

INFORMATIONAL ARTICLE

DEFINITIONS, CRITERIA AND INDICATORS OF ADOLESCENCE DEFINIÇÕES, CRITÉRIOS E INDICADORES DA ADOLESCÊNCIA DEFINICIONES, CRITERIOS E INDICADORES DE LA ADOLESCENCIA

João Victor Lira Dourado¹, Lidyane Parente Arruda², Antonio Rodrigues Ferreira Júnior³, Francisca Alanny Rocha Aguiar⁴

ABSTRACT

Objective: to describe the definitions, criteria and indicators of adolescence. **Method:** it is a descriptive study, with consultation in databases, printed files and websites, analyzing the information around the theoretical and analytical dimensions of adolescence. **Results:** it is known that adolescence is a stage of life in transition between childhood and adulthood with changes in biological, psychological and social aspects. There are different chronological criteria for the identification of parameters in research and the elaboration of policies, programs and services. Conceptions are presented, in society, associated with the notion of crisis, disorder, irresponsibility. In general, some prevalent situations are shown for the discussion on such: pregnancy, Sexually Transmitted Infections, psychoactive substances and violence. **Conclusion:** adolescence is still recognized as a period of life that is limited to biopsychological aspects and / or chronological criteria, disregarding other elements that are important to ensure adolescents as social subjects with multiple dimensions. **Descriptors:** Adolescent; Health Care; Human Development; Public Policy; Health Promotion; Nursing.

RESUMO

Objetivo: descrever as definições, os critérios e indicadores da adolescência. **Método:** trata-se de um estudo descritivo, com consulta em bases de dados, arquivos impressos e sites, analisando-se as informações em torno das dimensões teóricas e analíticas da adolescência. **Resultados:** sabe-se que a adolescência é uma etapa da vida de transição entre a infância e a adultícia com transformações nos aspectos biológicos, psicológicos e sociais. Têm-se diferentes critérios cronológicos para a identificação de parâmetros em investigação e elaboração de políticas, programas e serviços. Apresentam-se, na sociedade, concepções que se associam à noção de crise, desordem, irresponsabilidade. Mostram-se, de modo geral, algumas situações prevalentes para a discussão sobre tal: gravidez, Infecções Sexualmente Transmissíveis, substâncias psicoativas e violência. **Conclusão:** reconhece-se a adolescência ainda como um período da vida que se delimita aos aspectos biopsicológicos e/ou aos critérios cronológicos, desconsiderando outros elementos que são importantes para assegurar os adolescentes enquanto sujeitos sociais com múltiplas dimensões. **Descritores:** Adolescente; Atenção à Saúde; Desenvolvimento Humano; Política Pública; Promoção da Saúde; Enfermagem.

RESUMEN

Objetivo: describir las definiciones, criterios e indicadores de la adolescencia. **Método:** se trata de un estudio descriptivo, con consulta en bases de datos, archivos impresos y sitios web, que analiza la información sobre las dimensiones teóricas y analíticas de la adolescencia. **Resultados:** se sabe que la adolescencia es una etapa de la vida de transición entre la infancia y la edad adulta con cambios en los aspectos biológicos, psicológicos y sociales. Existen diferentes criterios cronológicos para la identificación de parámetros en la investigación y la elaboración de políticas, programas y servicios. Se presentan conceptos en la sociedad que están asociados con la noción de crisis, desorden, irresponsabilidad. En general, se muestran algunas situaciones prevalentes para la discusión sobre: embarazo, infecciones de transmisión sexual, sustancias psicoactivas y violencia. **Conclusión:** la adolescencia todavía se reconoce como un período de la vida que se limita a los aspectos biopsicológicos y / o criterios cronológicos, sin tener en cuenta otros elementos que son importantes para asegurar a los adolescentes como sujetos sociales con múltiples dimensiones. **Descriptor:** Adolescente; Atención a la Salud; Desarrollo Humano; Política Pública; Promoción de la Salud; Enfermería.

