NURSING PRACTICES FOR HIV / AIDS PREVENTION IN ADOLESCENCE: REPRESENTATION ANALYSIS

PRÁTICAS DE ENFERMEIROS PARA A PREVENÇÃO DO HIV/AIDS NA ADOLESCÊNCIA:
ANÁLISE REPRESENTACIONAL

PRÁCTICAS DE ENFERMEROS PARA LA PREVENCIÓN DEL VIH / SIDA EN LA ADOLESCENCIA:
ANÁLISIS REPRESENTACIONAL

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ABSTRACT

Objective: to analyze Nursing practices in the context of Family Health Strategy (FHS) present in the Social Representations (RS) of nurses about the prevention of HIV / AIDS in adolescence. **Method:** qualitative study, exploratory type, supported by Theory of Social Representations. Participants were 20 FHS nurses, through semi-structured interviews, submitted to the Thematic-Categorical Content Analysis technique. **Results:** three empirical categories were obtained, including: nurses in the FHS and their functions in relation to sexuality and HIV / AIDS prevention in adolescence; practices in nurses' representations on such issues; and factors that intervene in the nurses' work process in the FHS. **Conclusion:** Nursing education actions are relevant in the FHS regarding the study theme, but there is a need for greater investment in the equation of organizational and infrastructural aspects in the FHS, as well as practices that produce symbolic and discursive marking related to the articulation with schools, in the formation of groups of adolescents in the units and in the technology of listening. **Descriptors:** Adolescent; Nursing; Family Health; HIV; Health Promotion; Sexuality.

RESUMO

Objetivo: analisar as práticas de Enfermagem em contexto de Estratégia de Saúde da Família (ESF) presentes nas Representações Sociais (RS) de enfermeiros acerca da prevenção do HIV/Aids na adolescência. **Método:** estudo qualitativo, do tipo exploratório, apoiado na Teoria das Representações Sociais. Foram participantes 20 enfermeiros de ESF, por meio de entrevistas semiestruturadas, submetidas à técnica de Análise de Conteúdo do tipo Temático-Categorial. **Resultados:** obtiveram-se três categorias empíricas, abrangendo enfermeiros na ESF e suas funções diante da sexualidade e prevenção do HIV/Aids na adolescência; práticas nas representações dos enfermeiros sobre tais questões e fatores intervenientes no processo de trabalho dos enfermeiros na ESF. **Conclusão:** ações educativas de Enfermagem mostram-se relevantes na ESF quanto à temática do estudo, porém, há a necessidade de maior investimento no equacionamento de aspectos organizativos e infraestruturais na ESF, bem como em práticas que produzam marcação simbólica e discursiva relacionadas na articulação com as escolas, na formação de grupos de adolescentes nas unidades e na tecnologia da escuta. **Descritores:** Adolescente; Enfermagem; Saúde da Família; HIV; Promoção da Saúde; Sexualidade.

RESUMEN

Objetivo: analizar las prácticas de Enfermería en contexto de Estrategias de Salud de la Familia (ESF) presentes en las Representaciones Sociales (RS) de enfermeros acerca de la prevención del VIH / SIDA en la adolescencia. **Método:** estudio cualitativo, del tipo exploratorio, apoyado en la Teoría de las Representaciones Sociales. Fueron participantes 20 enfermeros de ESF, por medio de entrevistas semiestructuradas, sometidas a la técnica de Análisis de Contenido del tipo Temático-Categorial. **Resultados:** se obtuvieron tres categorías empíricas, abarcando: enfermeros en la ESF y sus funciones ante la sexualidad y prevención del VIH / SIDA en la adolescencia; prácticas en las representaciones de los enfermeros sobre tales cuestiones; y factores intervenientes en el proceso de trabajo de los enfermeros en la ESF. **Conclusión:** acciones educativas de Enfermería se muestran relevantes en la ESF en cuanto a la temática del estudio, pero hay la necesidad de mayor inversión en la ecuación de aspectos organizativos e infraestructurales en la ESF, así como en prácticas que produzcan marcación simbólica y discursiva relacionadas con la articulación con las escuelas, en la formación de grupos de adolescentes en las unidades y en la tecnología de la escucha. **Descriptores:** Adolescente; Enfermería; Salud de la Familia; VIH; Promoción de la Salud; Sexualidad.

