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ORIGINAL ARTICLE

VULNERABILITY IN ADOLESCENCE: THE PERSPECTIVE OF NURSES OF THE FAMILY HEALTH

VULNERABILIDADE NA ADOLESCÊNCIA: A ÓTICA DOS ENFERMEIROS DA SAÚDE DA FAMÍLIA VULNERABILIDAD EN LA ADOLESCENCIA: LA PERSPECTIVA DE LAS ENFERMERAS DE LA SALUD FAMILIAR

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ABSTRACT

Objective: analyzing the perceptions and actions of nurses of the Family Health Strategy facing the situations of vulnerability of adolescents. **Method:** a descriptive study of qualitative approach, performed with 16 nurses. The information was produced by means of individual interviews with a form compound by eight open questions, held at the workplace of those professionals and recorded with a digital recorder. The reports, after transcribed, were analyzed using the technique of Content Analysis. This study was a research project approved by the Research Ethics Committee, protocol 123/2011. **Results:** there was identified the association of vulnerability with situations of risk to health and its determinants, beyond the little expressiveness of intersectoral actions and public policies, the fragility of family and school support and access to services. **Conclusion:** the training of teams to work with teens emerges as capable to minimize the vulnerabilities among these individuals. **Descriptors:** Adolescent; Nursing; Health Vulnerability.

RESUMO

Objetivo: analisar a percepção e atuação dos enfermeiros da Estratégia Saúde da Família frente às situações de vulnerabilidade dos adolescentes. **Método:** estudo descritivo de abordagem qualitativa, realizada com 16 enfermeiros. As informações foram produzidas por meio de entrevista individual com formulário composto de oito questões abertas, realizada no local de trabalho dos profissionais e registrada em gravador digital. Os relatos, após transcritos, foram analisados mediante a técnica da Análise de Conteúdo. O estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética em Pesquisa, protocolo 123/2011. **Resultados:** identificou-se a associação da vulnerabilidade com situações de riscos à saúde e seus condicionantes, além da pouca expressividade de ações intersectoriais e de políticas públicas, a fragilidade do suporte familiar e escolar e do acesso aos serviços. **Conclusão:** a capacitação das equipes para atuar com os adolescentes emerge como capaz de minimizar as vulnerabilidades entre esses indivíduos. **Descritores:** Adolescente; Enfermagem; Vulnerabilidade em Saúde.

RESUMEN

Objetivo: analizar las percepciones y acciones de los enfermeros de la Estrategia de Salud de la Familia hacia adelante a las situaciones de vulnerabilidad de los adolescentes. **Método:** estudio descriptivo con enfoque cualitativo, realizado con 16 enfermeros. Las informaciones se producen por medio de entrevistas individuales con formularios compuestos por ocho preguntas abiertas, celebradas en el lugar de trabajo de los profesionales y grabados con un grabador digital. Los informes, después de transcritos, fueron analizados mediante la técnica de análisis de contenido. Este estudio fue un proyecto de investigación aprobado por el Comité de Ética de la Investigación, el protocolo 123/2011. **Resultados:** se identificó la asociación de la vulnerabilidad a las situaciones de riesgo para la salud y sus determinantes, además de la poca expresividad de la acción intersectorial y de la política pública, la fragilidad del apoyo de la familia y la escuela y el acceso a los servicios. **Conclusión:** la formación de los equipos para trabajar con adolescentes emerge como capaz de minimizar las vulnerabilidades entre estos individuos. **Descriptor:** Adolescente; Enfermería; Vulnerabilidad en Salud.

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INTRODUCTION

Adolescence is a stage of life that spans the merely chronological issue and is characterized mainly as a period of assertion of personality. It is a complex process, of individual, family, cultural, economic and social transformations, whose characteristics can allocate risks and increase the vulnerability of this social group.¹⁻³

Vulnerability is the exposure of individuals to determinants of health problems, whether individual or collective, making them more susceptible, according to the greater or lesser availability of resources to protect.⁴ In this sense, understanding the process of vulnerability refers to the fact that everyone can experience the disease process or to protect from it, depending on the psychosocial aspects of the extent and quality of information received, as well as the ability to incorporate these practices in their daily lives.⁵

From the perspective of disease prevention and promotion of well-being, it is necessary to sensitize society and health professionals about the specificities of adolescents, considering their different vulnerabilities.² It is understood that research can contribute to support reflection and action within the health care and inter-sectors and signaling aspects that require investments and/or that may be potentially allies in reducing the vulnerability of this social group.