¹Federal University of Ceará/UFC. Fortaleza (CE), Brazil.  <https://orcid.org/0000-0002-3269-1286> ²University Center INTA/UNINTA. Sobral (CE), Brazil.  <https://orcid.org/0000-0002-5218-1259> ³State University of Ceará/UECE. Fortaleza (CE), Brazil.  <https://orcid.org/0000-0002-9483-8060> ⁴University of Fortaleza/UNIFOR. Fortaleza (CE), Brazil.  <https://orcid.org/0000-0002-6281-4523>

*Article extracted from the Undergraduate Thesis << Technologies for health education with adolescents: an integrative review >>. University Center INTA/UNINTA, 2019.

How to cite this article

Dourado JVL, Arruda LP, Ferreira Júnior AR, Aguiar FAR. Adolescence: definitions, criteria and indicators. J Nurs UFPE on line. 2020;14:e245827 DOI: <https://doi.org/10.5205/1981-8963.2020.245827>

INTRODUCTION

It is known that, until the end of the 18th century, there was no conception of childhood as a distinct stage in the evolution of individuals, since a child was just an adult in miniature form. It should be added that they normally participated in all family dynamics, be it the birth of a child, the death of a relative or daily activities.

It also starts from the beginning of the 19th century, with all the social changes brought about by the Industrial Revolution, a transformation in this conception. Institutions of labor regulatory laws and parents' responsibility for schooling their children are presented as important factors for the constitution of a new description about the family. Thus, children began to be excluded from the world of work and responsibilities and, with that, they were separated from the world of adults, and then the concept of childhood emerged as a period of development with its own characteristic.¹

This distinction between child and adult is implicated in the emergence of the perception that there is an intermediate period with also particular characteristics: adolescence. It is explained, therefore, that, around 1890, there is an enormous interest in this phase, which becomes a literary theme and of concern to educators and politicians. This stage of life is now characterized as a tangle of factors of an individual nature, as it is associated with biological maturity, the historical and social order and the particular conditions of the culture in which it is inserted.

OBJECTIVE

- To describe the definitions, criteria and indicators of adolescence.

METHOD

It is a descriptive study, with consultation in databases, printed files and websites, during the period of July and August 2019.

Those with relevant elements for the production of scientific knowledge on the subject under study were selected. Productions that did not fit to meet the objective of the study were excluded, with loss of validity of information regarding completeness, representativeness, homogeneity and pertinence.

It was approached, in possession of the eligible scientific productions, in a direct and intense way, allowing oneself to be saturated by the content through an exhaustive reading. At this point, in a classificatory operation, the questions necessary for the construction of the material were delimited. The information was analyzed around theoretical and analytical dimensions.

RESULTS

Adolescence is seen as a stage in the transition from childhood to adulthood accentuated by changes in physical, mental, emotional, sexual and social aspects and the individual's efforts to achieve the goals related to the cultural expectations of the society in which live.²

By this criterion adopted by the World Health Organization (WHO) and recognized by the Ministry of Health of Brazil and, also, by the Brazilian Institute of Geography and Statistics (IBGE), adolescence as the second decade of life, among the ten to 19 year olds, and youth as the population between 15 and 24 years old.³

Youth is defined by the Youth Statute, for the purposes of Law No. 12,852, of August 5, 2013,⁴ from age groups: from 15 to 17 years old, they are young adolescents; from 18 to 24 years old, from young-young people and, between 25 to 29 years old, they are called young-adults. It is inferred, therefore, that in these definitions there is an intersection between half of adolescence and the early years of youth.

For the Statute for the Child and Adolescent (SCA), it is considered through Law 8069, of July 13, 1990,⁵ the person child up to 12 years of age incomplete and adolescent in the age group of 12 to 18 years of age and, in exceptional cases and when provided by law, the statute is applicable until 21 years of age.

It can be divided, in the field of scientific research, due to the particularities identified during adolescence, in initial, intermediate and final, varying according to the ages of beginning and end. The adolescent is classified, then, in 'precocious adolescent', under 15 years old; 'Young teenager', between 15 and 19 years old and 'young adult', 20 to 24 years old.⁶

Conceptions about adolescence circulate in contemporary society that are associated with the notion of conflict, disorder and irresponsibility, a social problem to be solved, which deserves public attention. A particular focus is strongly associated with repertoires of risk situations inherent to this stage of life, such as: teenage pregnancy;⁷⁻⁸ contagion to Sexually Transmitted Infections (STIs),⁹⁻¹⁰ including Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS);⁹ use of licit and illicit drugs¹¹ and involvement in cases of violence.¹²