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INTRODUCTION

When considering that the problems of a population go beyond the data required by indicators directed to specific programs of the Ministry of Health, it can be said that, there are some gaps in the activities carried out by the Family Health Strategies (FHS). In this sense, the health services, within collective health, should follow the needs presented by the social groups present in the territory, that is, during the work process, should be observed and analyzed the vulnerability criteria, in a universal way, contemplating the needs of the population.¹

In this context, it is important that FHS nurses recognize their roles and the importance of promoting educational actions. This is because health is considered a public good, where no one can be excluded from access, in which promoted actions should be available to all². However, as evidenced in some studies, young people are not the main source of concern for professionals in the FHS. This would be directed basically to women, children and the elderly, in more specific programmatic actions, with adolescents among the groups with the least attendance in such services.³

It is necessary to define this phase of the life cycle, with adolescence as a transition period between childhood and adult life characterized by the impulses of physical, mental, emotional, sexual and social development.⁴ It can also be characterized by the criterion according to the World Health Organization (WHO) and the Program for Comprehensive Attention to Adolescent Health (PROSAD), from ten to 19 years of age.⁵

Adolescence is "a period considered critical, since young people are constantly searching for their own identity and individual and / or group affirmation, that is, for the peer group." ^{6: 1267} In this same perspective, other authors consider that adolescence is "Associated with a period or a phase of turmoil, of changes, of new responsibilities, of family conflicts, and so on." ^{7: 127}

The adolescent experiences these changes and, often, does not receive the necessary attention neither from the family, nor from the school and health professionals, and can increase, even more,

their vulnerabilities, which can cause, among others, early pregnancy, use of licit or illicit drugs and Sexually Transmissible Infections (STIs), including the Human Immunodeficiency Virus (HIV).³ In this context, the impact of the Acquired Immunodeficiency Syndrome (AIDS) epidemic in adolescence and young adulthood has strengthening the health network and training teams for the prevention of STIs and early pregnancy.

When distributing the epidemiological data from Brazil to AIDS, according to the age group, 946 cases were reported in people aged 15 to 19 in 2014. In the age group of 20 to 24 years, the reported cases were a total of 3,723.⁸ The number of cases in the latter population is greater in people aged 15 to 19 years, it should be considered that the asymptomatic period of the disease can vary from three to ten years in the majority of the affected, allowing a broader analysis on the incidence of HIV infections in adolescence, with the inclusion of a number of cases registered as AIDS, later.⁹ The need to promote health and to develop preventive measures among adolescents is therefore observed.

When considering this need and HIV / AIDS with a public health problem, due to its magnitude and severity, the intervention of the FHR is reinforced again. Therefore, Nursing intervention is thought of, since, usually, during its care process, it has turned to the production in the field of health education.¹⁰

It is up to Nursing to work on STI / HIV / AIDS knowledge with adolescents, who in turn live a phase of life where their sexual identity is being defined and their abstract thoughts make them believe that they are invulnerable.¹¹ Thus, it is a clear and information-rich dialogue on their vulnerability to HIV infection is essential. In this process, the psychosocial perspective of social representations (SR) becomes useful, for understanding the everyday construction of knowledge and practices about a particular social object. In this case, the object of study consists of the Nursing practices in the context of FHS present in the RS of nurses about sexuality and prevention of HIV/AIDS in adolescence.