This study aims to analyze the perception and performance of nurses of the Family Health Strategy forward to situations of vulnerability of adolescents.

METHOD

This is a descriptive study with a qualitative approach, with 16 nurses, members of the FHS team a municipality pole in western Santa Catarina, in southern Brazil.

As criteria for participation in the study it was used: being a nurse, a member of the FHS, be in action in this care modality for at least six months and take up the case by signing the Term of Free and Informed Consent.

The information was produced during the second half of 2011 and the first half of 2012, through individual interviews with interview form consists of eight open-ended questions, held at the workplace of professionals and recorded with a digital recorder. The participants, after transcribed, were analyzed using the technique of content analysis, following the steps of pre-analysis, material

exploration, processing of results and interpretation.⁶ Information were coded with the initials E of nurses and followed by the number of the order of the interview (E1, E2, E3 ... for example).

The research project was approved by the Ethics Committee in Research of the University of the State of Santa Catarina/UEDESC, under the protocol n. 123/2011 and met the requirements of Resolution 466/2012 of the National Health Council.

RESULTS AND DISCUSSION

The study population consisted of 16 nurses, members of the FHS, 14 female and two male, with an age of 24 years old and maximum 41 years old (average age of 32 years old). Most participants have graduate *Latu sensu* (15 subjects) and only one nurse has post-graduate studies *Stricto sensu*.

Using an interpretative analysis of information obtained from participants, three themes were defined, discussed below.

♦ Vulnerability in the design of nurses

The term vulnerability is used repeatedly in the scientific literature on health with different meanings, and the studies that deal as a conceptual framework, stepped from the 80s. The emergence of the human immunodeficiency virus, known worldwide by its acronym HIV epidemic has been a major phenomenon for researchers and health professionals could rethink the concept of risk and advance of the discussions about "vulnerable" and "vulnerability", these employed to designate in susceptibility to health problems and damage.⁷

In this scenario, when asked what vulnerability is, nurses associated it with the risk situations, as shown in the reports:

It is a situation that may endanger the health, the well-being. (E12)

It is the rise and fall of risk situations that are in a person's life. (E14)

Discussing the differences between the terms "risk" and "vulnerability", it is considered that both are different in spite of the close relationship that define them. In the epidemiological view, it is the first analytical approach, because there is the analysis of certain phenomena involving them in variables. However, the second has a synthetic character, interdisciplinary, which seeks to bring abstract information related to the disease process,⁷ beyond what is multidimensional and unstable, as soon as it makes the individual vulnerable on a particular aspect, can protect

you from another and so dynamically over time.⁹

Vulnerability in adolescence may be due to several factors, sometimes characteristic of this stage of the life cycle, which add to the cultural, social and economic context.¹⁰ Thus, it is necessary to know and understand the aspects that make them vulnerable adolescents, their concerns about the body, sexuality, search for identity, the struggle for autonomy, insecurity of not being accepted, the juvenile omnipotence, among other features that appear in the adolescent process and may increase the susceptibility of these individuals to health problems.¹⁰

In the perception of nurses, adolescents are vulnerable to drug addiction, violence, traffic accidents, pregnancy and diseases, especially sexually transmitted diseases (STDs), as identified in the reports:

Exposed to drug addiction, violence [...] teenagers do not measure risks. (E4)

Drugs, physical violence, sexual violence [...] lack of parental involvement, low parental education [...]. (E6)

Pregnancy, drugs, violence [...] apart from family conflicts [...]. (E16)

It became evident that adolescents are exposed, particularly, to vulnerabilities in individual and social context.^{11:1339} The literature highlights that "the different situations of vulnerability of the subjects (individual and/or collective) can be particularized by the recognition of three interrelated components - individual, social, and programmatic or institutional."

The individual component refers to the recognition of the person as a subject of rights, considering the level of education, access to information, social relationships, family and work, as well as issues of the body and health.⁵ It is related to the degree of awareness and effective conditions to transform behaviors, which may create opportunities which, for example, of contracting the disease, the relationships with the natural environment and social.¹¹⁻¹³

It is therefore considered that the behaviors associated to opportunities for exposure to infection, illness or death, cannot be understood as an immediate and unique effect on the willingness of individuals, but related to the level of awareness of the potential damage and from it, the ability to adopt attitudes and behaviors¹⁴ of protection, aspect one that shows the fragility of the adolescents.