DISCUSSION

It is explained that, etymologically, the term 'adolescence' comes from the Latin *adolescere*, in which *ad* means "for" and *olescere* means "to grow", being implied by the process of growth and

development of the human being that involves great changes.¹³

The first changes are related to biological issues, that is, the acceleration of physical growth and body composition (height, weight and other body proportions), hormonal outbreak and sexual maturation. Morphological and physiological changes (shape, size and function) are referred to as 'puberty', resulting from the reactivation of the neuro-hormonal mechanisms of the hypothalamic-pituitary-adrenal-gonadal axis.¹⁴

These bodily transformations are known as 'pubarche' (appearance of pubic hair in a teenager), 'adrenarche' (increased production of sex hormones) and 'gonadarca' (increase in sex steroids produced by the testicles and ovaries). It is detailed that they are part of a continuous and dynamic process that begins during fetal life and ends with the complete growth and total fusion of bone epiphyses, the development of secondary sexual characteristics and the complete maturation of women and men and fertilization capacity, through ovulation and spermatogenesis, respectively, guaranteeing the perpetuation of the human species.¹⁵

It is observed, however, that these transformations occur in enormous variability in the time of onset, duration and progression of pubertal development, with marked differences between the sexes and between the diverse ethnic and social groups of a population, including, according to state nutritional and family, environmental and contextual factors.³

It is added that, in addition to these organic modifications, a series of other alterations begins to happen, including the psychological characteristics. The adolescent goes through imbalances and instabilities, showing periods of elevation and introversion, alternating between audacity, shyness, incoordination, urgency, disinterest or apathy, which follow or are concomitant with emotional conflicts, religious crises, intellectualizations and philosophical postulations.¹⁶

Mauricio Knobel, one of the scholars of this question, presented in his manuscript '*La adolescência normal*', the normal syndrome of adolescence. It is reiterated that the definition of a 'normal abnormality' does not mean something pathological, but a behavioral aspect in this period of life.¹⁷ By describing the characteristics of adolescence, by the author, the symptoms that integrate this syndrome are described, namely: search for oneself and identity; group tendency; need to intellectualize and fantasize; religious crises; temporal relocation; sexual evolution from autoeroticism to heterosexuality; demanding social attitude; successive contradictions in all

manifestations of conduct; progressive separation from parents and constant mood fluctuations.

Within this panorama, adolescence has, over time, shown great transformations in the construction of identity related to the social conditions in which it is inserted. It becomes essential, with the opening of the adolescent to the outside world, belonging to the peer group, as the members of the group gain importance as models of identification, with the adoption of ways of speaking, styles of dress and common interests. The development of empathy, the ability to see the world from different perspectives and resources for the management of interpersonal relationships are promoted by living with other adolescents. The necessary skills for social life are tested in the group.¹⁸

It is pointed out that, in some cases, adolescents may be structured in an authoritarian manner, especially in the case of lack of adequate supervision or healthy adults as an identification model. In this situation, a rigid hierarchy is commonly established, with the adoption of methods of coercion and exclusion, bullying of the different and pressure to conformism and, in addition, they can resort to violence and anti-social attitudes in the interaction with the community.¹⁹

It is described that another way of delimiting this period of life is by adopting chronological criteria, very useful in the identification of relevant parameters for epidemiological investigation, and in the development of collective development policies and public health and social service programs.

They are currently used more for convenience, by grouping both criteria and naming adolescence and youth or adolescents and young people in community programs, thus contemplating university students and also young people who join the armed forces or participate in social support projects entitled of youth protagonism.³

However, it is noted that, although chronological age is the most used item, it is often not the best criterion due to the characteristics of variability and diversity of biopsychosocial parameters, called 'maturation asynchrony', which are relevant to understanding individual characteristics and expanding the conceptual approach.³

In the delimitation of adolescence, both chronological and physical as well as social and cultural criteria are involved, and their definition is essentially based on the idea of multiple and simultaneous transformations fundamental to human development, and such transformations happen both in the individual himself and in its relations with the contexts of which it is part.²⁰

Recognize adolescence as a stage of life circumscribed by inherent risk situations, it is assumed, a negligent attitude towards other important aspects that are present for discussion. However, adopting the concept of vulnerability to understand the adolescents' experiences regarding risks, these conceptions start to provide different interpretations. Vulnerability means the ability of the individual or social group to decide on their risk situation, being directly associated with individual, family, cultural, social, political, economic and biological factors.