Thus RSs are understood as a socially elaborated and shared form of knowledge, with a practical objective, which contributes to the construction of a reality

common to a social set.¹² They make possible the (re) construction of phenomena and social objects, according to are captured by the different groups, according to their own marks of belonging and historical. And, they have, the functions of: knowing about the world; orientation of social practices; a posteriori justification of actions; and Identity Expression.¹²

OBJECTIVE

- To analyze the Nursing practices, in the context of Family Health Strategy (FHS), present in the Social Representations (SR) of nurses about the prevention of HIV / AIDS in adolescence.

METHOD

This is a qualitative study, exploratory type, based on Theory of SR.¹²⁻³

The present study consists of a review of the research "Perception of Nursing on the vulnerability of adolescents to HIV / AIDS and related Nursing actions within the framework of family health strategy". Thus, it represents one of its four empirical categories, as observed in Figure 1.

The study participants were 20 nurses who worked in FHS of a municipality in the North of Brazil. At the time of the data collection of the research, this municipality had 30 teams of FHS. The inclusion criteria were: to have an active employment relationship for professional performance in FHS; have a performance in FHS of at least six months; and have time to respond to the study questions. The delimitation of the total of interviewees had, as criterion, the principle of saturation of the data.

The data collection fields were the FHS themselves where the nurses worked. The data were collected in the premises of this unit, in a private and reserved place, during working hours, considering the confidentiality of the data informed by the participants and the non occurrence of eventual constraints.

Data collection was initially done through a sociodemographic characterization form, followed by the application of semi-structured interview, based on a script developed by the researcher. The interviews were recorded in an MP3 player and had an average duration of 25 minutes, being recorded at the end of each field day. Data collection

occurred between December 2015 and March 2016.

Sociodemographic data were analyzed using descriptive statistics, using Excel software. The analysis of interview data was of thematic-categorical type analysis.¹⁴

Thus, the steps were as follows: floating reading of the interviews (corpus); selection of registration units (RU), which were the themes, with emphasis on the corpus of each RU; thematic analysis of RU; categorical analysis, in which the empirical categories of the study were elaborated; treatment and presentation of the results, with notes of the study findings and their exemplification with excerpts from the participants' most significant testimonials; and discussion of the results and return to the study object.¹⁴ It was also opted for the insertion of the relative frequency of the participants whose representational contents were directly related to the studied practices.

It should be noted that the entire thematic-categorical content analysis process was performed with the help of *NVIVO 11 software*, considering the possibility that it offers in the construction of "nodes", which were equivalent to the themes in the first instance, *a posteriori*, grouped according to similar contents, to compose the definitive empirical categories. And, considering previous information about the cut-off character of this manuscript, the category "practices in the FHS in the face of sexuality and HIV / AIDS in adolescence", that gave rise to it, included 367 (37.6%) UR of the research described, as shown in Figure 1.

The research complied with Resolution 466/12 of the National Health Council, considering: FICT applied to the interviewees, giving them the possibility to decide whether or not to participate in the research, being a copy with the participant and another with the researcher; guarantee of absence of liens or bonuses when being part of the study; right to withdraw at any time from the research; application of the code to participants, in order to keep their identity confidential; and approval of the project in Research Ethics Committee (REC), with CAAE 50388015.1.0000.5699 and opinion no. 1,316,927.

RESULTS

Regarding the sociodemographic characterization of the subjects: 90% were female; the predominant age group was 29 to 30 years (45%); with an average of 32 (dp ± 3); 100% do not present specialization in the area of Nursing in adolescent health. However, 95% have other specializations in the area of Nursing, Work Nursing, Family Health and Intensive Care. As for nurses, 40% have five to six years of service, with a mean of 6.6 years (dp ± 3). Regarding the time of action in Primary Care, 55% of the subjects have seven months to three years of performance; already in relation to the FHS, 60% have from seven months to three years.

