



**SELF-HEALTHCARE PRACTICE FROM ADOLESCENTS' PERSPECTIVE**  
**A PRÁTICA DO AUTOCUIDADO À SAÚDE NA PERSPECTIVA DOS ADOLESCENTES**  
**LA PRÁCTICA DEL AUTOCUIDADO DE LA SALUD DESDE LA PERSPECTIVA DE LOS ADOLESCENTES**

Sebastião Junior Henrique Duarte<sup>1</sup>, Denner Regis Urel<sup>2</sup>, Ivanilda Benedita Santiago Zorman<sup>3</sup>, Marcelo Gomes Alexandre<sup>4</sup>, Christianne de Faria Coelho Ravagnani<sup>5</sup>

#### ABSTRACT

**Objective:** to know the healthcare practiced by adolescents. **Method:** exploratory descriptive study conducted with 25 adolescents of both sexes and aged between 12 and 19 years, drawn at random, residents in the area of the Family Health Strategy Coxipó III, predominantly low-income peripheral neighborhood of Cuiabá, State of Mato Grosso. The data were collected in a self-answered questionnaire and analyzed descriptively. The research project was approved by the Research Ethics Committee under Protocol 693/2009. **Results:** the results showed that of the total, 60% were female, 48% were sexually active, 36% were underweight, 68% had never participated in activities proposed by the health team, and 36% did not practice physical activities daily. **Conclusion:** self-care proved to be limited, requiring more effective professional actions with adolescents, in order to promote health through awareness of lifestyle changes. **Descriptors:** Primary Healthcare; Adolescent's Health; Health Profile.

#### RESUMO

**Objetivo:** conhecer o cuidado à saúde praticado por adolescentes. **Método:** estudo exploratório descritivo realizado com 25 adolescentes de ambos os sexos e idades entre 12 e 19 anos, sorteados aleatoriamente, moradores na área da Estratégia Saúde da Família Coxipó III, bairro periférico predominantemente de baixa renda em Cuiabá, Estado de Mato Grosso. Os dados foram coletados em questionário autorrespondido e receberam tratamento descritivo. O projeto de pesquisa teve a aprovação no Comitê de Ética em Pesquisa, Protocolo 693/2009. **Resultados:** os resultados mostraram que do total, 60% eram do sexo feminino, 48% eram sexualmente ativos, 36% apresentavam baixo peso, 68% nunca tinham participado de atividades propostas pela equipe de saúde e 36% não realizavam atividade física cotidianamente. **Conclusão:** o autocuidado mostrou-se limitado, requerendo ações profissionais mais efetivas junto aos adolescentes, no sentido de promover a saúde através da sensibilização para mudanças no estilo de vida. **Descritores:** Atenção Primária à Saúde; Saúde do Adolescente; Perfil de Saúde.

#### RESUMEN

**Objetivo:** conocer el cuidado de la salud practicado por los adolescentes. **Método:** estudio descriptivo exploratorio llevado a cabo con 25 adolescentes de ambos sexos y edades comprendidas entre 12 y 19 años, sorteados aleatoriamente, residentes en el área de la Estrategia Salud de la Familia Coxipó III, barrio periférico predominantemente de bajos ingresos de Cuiabá, Estado de Mato Grosso. Los datos fueron obtenidos por medio de un cuestionario autorrespondido y fueron analizados descriptivamente. El proyecto de investigación tuvo la aprobación del Comité de Ética en la Investigación, Protocolo 693/2009. **Resultados:** los resultados demostraron que del total, 60% eran mujeres, 48% eran sexualmente activos, 36% tenían bajo peso, 68% nunca habían participado en actividades propuestas por el equipo de salud, y 36% no realizaban actividad física diariamente. **Conclusión:** el autocuidado demostró ser limitado, requiriendo acciones profesionales más eficaces con los adolescentes, con el fin de promover la salud a través de la conciencia para cambios en el estilo de vida. **Descritores:** Atención Primaria de la Salud; Salud del Adolescente; Perfil de la Salud.