The notion of vulnerability comes to confirm the view of the plural subject constructed in its diversity based on differences, no longer fitting the idea of thinking about educational actions and practices based on a universal perspective. It is necessary, therefore, to speak not of adolescence, but of adolescences influenced by the social, cultural, economic, political and historical contexts which are around them and belong to their reality.

It is believed that working with this perspective is to start asking questions about the subject that is spoken about, between the dimensions of time and place and, based on these questions, to identify situations that can increase the degree of vulnerability of adolescents in relation to risks such as: life conditions; gender, race / ethnicity and social class issues; health conditions; access or not to information; public policies on health, education, among others. This notion refers not only to the concrete situation of adolescents in social contexts that expose them to problems, but also to the concepts and practices that are available to learn and intervene in the situation.

Teenage pregnancy, for example, has caused concern on the world stage, being considered a public health problem for more than four decades due to psychological, biological, family, economic and educational consequences.²¹ The world teenage pregnancy rate is estimated at 46 births per thousand girls, however, the region with the second highest teenage pregnancy rate in the world remains Latin America and the Caribbean, with 66.5 births per thousand girls aged 15 to 19, second only to sub-Saharan Africa. It is estimated that, each year, 15% of all pregnancies in the region occur among girls under the age of 20 and two million children are born to mothers aged 15 to 19 years. It is revealed that, in Brazil, in 2013, approximately 20% of live births were of teenage mothers.²²

It is known that infections caused by STIs have been a global phenomenon, currently presenting itself as one of the most important public health problems and, every day, there are more than one million new cases of curable STIs among people from 15 to 49 years. Thus, it becomes due to the

early onset of sexual life associated with non-adherence to STI prevention measures, the adolescent population most susceptible to these infections.²³

When HIV is transmitted, 30 adolescents aged 15 to 19 years are infected with HIV every hour worldwide, two thirds of whom are female. It is noteworthy that, in Brazil, the highest concentration of cases covers the age group from 25 to 39 years old; however, 81,205 of the cases occurred in the group between 15 and 24 years old. It is noted that, in the last ten years, there was an increase in the detection rate, with an increase in the incidence of 53.2% among young people aged 15 to 19 years and 10.4% in the group aged 20 to 24 years old.²⁴

The use of licit and illicit drugs has been configured as another issue of belonging to the universe and the reality of adolescents, in addition to priority in the health sector due to the direct or indirect association of these behaviors with some of the main causes of morbidity and mortality in adolescence. It is considered as the most vulnerable age group for experimentation, and the reasons that lead to the increased use of these substances are diverse and complex.²⁵

Among the population between 15 and 64 years of age, peak levels of drug use are observed between the age group of 18 to 25 years, being a situation observed in most regions of the countries and for most types of drugs. It is estimated that there are 12.6 million last year users of any drug among students aged 15 to 16 in 2017. It is noted that pasteurized marijuana use among young people aged 15 and 16 is high in Europe (13.2%), Oceania (12.4%) and the Americas (11.4%).²⁶ In Brazil, adolescents present a high prevalence in the use of these psychoactive substances, with alcohol being the most consumed in life (60.5%) and in the last 30 days (21.1%), unlike tobacco, which presented consumption in the last 30 days of 5.1%.²⁷

The consumption of these substances has contributed to cases of violence, with traffic accidents, school and occupational losses standing out among the main problems, as well as fights, physical aggression, homicides and the practice of illegal acts resulting from the effect of these substances.