The topic of results, therefore, covers the contents of the social representations

about the Nursing practices in the FHS in the face of sexuality and HIV / Aids in adolescence, from the point of view of nurses. These contents were subdivided into three empirical subcategories based on the initial categorization of the research in which this manuscript is inserted: a) nurses in the FHS and their functions in the face of sexuality and HIV / AIDS prevention in adolescence; b) representational content regarding the practices performed by nurses in the face of sexuality and HIV / AIDS prevention in adolescence; and c) factors that influence the nurses' work process in the FHT and their implications for practices regarding sexuality and HIV / AIDS prevention. The schematization of the categorization of the research, in general, in its relation with such subcategories is also arranged in Figure 1.

Figure 1. Schematization of the empirical categories of the research, including that employed in this study, with their respective subcategories and RUs. Macaé (RJ), Brazil, 2016.

◆ **Nurses in FHS and their roles in the face of sexuality and HIV / AIDS prevention in adolescence**

This comprised 85 (23%) RU among those employed in this study. In the meantime, representational contents of the nurses participating in the study were found linked to the image of what they conceived as the main ideal components in relation to the role of the FHS and the nurse in the face of sexuality and HIV / AIDS prevention in adolescence. Thus, initially, a comparative perspective is established, in which the deponents analyze the occurrence of an approach still not very contextualized and applied regarding the elements and

discussions present in manuals of the Ministry of Health.

[...] I think that the way of approach, therefore, that happens in the manuals of the Ministry of Health is not what happens in the reality of those who are on the tip, understood? (N8)

Nonetheless, contents were presented on the image of the FHS, which may be highlighted the recognition of its importance and potential for acting in sexuality and, consequently, the decrease in the incidence of pregnancy in adolescence and STI. And this, for the consideration, also, of being configured as a means to create bonds with the population, considering the possibility of

diverse contacts with adolescents.

It's because I think in strategy it's easier to work on it, right, because, in strategy, we can promote groups of adolescents, we can go to schools to talk about it. (N9)

Regarding the role of the nurse, the research participants express representational content aimed at the assumption that health education and guidelines would be shown as the basis for adolescent care, focusing, on health promotion, and disease prevention. There was also a highlight for the health orientations as a function of the nurse in the FHS, promoting health and quality of life of the adolescent.

I think everything is education, everything starts in ... health education; I think it's the beginning of everything. (N12)

[...] our role is to clarify and guide, so this is what we have to do, understood. (N13)

Also, it was possible to identify, in the social representations of nurses, some strategies conceived as very useful to reach the adolescents, such as the nurse's role in the scenarios where these subjects are inserted, especially in the schools, promoting health education. There is recognition as to the importance of presence, also, in a space different from that only of the health unit in the attached territory.

The nurse must leave the physical field of the Family Health Strategy and enter the schools guiding with good health practices, disrespect to sexuality, taking this knowledge that we have inside the school. (N20)

◆ Representational contents regarding the practices performed by nurses in the face of sexuality and HIV / AIDS prevention in adolescence

This included 234 (64%) RU among those employed in this study. In the meantime, the social representations related to the practices carried out by the participants on sexuality and HIV / AIDS prevention with adolescents are presented. Thus, content will be based on not only individual practices, but also the planning and team work. With this, 35% of the participants report the planning of actions as a practice carried out in the context of the FHS with the involvement of nurses for the subject in question, being motivated the population's adherence to educational activities, in order to provide the expected results of understanding the aspects of HIV / AIDS

infection.

So, this month we have a plan to meet and see how attractive we can convince the population, so we can ensure people's presence so that we can raise awareness about STD / AIDS. This is our planning. (N14)

Among the practices, the most frequent in the representational content of nurses, directed to adolescents in the context of sexuality and HIV / AIDS prevention, was the orientation or education in health. This type of practice was present in the speeches of 95% of the interviewees. It was possible to identify, in the reports, several moments in which the participants affirmed to carry out such activities, such as in an integrated way to the home visits and when the adolescents attend the FHS unit for individual consultations, for example, to perform a rapid pregnancy test.

