F) and toys, sandfield, lan house computers and books found in the school library as places of leisure and education (Figure 1G).

Figure 1. Mosaic of community images captured by adolescents. São Mateus, (ES), Brazil, 2016.

In the images recorded by the adolescents, they identified their reality, difficulties and limiting situations regarding their way of life and the social

relations that influence their health and the community where they are inserted.

• From naive to critical consciousness: the voice of adolescents

Throughout the various reservoirs with accumulated water, health damages can be brought about as diseases caused by mosquitoes and other microorganisms.

[...]when it rains, the water falls inside the tire and can cause dengue, chicungunha,

Zika and several other diseases. (Sara, 12 years)

[...]can bring many diseases, be focus for dengue and bacteria. (Erica, 12 years old, Gil, 12 years old)

[...]it harms the health because it brings diseases caused by the mosquito, like dengue and chicungunha because there it has water. (Ygor, age 12, Beatriz, 12 years old)

They are denounced by the images of garbage and rubble thrown in the street, habits of the people resident in the place, as well as the precarious maintenance of the cleaning by the public organs. People's lives are affected by garbage and debris and can cause illness and injury. It turns out that villagers have a habit of putting garbage in front of their homes or playing in vacant lots without worrying about smell, annoyance with neighbors and days of garbage collection, and it is up to the person who generated the garbage to put it in protected reservoir and take it to the street, close to public pick-up time, but according to adolescents, public collection is inefficient or unrealized.

It is forbidden to throw rubble, but someone threw it! It damages health [...] it does not help to have a clean house, with a vacant lot on the side that can bring disease. And nobody does anything! (Sara, 12 years old)

[...]people wait for the trash car to pass and then throw the trash in the middle of the street! [...] the population is wrong because they threw trash on the floor and not the trash can. (Rita, age 12, Roger, 13 years old)

[...]it looks like the garbage truck never goes by! [...] Several foods thrown away, and there are many people who need it! (Guto, 12 years old)

[...]you risk cutting the foot with the rubble. They could play inside a barrel [...], people play in the middle of the street! [...] the garbage is around the houses as if it were a garbage dump. It's rubbish, rubbish here! (Guto, 12 years old, Rita, 12 years old, Gil, 12 years old, Ygor, 12 years old)

Adolescents have been shown to be concerned about finding abandoned animals or places they think are inappropriate, as well as mentioning that the dog appears to have disease and can transmit it.

The dog has his leg "naked" and can bring disease in the hair [...]. (Gil, 12 years old)

The dog can transmit diseases. The horse is good for us to ride, but where he is, it is a very bad place and he can die because there is no place

for him to stay! (Guto, 12 years old, Gil, 12 years old, Beatriz, 12 years old)

Disponibilizam-se os alimentos no mercado, padaria e bares da comunidade e estes fazem parte do consumo: arroz, feijão, sal, açúcar, além de pães. Percebe-se que os adolescentes têm conhecimento de que os salgadinhos (aperitivos) e pães recheados, assim como o refrigerante, trazem prejuízos à saúde, apesar de serem saborosos. Identificaram-se, pelos participantes, os aspectos positivos e negativos dos alimentos. Verificou-se que eles conhecem parcialmente os prejuízos causados pela má alimentação e que o baixo nível econômico da comunidade e o menor custo de alimentos nutricionalmente inadequados ricos em açúcares, gorduras e sal favorecem o seu consumo.