It is estimated that every seven minutes a teenager, between ten and 19 years old, dies somewhere in the world, victim of homicide or some form of armed conflict or collective violence. It should be noted that in 2015 alone, violence victimized more than 82 thousand boys and girls in this age group, and Latin America and the Caribbean have the highest homicide rates. It appears that, in 2015, of the 51,300 homicides of girls and boys aged ten to 19 years unrelated to

armed conflicts, more than half, 24,500, occurred in this region, reaching four times more than the average globally, and the five countries with the highest rates are all in Latin America: Venezuela, with a rate of 96.7 deaths for every 100 thousand, followed by Colombia (70.7), El Salvador (65.5), Honduras (64.9) and Brazil (59).²⁸

Thus, it is alerted that, in the country, accidents and violence are the biggest public health problem among children, adolescents and young people, presenting the greatest impacts on the mortality of these groups. It is pointed out that, in the age group of 15 to 29 years among men, in 2014, the main cause of death was homicide (29,830), followed by land transport accidents (12,005); among women, the main cause was land transport accidents (2,148), followed by homicides (1,968) and, according to the WHO, for each homicide of young people, there are around 20 to 40 non-fatal victims of youth violence receiving hospital treatment, revealing a substantial burden of health consequences.²⁹

It stands out for the data released by the Adolescent Homicide Index (AHI),³⁰ tool developed by the United Nations Children's Fund (UNICEF) and partners to analyze the scenario of homicides of adolescents in the country and make estimates for the future, which, if there are no significant changes in the country, 43 thousand adolescents aged 12 to 18 years will be killed in Brazil between 2015 and 2021.

CONCLUSION

Adolescence is also recognized as a stage of life that is limited to bio-psychological aspects due to situations of associated risks and vulnerabilities and / or established chronological criteria, disregarding other elements that are important to ensure adolescents as social subjects provided multiple dimensions.

It is believed, therefore, that it is urgent to include this population segment in the debates of governments, non-governmental organizations and governmental bodies to give greater visibility to issues involving adolescent care and health, which become imperative for health promotion and prevention of diseases.

It is important to highlight the importance of public policies prioritizing adolescents in their social and cultural aspects according to their diversities and, if recognized the particularities, differences, desires and competences and offering sufficient opportunities and resources for their social insertion, they can contribute, looking for alternatives to solve the problems presented by the scenario of his time.

It is observed, considering Nursing as an area of Science that is based on principles and values for

the production of well-being and the maintenance of life, this should include, in its political agenda, the adolescent population as a way to manifest itself around their clientele's rights and to ensure, in their know-how, comprehensive care based on individual and collective needs.

It is hoped that this study can contribute to the construction of knowledge, as well as in the development of policies aimed at adolescents, with repercussions on the health care of these subjects who are co-producers of society.

CONTRIBUTIONS

It is informed that all authors contributed equally in the design of the research project, collection, analysis and discussion of data, as well as in the writing and critical review of the content with intellectual contribution and the approval of the final version of the study.

CONFLICT OF INTERESTS

Nothing to declare.

REFERENCES

1. Moura TB, Viana FT, Loyola VD. An analysis of conceptions about the child and the childhood's insertion in consumption. *Psicol Ciênc.* 33(2):474-89. DOI: [10.1590/S1414-98932013000200016](https://doi.org/10.1590/S1414-98932013000200016)
2. Dourado JVL, Araújo PA, Aguiar FAR. Adolescent's labor, delivery and post-partum care. *J Nurs UFPE on line.* 2019; 13:242387. DOI: [10.5205/1981-8963.2019.242387](https://doi.org/10.5205/1981-8963.2019.242387)
3. Eisenstein E. Adolescência: definições, conceitos e critérios. *Adolesc Saúde [Internet].* 2005 Apr/June [cited 2019 Aug 10]; 2(2):6-7. Available from: http://www.adolescenciaesaude.com/detalhe_artigo.asp?id=167
4. Lei nº 12.852, 05 de agosto de 2013 (BR). Institui o Estatuto da Juventude e dispõe sobre os direitos dos jovens entre 15 e 29 anos de idade. *Diário Oficial da União [Internet].* 2013 Aug 05 [cited 2019 Aug 05]. Available from: http://prattein.com.br/home/images/stories/Juventude/Estatuto_da_Juventude.pdf
5. Lei nº 8.069 de 13 de julho de 1990 (BR). Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. *Diário Oficial da União [Internet].* 1990 July 13 [cited 2019 July 13]. Available from: http://www.planalto.gov.br/ccivil_03/leis/l8069.htm
6. Smetana JG, Campione-Barr N, Metzger A. Adolescent development in interpersonal and societal contexts. *Annu Rev Psychol.* 2006 Jan; 57:255-84. DOI: [10.1146/annurev.psych.57.102904.190124](https://doi.org/10.1146/annurev.psych.57.102904.190124)