<sup>1</sup>Nurse, PhD. in Health Sciences, Professor at the Federal University of Mato Grosso do Sul (UFMS). Três Lagoas (MS), Brazil. E-mail: [sjhd.ufms@gmail.com](mailto:sjhd.ufms@gmail.com); <sup>2</sup>Undergraduate student, Undergraduate Program in Nursing, Federal University of Mato Grosso (UFMT), PETSÁUDE/Family Health volunteer. Cuiabá (MT), Brazil. E-mail: [denner\\_urel2@hotmail.com](mailto:denner_urel2@hotmail.com); <sup>3</sup>Family Health Nurse, Preceptor of PETSÁUDE/Family Health. Cuiabá (MT), Brazil. E-mail: [ivanildazorman@hotmail.com](mailto:ivanildazorman@hotmail.com); <sup>4</sup>Physical Educator, candidate of the Master's Program in Biosciences, School of Nutrition, Federal University of Mato Grosso (UFMT), Master's Program in Physical Education, PETSÁUDE/Family Health volunteer. Cuiabá (MT), Brazil. E-mail: [marcelomesalex@gmail.com](mailto:marcelomesalex@gmail.com); <sup>5</sup>PhD., Physical Educator, Professor of the Undergraduate and Master's Programs in Physical Education, Federal University of Mato Grosso (UFMT). Tutor of the PETSÁUDE/Family Health. Cuiabá (MT), Brazil. E-mail: [christianne.coelho@hotmail.com](mailto:christianne.coelho@hotmail.com)

INTRODUCTION

In Brazil, the Family Health Strategy (FHS) (*one of the national public health programs in Brazil*) has given full attention to the whole life cycle, thus contributing to the prevention of diseases and complications and promoting the health of populations assigned to its teams.<sup>1</sup> The actions performed by the professionals that compose more than 30 thousand Family Health teams across the country should be guided by the principles of interdisciplinarity, considering that the minimum team consists of community health agents, nursing technicians or assistants, nurses, and physicians.

It is considered that interdisciplinary work provides integral healthcare, especially to vulnerable groups, such as adolescents, in which the risks arise from the specificities of this stage of life, for example, misinformation that leads to health disorders such as diseases caused by sexually transmitted infections (STIs), unplanned pregnancy, overweight, and obesity.<sup>3</sup> In this age bracket, group activities targeting diverse issues constitute an efficient strategy in the confrontation of problems, because they facilitate peer identification and the establishment of links between professional teams and adolescents.

Working with operating groups and the interaction between professionals, individuals, families, and communities in the FHS not only favors the creation of bonds of trust and safety, but it also promotes awareness of self-care, enabling health promotion through health education. Although it is recommended that the groups are coordinated by the professionals, the leadership can be exerted by one of the adolescents of the groups.<sup>4,5</sup>

Health education is an approach geared to unravel myths and broaden knowledge, so that people with new information may redefine their lifestyles, starting to conduct self-care with greater autonomy.<sup>5,6</sup> It is assumed that the subjects' engagement in the phases of planning, implementation and evaluation of activities to be carried out by the health teams favor the adherence of the target public promoting their understanding of what healthcare is.

The operating group was intended to encourage adolescents' awareness for adherence to health promotion actions in the city of Cuiabá, capital of the State of Mato Grosso (MT). The goal was to promote health and the integral development of each young participant in weekly meetings with actions that favored health education, quality of life,

practice of physical activity, and participation in nursing and medical consultations, among other aspects. To this end, aiming at a better development of the operating group, the goal is:

- To know healthcare practiced by adolescents.

METHOD

This is an exploratory descriptive study undertaken by participants of the Educational Program for Health Work (PETSÁUDE) inserted into the team of the FHS Coxipó III, in Cuiaba, MT. The data collection was carried out from March to April 2011.

The first FHS team of this municipality was implemented in 1998. The activities of the Coxipó III team, which is part of the Southern Regional, started in 2000 and the team is a reference for the population of Coxipó III, Getúlio Vargas, and Itapagé neighborhoods, assisting about 4,000 individuals registered, of which 707 were adolescents.

The sample included 25 participants aged between 12 and 19 years, drawn at random. Inclusion criteria were: (a) being an adolescent residing in the area covered by the FHS Coxipó III; and (b) not having physical impediment that would compromise data collection. The adolescents who were not located after three attempts for data collection were excluded from the study. The agreement of the participants or the responsible individuals for those under the age of 18 years was expressed by signing an informed consent form.

Data collection was carried out applying a questionnaire with closed questions related to the following variables: demographic profile; sexuality; participation in the activities of the local Family Health team; body mass index (BMI); and practice of physical activity. The data were organized using Microsoft Office Excel® software. The SPSS program (Statistical Package for the Social Sciences - version 15.0) was used for the calculation of frequencies.