Regarding the social dimension in the analysis of social relations, citizenship and cultural scene, ie the institutions of power, gender

and ethnicity, or systematic discrimination protection rights, access to comprehensive health care, education and prevention occurs, employment and salary, leisure and sports.⁵

Social component, even if it sees access to information, material resources, power of influence in policies making, evaluation of the absence of specific legislation, degree of freedom of thought and expression, in addition to the social welfare, housing, education, access to educational and health institutions, and from that, the ability to metabolize the information and result in a practical change to everyday life. It is considered the largest social vulnerability to failure to rally, to be heard in decision-making of governmental.¹¹⁻¹²

Nurses also identified programmatic vulnerability as an aggravating care/assistance to adolescents, relating it to the lack of public policy attention to this group:

Lack of public policy targeting teenagers [...]. (E3)

Very concerned because the city has no policy, an action aimed at the teen [...] the teenager also needs this [...]. [E16]

The programmatic plan involves action planning, quality management, institutional alliance with effective actions proposed by the State in its three spheres, and provided funding for proposed programs and continuity of the existing perspective of commitment to solving the problems. Vulnerability is greater compared with the policies and the way institutions are organized in the community.^{12:9}

♦ Factors affecting the vulnerability of adolescents in the perception of nurses

Regarding the determinants of vulnerability of teenagers, the main determinant cited by nurses was the lack of support/family and social support. There was also mentioned the inherent characteristics of the development phase as a curiosity, little sense of the dangers and limitations, new sexual feelings and the ease of obtaining drugs, presence of violence informational deficit, low parental education, failures in the education system, negative influence of the media and little access to health services, what is, partially, illustrated in the excerpts of the statements below:

Lack of guidance, discussion of principles in the family, affection, love, I believe that access to drugs is very easy [...]. (E9)

A cultural issue about the naturalness of pregnancy in adolescence. (E15).

Lack of family structure [...], exposure to misinformation, media influences [...]

access to drugs, the social question [...].
(E5)

The lack of parents leaves them more vulnerable [...]. (E3)

It was noticed that nurses identify the main factors affecting the vulnerability in adolescence, confirmed in the literature.^{12;15-}

¹⁶ Regarding to socio-familial environment is emphasized that the conditioning factors may be present as children, by living with the use of legal drugs (alcohol and tobacco). This message is being transmitted by the family education and embodied habits and social integration. This situation demonstrates the importance of parents, family, and health professionals, and society as (co) responsible institutions in reducing the exposure of children and adolescents to such factors.¹⁷

♦ Actions to minimize and cope with the vulnerability of adolescents

In the reports of nurses, home visits, conversation and guidance to parents and dialogue with teenagers, emerged as shares used in the context of the FHS, to cope, and vulnerability reduction at this stage of the life cycle, as shown below:

Personal care, talk to parents and teens [...]. (E6)

Guidance for parents, especially mothers who come with questions about the children. (E7)

Having work with parents because they did not know how to address issues with their children [...]. (E10)

It is emphasized the importance of dialogue, especially in the family and at school, as a way to raise awareness of the vulnerability of adolescents. Authors¹⁸ bring the family as a source of transfer of information on sexuality, configuring it as a potential tool for prevention of STDs (Sexually Transmitted Diseases) and early pregnancy. Also reinforce the need to incorporate the family and the educational, promotion and orientation, with the help of health professionals.

This study reveals that professionals prefer the approach with parents and family, and not directly to the adolescent, pointing to the gap between the health professional and this population group. This fact underlines the vulnerability of the subject as the family presents difficulties in terms of dialogue.

The relationship between adolescent and family is most often marked by conflicts, which combined the characteristics of the phase, the identification and inclusion in a particular group, extol susceptibility to health problems. The process of adolescence is permeated by imbalance and instability, which

succeeds the affective conflict ensues family counterparts.^{10;17;9}

Moreover, the school proved to be an important facilitator to allow the insertion of health services, contributing to approach subjects that refer to sexuality, drug use, behaviors and conduct, among others, referred to by the nurses in testimonials:

School always makes room [...]. (E4)

We tried [to develop activities with teens] in four encounters at school, and after that they began to observe more frequent BHU [Basic Health Unit] and recognize professionals'. (E16)

Along with school, with a multidisciplinary team, we may be able to achieve the goal. (E14)

The school is pretty partner. (E6)

However, there are also indications about the difficulty of integrating health professionals to school environments, because there is still some resistance in some schools in the discussion of topics related to the vulnerability of adolescence, such as sexuality, drugs and violence. The following reports have demonstrated thus:

There is a school that we cannot enter without opening networking is difficult [...]. (E16)

The school has strength when talking about sexuality [...]. (E4)