Rice, beans, sugar and salt are part of my diet. (Gil, 12 years old)

Beans are good for our health [...] have iron and vitamins. (Beatriz, 12 years old)

Bread is tasty, but has coverage, too much sugar that causes diabetes. [...] It's very tasty. If it hurts, I do not care! (Rita, age 12, Ygor, age 12)

O chips não é bom pra saúde porque tem muita gordura e engorda. É puro isopor! (Silvia, 12 anos; Gil, 12 anos)

O refrigerante pode ser bom ou ruim para a saúde. É bom porque a gente bebe e ruim porque engorda. [...] iogurte, suco e água mineral são bons para a saúde! Iogurte tem vitaminas e a água mineral é uma coisa boa porque é uma coisa que a gente bebe e não tem açúcar, sal, essas coisas assim. (Guto, 12 anos; Gil, 12 anos)

In relation to alcoholic beverages, alcohol was associated with chronic health effects such as cirrhosis of the liver by adolescents, which also related the consumption of alcoholic beverage to the vehicular direction and the risk of accidents with death.

Beer and cachaça are bad because it can cause cirrhosis. Several people drink and drive, will something happen? (Beatriz, 12 years old)

If you drink, you can not drive because it can cause death. (Lucas, 12 years old)

The consumption of beer by an adolescent was identified, although the consumption and commercialization of alcoholic beverages for children under 18 years in Brazil.

Beer is good! Not good for health, is it? But it's too good! Cachaça is not good! (Guto, 12 years old)

It is noted, in relation to cigarette smoking, that adolescents are aware of the damages caused and cite the disease in the lung as the main problem caused by their use.

The cigarette is not good for health, it is bad for the lung. (Gil, 12 years old)

Adolescents were identified by the BHU and the pharmacy as the neighborhood's health access points. According to them, UBS is able to access condoms, medication and medical consultation. It

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is called attention to the search for the health service still be driven by the disease and associated factors. The benefits of the drug were reported for treatment, while criticizing it as a drug.

People will treat the body at the health clinic. Get medicine and preservative. (Sara, age 12, Roger, 13)

The bad thing about the drug is that it sucks and we bought it at the drugstore. Good is good for people, not to die and take care of diseases. (Ygor, age 12, Silvia, age 12, Erica, age 12, Rita, age 12)

It has been demonstrated, when it comes to the forms of leisure, the use of ball, computer of the lan house and the sand field. It is noted, however, that some associated leisure in the field with the possibility of acquiring diseases, due to the easy access of abandoned animals in the neighborhood.

The education in the lines was valued, relating the study with the entrance in the labor market. The library books were cited as a door to the acquisition of knowledge by reading and the computer, as well as fun, is used as an instrument for acquiring knowledge and a means of interaction between people.

Playing ball is good! Because people run, jump, crouch, get up. (Roger, 13 years old)

The sand field is good and bad. It's good because people have fun! Bad because the dog needs it in there and can cause ringworm in the foot (in the field). (Rita, 12 years old)

The computer serves to know things. It's good to mess around on the internet and communicate with people via Facebook [...] (Roger, 13).

Education is good! Because if you do not study, you can not get a job. (Ygor, 12 years old)

Library where we can read. Reading, we learn more. (Silvia, 12 years old)

DISCUSSION

According to the study, the determinants of health were analyzed according to the adolescents' perspective. Images and narratives that correspond to the low social level of life were brought by the participants. In relation to the social situation in which they live, the photographic record shows the various deficiencies in the neighborhood, such as: standing water in several reservoirs exposed by residents; litter and debris in the streets and on land; presence of abandoned animals on the streets and on land and places that relate to health, education and leisure. The food and beverages that are present in the daily life of the community were also brought. It was observed, when adolescents were given voice, that they reflected on the impact of social determinants on their lives and the community. This data collection strategy is built in and by the community, where it was possible to expose the world view of the adolescent and the

Social determinants in health from the...

critical opinion in the place where they are inserted.²³

Têm-se demonstrado, pelo desenvolvimento e implementação de estratégias de coleta de dados, como a foto voz, que combina membros da comunidade e pesquisadores, resultados positivos, pois os adolescentes são agentes de mudanças de suas próprias vidas e capazes de refletir com a comunidade pontos fortes e preocupações com o futuro.²⁴ Tornam-se, dessa forma, protagonistas para a avaliação de questões que envolvem a saúde pública.