In this sense, it was also possible to notice the presence of the sexuality theme markedly crossed by the preoccupation with pregnancy during adolescence. In some cases, the latter emerges as a trigger for the adolescents' search for the unit and / or health professional and the initial approach movement regarding their sexuality in relation to them. In this context, notes emerge about the incentive to use condoms in sexual relationships, which, also, is in line with preventive actions regarding STIs and HIV / AIDS.

[...] depending on each demand, I visit with them (Community Health Agents) and then they say "yes, there are teenagers" and then we go, if we are a kid, we go to see a card, Mother, it is to guide the hygiene, to see the feeding; have adolescents, then we already know, already directs STD prevention, already addresses with preventive. (N4)

[...] I have already attended adolescents who came to take a pregnancy test, urine test, and then we take advantage, even when negative, take the opportunity to talk about condom use, about use ... is trying to avoid an unplanned pregnancy for that moment (N6);

We do orientation on condoms, on contraceptives as well; in this way, understand? (N11)

It was possible to note the nurses' approach to the situation of adolescents who have a history of pregnancy incidence or even recurrence, which are directed to family planning actions. In this case, the intention seems to be mainly to prevent new pregnancies by means of guidelines on

contraceptive methods. *"Sometimes, when I see that the teenager is already in the second child, I already go for the planning."* (N4)

Another practice focused on HIV / AIDS prevention, which stood out in the representational content of 70% of nurses, was the distribution of condoms to adolescents. In relation to the means used by the participants for this, the availability of FHS units predominated, and the condoms were present at the reception of the health facility or inside the individual treatment rooms for delivery during the consultations.

[...] the reception has a display with a condom, so they can pick up the time they want as many as they want. (N11)

[...] in the office also, always maintains because it is an opportunity for us to offer the condom and teaching to use it too. (N3)

Of the participants, 35% expressed representational content related to the practice of health education carried out in the schools and evaluated that these are shown as the easiest scenario to find and work with adolescents. They presented such a position when considering, also, the comparison with the reality of the FHS units, where they conceive, of how difficult the formation, of groups with the public in focus.

We choose the school because we can apprehend this audience more easily. (N20)

[...] you form this group is very difficult. So I guess going to school you can talk and talk more openly. (N9)

In addition, to the practices carried out in the school environment, representational content was present, with the expression that there was an increase in the approach to HIV / AIDS in schools, due to the Health Program in Schools (HPS) of the Ministry of Health. it would have contributed to health professionals, among them nurses, entering the institutions present in the territories of the FHS to carry out educational activities related to the subject, with the opportunity to discuss the adolescents with them and the potential for increasing knowledge of the same. However, there has been, albeit less significantly, the representation that the education sector itself has sought to address the issue of sexuality and HIV / AIDS in schools.

"I think it has grown a lot in schools, right? It is clear that groups of the School Health Program and the education network

itself have addressed this in a more meaningful way, in recent years." (N2)

Another practice present in the social representations in question, on the part of the nurses, concerns the activities in groups, found in the discursive production of 50% of the participants. In this perspective, these practices would be carried out in the present schools and, also, in the FHS. However, in accordance with the previous description, in the latter scenario the occurrence of the groups was not specifically directed at adolescents, but could possibly count with the presence of the same in the context of the wider target audience, being an example incentive groups and management in breastfeeding. And, in this relationship with the school institutions, the possibility of having a relationship of mutual interest in which FHS teams may require space for action among schoolchildren was pointed out, but, also, education professionals present such a need.

[...] people have the actions that we do in school that are actions programs, so, right, right, it's this school here that we do this ... this bond; In fact, we both often offer something that the school asks us to do. (N17)

[...] we managed to make one that was decided, that was during the breastfeeding week, but it was not for the adolescent, it was for the women who were breastfeeding. (N6)

On the other hand, in order to increase adolescents' reach, promote health and prevent HIV / AIDS, as well as teenage pregnancy, it was observed in the representations, although of a lower proportion of nurses, that exclusive groups of adolescents in the FHS units themselves.