The school is privileged to develop prevention programs and policy space to be forming education, citizenship and habits and also a space for expression of behaviors and personalities.¹⁶⁻⁷ Furthermore, the nurses brought as strategies to minimize and confronting vulnerability, the wheels of therapy, individual care, conducting workshops, the multiplier teenager, beyond actions together with the Tutorial Education Program (TEP) with the Support Center for Family Health (NASF) Fire, Police and Local Board of Health:

The multiplier has to talk about teen sexuality. (E3)

We wheel therapy students to try to remedy anxieties, doubts, on various subjects, especially sexuality. (E4)

Shares of NASF, work, together with the Local Health Board to discuss prevention strategies. (E8)

It was found that actions to promote health and well-being of adolescents, even timid, being developed under the FHS and other public sectors. However, the contact as these services are often superficial and the insignificant actions by challenging yourself to establishing dialogue and responsibilities between sectors.¹⁹

Regarding the difficulties of nurses in assisting the individual that pervades adolescence were mentioned: the low receptivity of the adolescent; disinterest health team working with this audience, identified in resistance to leave the Health Unit to meet and as the lack of training of staff to better assist them, implying limitations of physical space in educational activities, low receptivity school, high demand for care in the FHS and the lack of public policies aimed at the group.

The teenagers who not demand for health services, particularly for health promotion and prevention of disease and injuries, were brought by the majority of nurses:

By the time of Childcare they come, then, when they enter school no longer comes, we cannot achieve these adolescents. (E14)

Do not seek to prevent the unit, only for curative part. (E12)

In adolescence there is a withdrawal of health services, which results in the prevention and guidelines for this age group disability, increasing the vulnerability.¹⁵⁻⁶ The literature that addresses individual and social components connect with the programmatic involving, among others, the commitment of national, regional and local programs for the prevention of disease and injury and promoting health through the development of educational and intervention, rethinking healthcare.¹¹ In this approach, the vulnerability is related to the way as social and health services allow in certain contexts, the mobilization of resources needed to occur for the protection of persons with illness.¹⁴

It was noticed the little professional preparation FHS to watch the health of adolescents, identified in ignorance of many nurses in relation to the mode of teaching how to interact and use in the development of health education activities aimed at this audience, as shown by the lines:

Not just anyone can handle teenagers [...] has the way to approach [...] have to profile, must have training. (E15)

Have to be prepared, try to enter into their world for better access. (E5)

The staff is not prepared for it [...]. (E13)

It is possible to plan actions for health care holistically, when health professionals recognize a cultural perspective, as teens experience the cycle of change. The creation of spaces for dialogue and reflection of experiences,¹⁰ can be configured as a way to encourage them to experience and share the responsibility for promoting their own choices.¹⁶

For the teenager has minimum condition to take protective behavior to exposure to risks, being responsible for their own health, it is necessary to restore the social and cultural particularity that marks the identity of each individual. Thus postgraduate nursing graduate and need to incorporate more and more content and proposals that address vulnerable populations.¹²⁻³

The performance of nursing in adolescence should not be addressed individually, then it must extend to families, because the family nature of factors and socio-cultural influences on susceptibility to diseases and health problems,¹⁷ as noted Thus, one must helping the most vulnerable social subjects, as teenagers, listening to them in small and large decisions that determine your chances of life, liberty and happiness.^{16;12;19}

Thus, educational activities need to be intensified, and in this scenario, nursing as crucial in the context of the FHS, for the development of cognitive, affective and social skills which empower adolescents able to protect themselves in the face of situations of vulnerability to their health.²⁰

Finally, denoting the importance of studies that monitor the effectiveness of the FHS, as regards the coverage and resolution of their actions, in order to identify difficulties in their development and effectiveness as innovative proposal, in addition, can inform the design of new health practices supported the principles of universality, comprehensiveness and equity.²¹

FINAL REMARKS

The study showed that for nurses, adolescents' vulnerability is associated with risk situations, which involve a variety of conditioning factors.

The vulnerability in adolescence is marked by individual issues, such as lack of knowledge to address the determinants and social and programmatic issues, such as the absence of public policies aimed at these children and their families and intersectoral action factors as well as the fragility of family care and school.

Added to this, the unpreparedness reported by health professionals to fully assist adolescents, which demonstrates the need to incorporate training and/or qualification processes as a way to instrumentalize them to assist vulnerable populations served in the context of Primary health Care Still, intersectoral action and practice in health education, both in the area of health services, such as school and home environment may be

able to minimize vulnerabilities at this stage of the life cycle.

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