It is added, in this way, to reflect their daily life, that adolescents internalize knowledge and values that are building their own ways of perceiving the world and being in it. Health professionals¹² must therefore be aware of the fact that these young people need to be considered active subjects in a constant process of construction and transformation of themselves and of their social relations, since it is through this construction that the adolescent becomes an autonomous subject within the health process.²⁵

It is believed that health education in a dialogical, critical and creative way is an increasingly current, necessary and effective strategy of health care, since, for the Unified Health System (UHS), health education is a set of practices with the potential to stimulate the autonomy of the people, from the incorporation of educational actions in the daily life of the health services.^{13,26}

It is recognized by the users of the Family Health Strategy that there are educational actions permeated by listening and dialogue. In practice, however, there are still educational actions centered on the hegemonic medical model, focusing on specific themes for certain population groups and with emphasis on the transmission of knowledge, not valuing the socio-historical context where the user is inserted and the repercussions for their health.²⁷

It is emphasized that caring is to promote the autonomy of the subject and his family and, for this, it is necessary to overcome the current hegemonic model and to re-signify the care, the way of caring, jointly constructing strategies to promote health as a form of care between the teenager who is cared for and the professionals involved.⁴

It is considered the work with groups, such as the one carried out in this research through SCM, a care technology to be used by nurses in their practice, in the scope of Collective Health. In these dialogic spaces, the valuation of the different knowledges and the possibility of intervening creatively in the health-illness process of each person are favored. The advantages of the group's realization in facilitating the collective construction of knowledge through reflection on

the reality experienced by its components, and the vertical relationship between the nurse and the patient are broken, and facilitate the expression of the needs and expectations.²⁸

It is necessary that each individual seeks to increase the degree of consciousness within the problems of his time and space, seeking in the dialogue a foundation within his values, seeking equality, autonomy, respect for difference. It is shown in this sense by Paulo Freire that the more man seeks knowledge before the world, the more he will be challenged to seek answers through dialogue. Freirian pedagogy, because it is dialectic and dialogical, is also considered critical and creative, since it challenges man in overcoming modernity, in order to construct new elements to conceive human life in society, in a way democratic and liberating, making stories and transforming cultures.^{17,29}

CONCLUSION

It is noticed that when adolescents were given voice, they were identified that they identified the social determinants and reflected how they influence their lives and the community, this, by the valorization of popular knowledge and problematization according to the perspective of Paulo Freire, enabling the adolescents to act in the transformation of their reality, increasing the capacity to make decisions and, consequently, to soften future vulnerabilities.

Alternatives for health education should be sought by health professionals, since the repetition of information from professionals outside the community life context does not achieve the desired efficacy. By means of experience, listening and dialogue, new truths can be consolidated, concepts, practices and behaviors can be consolidated in search of a healthier life.

The study was limited, in this first phase, to the photographic record and the discussion of the findings with adolescents. The next step is to continue the research with the socialization of findings in the community by exposing photographs recorded at the school and at the neighborhood health unit. Another limitation is related to the applicability of the study methodology by health professionals due to the high cost for the acquisition of the cameras by the health services, however, this factor can be overcome with the use, for example, of the photographic camera present in the devices mobile technology, since it is an increasingly accessible technology for the popular classes.

One can contribute, through the bank of images and narratives produced in the research, to the development of educational materials such as comic books, games and films. It is also stated, through this research, that the nurse must include

the adolescent in the planning and development of health actions through participative methodologies, where knowledge of community health needs becomes a continuous exchange and, for this reason, In this way, the professional knows where to act to develop health promotion actions in the community that are really effective.

FUNDING

Foundation for Research and Innovation of Espírito Santo - FAPES (Term of Grant: 890/2015).

ACKNOWLEDGEMENTS

To adolescents who participated in the study and their relatives who authorized the participation of adolescents.

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Submission: 2018/12/04

Accepted: 2019/04/23

Publishing: 2019/06/16

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