7. Bielenki CRZ, Schermann LB, Santos AMPV, Arossi GA, Béria JU. Sexuality in adolescence in times of AIDS: a study with schoolchildren. *Aletheia* [Internet]. 2019 July/Dec [cited 2019 Aug 10]; 2(2):135-14. Available from: <http://www.periodicos.ulbra.br/index.php/aletheia/article/download/5585/3636>
8. Ribeiro WA, Andrade M, Fassarella BPA, Lima JC, Sousa MOSS, Fonseca CSG. Pregnancy in adolescence and contraceptive methods: the gestation and impact of knowledge. *Nursing* [Internet]. 2019 June [cited 2019 Aug 10]; 22(253):2990-4. Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1025678>
9. Dourado JVL, Ponte HMS, Aguiar FAR, Aragão AEA, Ferreira Junior AR. Sexual education with school adolescents: an experience report. *Ciênc Cuid Saúde* 2018 Jan/Mar; 17(1):01-10. DOI: [10.4025/ciencucuidsaude.v17i1.35211](https://doi.org/10.4025/ciencucuidsaude.v17i1.35211)
10. Nascimento BS, Spindola T, Pimentel MRAR, Ramos RCA, Santana RSS, Teixeira RS. Sexual behavior among college students and care for sexual and reproductive health. *Enferm glob* 2018 Jan; 17(1):237-69. DOI: [10.6018/eglobal.17.1.261411](https://doi.org/10.6018/eglobal.17.1.261411)
11. Moreta-Herrera R, Mayorga-Lascano M, León-Tamayo L, Ilaja-Verdesoto B. Consumption to legal, illegal substances and drugs in teenagers and risk factors associated with recent exposure. *Health and Addictions*. 2018 Feb; 18(1):39-50. DOI: [10.21134/haaj.v18i1.333](https://doi.org/10.21134/haaj.v18i1.333)
12. Silva AN, Marques ES, Peres MFT, Azeredo CM. Trends in verbal bullying, domestic violence, and involvement in fights with firearms among adolescents in Brazilian state capitals from 2009 to 2015. *Cad Saúde Pública*. 2019 Oct; 35(11):e00195118. DOI: [10.1590/0102-311x00195118](https://doi.org/10.1590/0102-311x00195118)
13. Schoen-Ferreira TH, Aznar-Farias M, Silveiras EF. Adolescence through the centuries. *Psic Teor Pesq*. 2010 Apr/June; 26(2):227-34. DOI: [10.1590/S0102-37722010000200004](https://doi.org/10.1590/S0102-37722010000200004)
14. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas e Estratégicas. Proteger e cuidar da saúde de adolescentes na atenção básica [Internet]. Brasília: Ministério da Saúde; 2017 [cited 2019 Aug 10]. Available from: <https://repositorio.observatoriodocuidado.org/handle/handle/2599>
15. Coutinho MFG. Crescimento e Desenvolvimento na Adolescência. *Rev Pediatr SOPERJ* [Internet]. 2011 [cited 2019 Aug 10];12(1):28-34. Available from: http://revistadepediatriasoperj.org.br/detalhe_artigo.asp?id=555
16. Souza CC, Resende AC. Psychological disorders in adolescents socio-learners. *Aval Psicol* [Internet]. 2012 Apr [cited 2019 Aug 10]; 11(1):95-109. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1677-04712012000100010
17. Vizzotto MM. A psicologia e a psiquiatria perdem um de seus maiores expoentes: uma homenagem ao Dr. Mauricio Knobel. *Estud Psicol (Campinas)*. 2008 Jan/Mar;25(1):151-5. DOI: [10.1590/S0103-166X2008000100015](https://doi.org/10.1590/S0103-166X2008000100015)
18. Tomé G, Camacho I, Matos MG, Simões C. Influence of family and friends in wellbeing and risk Behavior-explanatory model. *Psic Saúde e Doenças*. 2015 Mar; 16(1):23-34. DOI: [10.15309/15psd160104](https://doi.org/10.15309/15psd160104)
19. Malta DC, Oliveira MM, Machado IE, Prado RR, Stopa SR, Crespo CD, Assunção AÁ. Characteristics associated to a poor self-rated health in Brazilian adolescents, National Adolescent School-based Health Survey, 2015. *Rev Bras Epidemiol*. 2018 Nov; 21(Suppl 1): e180018. DOI: [10.1590/1980-549720180018.supl.1](https://doi.org/10.1590/1980-549720180018.supl.1)
20. Senna SRCM, Dessen MA. Reflections about the health of the brazilian adolescent. *Psic Saúde Doenças*. 2015 Sept; 16(2):217-22. DOI: [10.15309/15psd160208](https://doi.org/10.15309/15psd160208)
21. United Nations Population Foundation. Motherhood in childhood: facing the challenge of adolescent pregnancy [Internet]. New York: UNFPA; 2013 [cited 2019 Aug 10]. Available from: <https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013.pdf>
22. Ministério da Saúde (BR). Sistema de Informações sobre Nascidos Vivos. Indicadores e dados básicos - Brasil - 2013. Indicadores de fatores de risco e de proteção [Internet]. Brasília: Ministério da Saúde; 2013 [cited 2019 Aug 10]. Available from: <http://tabnet2.datasus.gov.br/cgi/idb2013/matriz.htm#risco>
23. Carvalho O, Pinto RGS, Santos MS. Knowledge about the sexually transmitted infections by adolescents students of public schools. *Adolesc Saúde* [Internet]. 2018 Jan/Mar [cited 2019 Aug 10]; 15(1):07-17. Available from: http://www.adolescenciaesaude.com/detalhe_artigo.asp?id=703
24. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Departamento de DST, AIDS e Hepatites Virais. HIV/AIDS. *Bol Epidemiol* [Internet]. 2014 [cited 2019 Aug 10];3(1):1-84. Available from: <http://www.aids.gov.br/pt-br/node/73>
25. Elicker E, Palazzo LS, Aerts DRGC, Alves GG, Câmara S. Use of alcohol, tobacco and other drugs by adolescents students from Porto Velho-RO, Brazil. *Epidemiol Serv Saúde*. 2015