The study integrated the "Analysis of the health situation of the Cuiabá population assisted by the team of the PETSÁUDE/Family Health" project, approved by the Research Ethics Committee of the Federal University of Mato Grosso (CEP/UFMT), under the Protocol 693/2009.

RESULTS

Of the total participants (n=25), 60% were female, 20% reported they were 17 years old, and 68% described themselves as being of

mixed race, 16% were whites and 12% blacks. With regard to schooling, 88% claimed to be studying (52% were attending high school and 4% university). Of the total (n=25), 48% described themselves as sexually active, 36% stated they made constant use of condoms, and 28% reported having had more than three sexual partners. Among those who had knowledge about contraceptive methods, 24% had received such information from the parents, 20% received the information at school, and 16% from health professionals.

The BMI values revealed that 36% of the participants were underweight and 27% overweight.

With regard to the activities proposed by the professionals of the team, 68% stated they had never participated in these activities and 12% did not remember whether they had participated.

No physical activity was practiced by 36% of the subjects. From those who practiced physical activities, 52% reported they practiced team sports and 40% of these individuals pointed out the schools as the place for carrying out such practices.

The main barriers encountered for the practice of physical activity were the lack of appropriate places near the residences (28%), warm weather (12%), and laziness or lack of motivation (12%).

## DISCUSSION

Most of the participants were female. This finding refers to the importance of women's healthcare in line with the specificities of this population group. However, the importance of campaigns for men's health promotion should not be neglected,<sup>7</sup> since they rarely participate in relevant activities of the FHS.<sup>8</sup>

It is worrying that there were adolescents in the sample who did not attend school, because the world of work requires skilled professionals. Lack of schooling is a limiting factor for entering into the labor market with better wages.

Another aspect that drawn attention was the lack of places out of the homes where the individuals could go,<sup>9</sup> even though schools are proper environments for the promotion of health in this age group by reaching this population in an economical and efficient way.<sup>10</sup> Such obstacles compromise health promotion in this population segment.

With respect to sexual activity—which half of the adolescents in the sample had already started—the portion of those who did not use condoms drawn attention. This behavior exposes these individuals to sexually

transmitted diseases, including viral diseases (especially HIV, HTLV, and HPV, the latter being one of the responsible for genital and reproductive cancer in both sexes). It is known that the habit of using condoms involves complex aspects, such as axiological issues and those related to affectivity and sexuality.<sup>11</sup>

It was observed that information on contraception methods had not yet reached 100% of the participants. This shows that education on sexual and reproductive health is still a challenge for health professionals. The expertise of these professionals, regarding this issue, is not limited to the transmission of information on unplanned pregnancy and sexually transmitted diseases; it also opens a field for more comprehensive discussions.<sup>12</sup>

Another factor that deserves attention is the nutritional status of the participants. Although BMI varies with age, it has been pointed out as a good indicator of obesity in this age group.<sup>13</sup> Both underweight and overweight identified are alert situations, since 75% of new cases of chronic non-communicable diseases during the 1970s and 1980s in developed countries are in part explained by inadequate nutrition.<sup>14</sup> Obese adolescents have a higher risk of becoming obese as adults.<sup>15</sup>

The adolescents of this area of the municipality do not participate regularly in the activities of the FHS team. This fact sets up another challenge to the professionals who coordinate the healthcare provided to this population in order to contribute to improving quality of life. Adolescents constitute the population with the lowest number of consultations among all age groups.<sup>16</sup> This fact can be explained in part by the difficulties in establishing a link between adolescents and health teams.<sup>17</sup> This way, it is essential that FHS professionals establish epidemiological profiles to plan and evaluate activities to be undertaken by all team members together with adolescents.

It was observed that the Family Health team under study knew little about the lifestyle prevalent among adolescents living in their service area. The data revealed that 64% of the individuals practiced physical activity. This index is greater than the 43.1% observed as average for all Brazilian state capitals and the Federal District by the National Survey on Students' Health in 2009<sup>18</sup> and also higher than the index of 29.4% found for the adult population of the same municipality.<sup>19</sup>

Regarding the practice of team sports, it is known that the interrelations between



environment and physical activity are intuitive and arise from the environment that adolescents experience.<sup>20</sup> It was observed that the only space available for this practice in the area studied was a football field and that 40% of the respondents practiced physical activity in their schools, locations in which team sports predominated.