We worked for almost five years with the group in the unit, every Friday, it was boy and girl together. (N16)

[...] I always try to form a group or even guide against contraceptive methods. (N18)

Here in my unit we work, when we do groups we always address issues related to prevention, quality of life, prevention of injuries, health promotion. So whenever possible we give a brushstroke in healthy habits and quotes, well, one of them the prevention with the use of condoms. (N2)

It was also present, among the representational contents of nurses, the implementation of practices of referrals of adolescents to other health units. This type of practice was observed in the reports of 50% of participants. In this regard, the

referral to the Center for Testing and Counseling (CTC) / Specialized HIV / AIDS Assistance Service (SAS), which consists of a specialized municipal unit focused on prevention, detection and treatment not only of HIV / AIDS, as of other STIs. Also, referral was made to the Adolescent Referral Center (ARC). In both cases, therefore, the legitimacy of the centers cited as loci as holders of specialized knowledge seems to influence in the practice, either in the first case, in relation to a set of sexually infectious diseases, or in the second, in a phase life cycle.

[...] Today, we are directing people, because we have the STD Center that we refer to as soon as we observe it, it notifies us and there is no difficulty in receiving this Center. (N14)

If some pregnant teenager arrives from our area, I'll go there (ARC), to do the prenatal there, because there she will have a ... suddenly a different language, right, because there she specializes as a teenager, so I already go there, the community agents also already know that you have to go there. (N13)

In this perspective, there was also an expression in the nurses' social representations that their practices in the FHS were not, at that moment, focused on the follow-up of cases of people living with HIV / AIDS, which could be due even to the lack of knowledge of them in the attached FHS territory.

Thus, I do not have any HIV positive patients, nor with AIDS; nor with AIDS and even if it is HIV positive detected so far here. (N15)

It was also presented representational contents regarding the practice of permanent education of the team with a focus on the action focused on adolescents. In this type of practice, it is observed a search of the team for knowledge about the health of the adolescents and how to understand and proceed in the approach to subjects. This aspect reinforces the legitimacy of the specialized center as the owner of an accumulated expertise on adolescence, as well as the need for specific preparation to work with these subjects.

[...] we did a training course there at the ARC which is the Reference Center for the Adolescent, I do not know if you know [...] us, for a whole year we did this course [...]] in this course we did not work with teenagers, it was like dealing with teenagers. (N16)

♦ Factors influencing the nurses' work process in the FHS and their implications for practices regarding sexuality and HIV / AIDS prevention

This included 48 (13%) RU among those employed in this study. In the meantime, the representational contents of nurses about the aspects of interfering in their professional practices in the context of the FHS are presented, with implications for the approach to sexuality and the prevention of HIV / AIDS among adolescents. Thus, in the participants' report, there were indications of factors that hindered their work process in the FHS. It was identified in this way: the quantitative population assigned, being superior to that predicted by the team according to the governmental guidelines, which would compromise the actions to be carried out by the professionals. Another factor that was also present in the reports was the management of the unit, which is carried out by the nurses themselves, who in turn share this activity with those of Nursing care individually and collectively.

Today we can not do a good job here because we would have to have four thousand people in the area and we cover 40 thousand people, so there's no way. (N11)

Due to some bureaucratic entrances that, in which we are exposed, as you are seeing here, we are very much tied to the bureaucratic part of the thing here. So, less time is spent in these areas, in this case, in these areas of prevention / consent, guidance. (N1)

Also, among the factors that, according to the representational content, would negatively influence the effectiveness of nurses' practices in relation to the issue in question, were identified: the occurrence of a difficulty in achieving adolescent adherence to the frequency in the groups constituted with them in the units of FHS; and occurrence of high territorial coverage for the assignment of the team, making the distance from the FHS unit may represent for the part of the population served difficulty to have access to the same.