July/Sept;24(3):399-410. DOI: [10.5123/S1679-49742015000300006](https://doi.org/10.5123/S1679-49742015000300006)

26. United Nations Office on Drugs and Crime. World Drug Report 2019 [Internet]. Viena: UNODC; 2019 [cited 2019 Aug 10]. Available from: <https://wdr.unodc.org/wdr2019/>

27. Malta DC, Mascarenhas MDM, Porto DL, Duarte EA, Sardinha LM, Barreto SM, *et al.* Prevalence of alcohol and drug consumption among adolescents: data analysis of the National Survey of School Health. Rev Bras Epidemiol. 2011 Sept; 14(Suppl 1):136-46. DOI: [10.1590/S1415-790X2011000500014](https://doi.org/10.1590/S1415-790X2011000500014)

28. United Nations Children's Foundation. A familiar face: violence in the lives of children and adolescents [Internet]. New York: UNICEF; 2017 [cited 2019 Aug 10]. Available from: https://www.unicef.org/publications/index_101397.html

29. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Departamento de Vigilância de Doenças e Agravos Não Transmissíveis e Promoção da Saúde. Violência contra a mulher: o desafio de articulação da vigilância com a rede de atenção e proteção [Internet]. Brasília: Ministério da Saúde; 2016 [cited 2019 Aug 10]. Available from: <http://legis.senado.leg.br/sdleg-getter/documento/download/dfba18aa-70f9-47c0-80be-67b93feb7fd3>

30. Ministério da Saúde (BR), Secretaria Nacional de Promoção dos Direitos da Criança e do Adolescente. Índice de Homicídios na Adolescência 2014 [Internet]. Rio de Janeiro: Ministério da Saúde; 2017 [cited 2019 Aug 10]. Available from: <http://prvl.org.br/wp-content/uploads/2017/06/IHA-2014.pdf>

Corresponding author

João Victor Lira Dourado

Email: jvdourado1996@gmail.com

Submission: 2020/05/21

Accepted: 2020/06/09

Copyright© 2019 Journal of Nursing UFPE on line/JNUOL.

 This is an Open Access article distributed under the terms of the [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/). This license lets others distribute, remix, tweak, and build upon your work, even commercially, as long as they credit you for the original creation. Recommended for maximum dissemination and use of licensed materials.