[...] here does not have a very good adhesion to the group of adolescents, we were not able to continue with the group because there is a low frequency. (N8)

Group, I was doing a group when I was in the old unit, right? Until December I was a hyperdia group and a pregnant group, but as we moved here in December, I still get

used to it and even the patients, too, that my area , my last micro-area is forty minutes away. (N18)

DISCUSSION

The Basic Health Units, especially the FHS, have the function of ensuring that the SUS principles, universality, equity and integrality of care, are fulfilled and that the services provided to the population are of a quality.¹⁵

When considering, therefore, the representation of the FHS for the interviewed nurses, the FHS was observed in representational contents, despite relative dichotomy and practice, as an important space of responsibility with the population, including in issues related to adolescents. In this perspective, it is observed, in another study, the improvement of the quality of life of families as a result of the creation of bonds and ties with professionals of the FHS.⁷

This bonding, together with the entrance of health professionals into the school environment, allows for a greater openness of scientific knowledge, which in turn can contribute to a healthy lifestyle. In this sense, an experience report on the health and school partnership concluded that it contributes to the transformation of healthy habits and improvement of the quality of life of adolescents and their families.¹⁶

Regarding the role of nurses within the scope of the FHS, one can observe a prominent representation of one of the relevant professional roles, which is health education. This consists of an assignment not only of the nurse, but of the entire FHS health team.¹⁴ This, since health education makes it possible to contribute to the popular formation of critical thinking about life, its environment, rights and responsibilities.¹⁷

Thus, it can be said that, in health education, there should be no imposition of knowledge, but a sharing of knowledge, respecting the principle of the autonomy of subjects. In this way, there would be a dialogical practice that would enable conscious behavioral transformation. In this sense, it understands the representational content identified in the study regarding health education as a principle for transformations.

Regarding the presence of nurses in schools, despite a lower proportion of participants in the sample with verbal practices, we observed representational contents consisting of the dimension of circulating information about the PSE and the need to promote integral attention to adolescents through articulation with the education sector. This aspect is present in governmental guidelines, in which it is postulated that the PSE aims at promotion, prevention and health care, aiming to reduce and/or extinguish factors that compromise health and generate vulnerability to adolescents.¹⁸

In this perspective, a study carried out brings the educational action as a function of the nurse and that this should be developed not only in the FHS, but also in schools and community. In addition, their subjects (nurses) affirm the importance of working in schools as a way to reduce the risks of early pregnancy and STI.¹⁹

How much the practices carried out by the participants focused on sexuality and HIV / AIDS prevention during adolescence, the work organization was present. With the planning of care to be provided, the possibility of a systematization of care is understood. It can be said that this facet meets the work process postulated for the Basic Care teams cited by the PNAB, in which the principle of participation of the whole team in the local health design is valued, considering the readjustment of the process of work and planning for the needs.¹⁵

In this sense, a previous study demonstrated, in its results, the planning of activities as a primary action to qualify the activity of health education.²⁰ And in another study about the nurses' practice about planning, it emerged as an important and necessary tool for the effective of their actions in health programming.²¹

Regarding the concern about nurses' representational content regarding pregnancy in adolescence, a previous study indicates the main reasons that lead to the participation of adolescents in the home visit: when pregnant or puerperal, when they are ill and when professionals wish to identify risk factors.²²

Regarding the practice of family planning involving adolescents, in order to prevent new pregnancies, this practice was also observed in another study as one of the

main actions carried out by the health scrooge of an FHS, with curative and pre-the most important

Regarding the availability of condoms reported by the subjects, a similarity is observed with another study carried out in Rio de Janeiro, where the distribution of the condom was distributed in most of the 147 units of sexual and reproductive health services.²³ And another research reports the distribution of contraceptives (including condoms) to adolescents as a practice performed by 86% of nurses in a FHS.¹⁹

As noted, the school is represented as a more conducive and accessible setting for working with adolescents. In this perspective, a study with nurses reports that the participation of adolescents in health education actions is focused on the schools.²² In this context, an integrative review study points to the school as an ideal scenario for the development of health activity, due to the fact that the students spend much of their time in this environment.²⁴ In addition, despite the difficulties, the FHS has entered the schools through the PSE and has helped in the positive modification of students' lives.²⁴

In relation to the difficulty of forming groups of adolescents in the FHS unit, it is thought that it may constitute an additional obstacle to the attempt to occur group activities with this population in these spaces. Thus, it was observed a lower frequency of reports of groups performed in health units exclusively aimed at adolescents. And, in this sense, studies on such educational groups mention the realization of groups of pregnant women, hyperdia, smoking, PSE, elderly, child and mother, women and men in general.²⁰

Nevertheless, nurses' representational content about the effectiveness of educational practices in the school environment, there was a manifestation of difficulties in working with adolescents in the FHS unit. It is thought that, as evidenced by other research,²⁵ may contribute in this sense the reports of occurrence to a lesser extent of collective strategies, such as the groups, of specific care for adolescents.

Regarding the representational contents on the referral of adolescents in a given health condition to other health services, considered specialized, especially in cases of teenage pregnancy and its recurrence

and possible occurrence of STI / HIV / AIDS, to primary prevention practices together with adolescents, as was also observed in another study with FHS.²⁵ On the other hand, as demonstrated in a study with professionals in the field,²⁶ this may be related to the training profile of participants in dealing with specificities of the population in question, because as observed in the sociodemographic data, none of the deponents possessed specialization in the area of adolescent health.

In this sense, it is considered necessary the permanent education with the nurses with programmatic aspects focused on adolescent health, with a view to the impact in the related practices, since this can help in reaching the objectives proposed to these professionals in the context of the FHS.²⁷ Regarding the representational contents on aspects that influence the work process in the FHS and in the practices in question, they are in agreement with what was described in another study, in which nurses reported, among the difficulties experienced, low adherence of the group of adolescents.²⁰ In addition of these factors, other authors also address the management of the unit, with its respective bureaucratic demands, and incomplete staff.²⁸ And, there are researchers who point out the workload of nurses in the FHS as obstacles for the accomplishment of educational activities with the population. Thus, this facet to imply about the potential of Nursing actions in FHS and therefore also, in the face of sexuality and HIV/AIDS prevention, demands attention in the field of public health planning and policies.

Regarding the limitations of the research, it should be considered: difficulties in the generalization of the findings, by the nature of the study design, but, with a positive counterpoint of greater depth in the approximation of the object of investigation, given the dimension of subjectivity; the scrutiny of nurses' practices was based on SR, and can be configured in a different way, in one or more elements, before the technique of observation. However, from the SR perspective, it is mainly the understanding that the expression of the social object of interest according to the subjects' perspective brings, in its way of description

and description of the social reality, marks of identity and group membership, as well as the need of positioning before the different situations related to the subject under analysis in the daily life.^{12,29}

CONCLUSION

When considering the proposed goal of this study, it was observed the symbolic marking of what would be idealized in relation to the role of the FHS and the nurse in the face of sexuality and the prevention of HIV / AIDS in adolescents. These units emerged in the research, as a profitable field for prevention-oriented practices in sexual health and reducing the incidence of early pregnancy and STI / HIV / AIDS in this group. There was, however, an expression of organizational and infrastructure aspects that converge to make this potential difficult.

Regarding nurses' practices, representational contents regarding health education and guidelines were identified as the most frequent in the care for adolescents in the FHT, either in health units or in schools. Still, the study presented findings of planning practices, distribution of condoms, activities groups and various referrals. The specific contribution of the study, however, was the characterization of the proportionally smaller representational expression of the articulation with the schools and the formation of groups of adolescents in the health units, as well as there was no direct mention of the technology of listening as a tool in the practice of care before the object under study.

Thus, it is necessary to implement strategies for the equation of organizational and infrastructural demands, as well as permanent education with the professional group involved in the care directed to the specificity of the adolescent population and its vulnerabilities to health.

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