In terms of the health-disease-care process,<sup>21</sup> there is a tendency to regard individuals as being responsible for causing harm to health.<sup>22</sup> At the same time, there are no opportunities geared for such care, which causes lack of social or environmental support.<sup>23</sup>

In the present study, the lack of appropriate spaces was also shown as one of the main barriers to the practice of physical activity, along with the warm weather and laziness or lack of motivation. These data corroborate with those of another study conducted in the city of Curitiba, State of Paraná, where inactive adolescents reported—in contrast to the active individuals of the same sample—greater perception of barriers regarding the places for practicing physical activity, i.e., laziness and climate.<sup>24</sup>

## CONCLUSION

The self-description of how the adolescents under study cared for their own health showed that a portion of this population segment was exposed to diseases. This is due to the fact that some young individuals had initiated sexual activity without knowledge about methods to prevent sexually transmitted diseases and unplanned pregnancy. A portion of the respondents was sedentary, what constitutes a risk factor for cardiovascular and metabolic diseases, especially.

The epidemiological profile revealed the need of health services approximation to the population of adolescents, considering their low participation in the actions carried out by the team. The situation observed reveals the need for discussion among health and education professionals. Work carried out with adolescents must be interdisciplinary, multidisciplinary and intersectoral, as it requires planning joint actions which may qualify the healthcare provided and stimulate citizen awareness.

During adolescence, the individuals tend to enjoy better health, which can be maintained or improved depending on their self-care. This way, the implementation of operating groups in this population do not only promotes knowledge sharing and a more humane care, but also the maintenance and improvement of

health in this decisive stage of the development of future adult citizens.

## REFERENCES

1. Costa GD, Cotta RMM, Ferreira MLSM, Reis JR, Franceschini SCC. Saúde da família: desafios no processo de reorientação do modelo assistencial. *Rev bras enferm* [Internet]. 2009 [cited 2013 Jan 20];62(1):113-18. Available from: <http://www.scielo.br/pdf/reben/v62n1/17.pdf>
2. Silva JM, Caldeira AP. Modelo assistencial e indicadores de qualidade da assistência: percepção dos profissionais da atenção primária à saúde. *Cad saúde pública* [Internet]. 2010 [cited 2013 Sept 12];26(6):1187-193. Available from: <http://www.scielo.org/pdf/csp/v26n6/12.pdf>
3. São Paulo. Secretaria da Saúde. Manual de atenção à saúde do adolescente. Secretaria da Saúde. Coordenação de Desenvolvimento de Programas e Políticas de Saúde. São Paulo: 2006. 328p.
4. Silva MA, Oliveira AGB, Mandú ENT, Marco SR. Enfermeiros e grupos em PSF: possibilidades para participação social. *Cogitare enferm* 2006 [cited 2013 Sept 12];11(2):143-49. Available from: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/6856/4870>
5. Dreyer AM, Callejas EFC, Duarte SJH, Rodrigues VB, Pereira ACFC, Curty IPS, et al. Diagnóstico do sistema de vigilância alimentar e nutricional em uma unidade básica de saúde, Cuiabá/MT. *Gestão e saúde* 2011 [cited 2013 Jan 20];2(1):318-25. Available from: [http://www.gestaoesaude.unb.br/index.php/gestaoesaude/article/view/111/pdf\\_1](http://www.gestaoesaude.unb.br/index.php/gestaoesaude/article/view/111/pdf_1)
6. Moreira RM, Camargo CL, Teixeira JRB, Boery EM, Sales ZN, Anjos KF. Social Representation about the lifestyle of teenagers: a study of dimensional base. *J Nurs UFPE on line* [Internet]. 2013 [cited 2013 Oct 01];7(10):5952-959. Available from: [http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4620/pdf\\_3631](http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4620/pdf_3631)
7. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Política nacional de promoção da Saúde. Brasília: Ministério da Saúde, 2006. 60 p.
8. Figueiredo W. Assistência à saúde dos homens: um desafio para os serviços da atenção primária. *Ciênc saúde coletiva* [Internet]. 2005 [cited 2013 Sept 12];10(1):7-17. Available from: <http://www.scielo.br/pdf/csc/v10n1/a11v10>

[n1.pdf](#)

9. Pyle SA, Sharkey J, Yetter G et al. Fighting an epidemic: the role of schools in reducing childhood obesity. *Psychol Sch* [Internet]. 2006. [cited 2013 Sept 10];43(3):361-76. Available from:

<http://onlinelibrary.wiley.com/doi/10.1002/pits.20146/pdf>

10. Ball K, Crawford D. Understanding environmental influences on nutrition and physical activity behaviors: where should we look and what should we count? *Int J Behav Nutr Phys Act* [Internet]. 2006. [cited 2013 June 18];33(3):1-8. Available from:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1592115/>

11. Silva ATP, Silva ATP, Carvalho KEG, Silva ALMA, Frazão IS, Araújo EC. Educational interventions on HIV/AIDS for teenagers in public schools. *J Nurs UFPE on line* [Internet]. 2011 [cited 2013 Oct 01];5(spe):2644-650. Available from:

<http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/2362/pdf/758>

12. Camargo VB, Botelho LJ. Aids, sexualidade e atitudes de adolescentes sobre a proteção contra o HIV. *Rev saúde pública* [Internet]. 2007 [cited 2013 Oct 01];41(1):61-8. Available from:

<http://www.scielo.br/pdf/rsp/v41n1/5296.pdf>

13. Himes JH, Dietz WH. Guidelines for overweight in adolescent preventive services: recommendations from an expert committee. *Am J Clin Nutr* [Internet]. 1994 [cited 2013 Oct 01]; 59(2): 307-16. Available from:

<http://ajcn.nutrition.org/content/59/2/307.full.pdf+html>

14. Stamler J, Stamler R, Neaton JD, Wentworth D, Daviglus MI, Carside D, et al. Low risk-factor profile and long-term cardiovascular and noncardiovascular mortality and life expectancy: findings for 5 large cohorts of young adult and middle-aged men and women. *J am med assoc* [Internet]. 1999 [cited 2013 Oct 01];282(21):2012-018. Available from:

<http://www.ipr.northwestern.edu/events/other-events/docs/c2s/greenland.pdf>

15. Guo SS, Chumlea WC. Tracking of body mass index in children in relation to overweight in adulthood. *Am j clin nutr* [Internet]. 1999 [cited 2013 Oct 01];70(1):145-48. Available from:

<http://ajcn.nutrition.org/content/70/1/145s.full>

16. Brasil. Ministério da Saúde. Diretrizes Nacionais para a Atenção Integral à Saúde de

Adolescentes e Jovens na Promoção, Proteção e Recuperação da Saúde. Brasília. Editora do Ministério da Saúde, 2010. [2010 Mar 05] Available from:

[http://portal.saude.gov.br/portal/arquivos/pdf/diretrizes\\_nacionais\\_adoles\\_jovens\\_230810.pdf](http://portal.saude.gov.br/portal/arquivos/pdf/diretrizes_nacionais_adoles_jovens_230810.pdf)

17. Manual de atenção à saúde do adolescente. Coordenação de Desenvolvimento de Programas e Políticas de Saúde-CODEPPS. São Paulo: SMS, 2006. [2010 Mar 02]. Available from:

[http://www.tele.medicina.ufg.br/files/palestrasmaterial/Manual\\_do\\_Adolescente.pdf](http://www.tele.medicina.ufg.br/files/palestrasmaterial/Manual_do_Adolescente.pdf)

18. Brasil. Ministério do Planejamento, Orçamento e Gestão. Ministério da Saúde. Instituto Brasileiro de Geografia e Estatística. Pesquisa Nacional de Saúde do Escolar. Instituto Brasileiro de Geografia e Estatística. 2009.

19. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Vigitel Brasil 2011: Vigilância de Fatores de Risco e Proteção para Doenças Crônicas por Inquérito Telefônico. Ministério da Saúde. 2012

20. Hino AAF, Reis RS, Florindo AA. Ambiente construído e atividade física: uma breve revisão dos métodos de avaliação. *Rev bras cineantropom desempenho Hum* [Internet]. 2010 [cited 2013 Oct 01];12(5):387-94. Available from:

<http://www.scielo.br/pdf/rbcdh/v12n5/v12n5a12.pdf>

21. Buss PM. PROMOÇÃO DA SAÚDE. Uma Introdução ao Conceito de Promoção da Saúde. Fiocruz 2003; 23 p.

22. Vicentin APM, Gonçalves A. Saúde Coletiva e atividade física: as políticas públicas respondem e incorporam realidades setoriais? *Conexões* [Internet]. 2009 [cited 2013 June 20];7(2):24-37. Available from:

<http://fefnet178.fef.unicamp.br/ojs/index.php/fef/article/view/412>

23. Garcia LMT, Fisberg M. Atividades físicas e barreiras referidas por adolescentes atendidos num serviço de saúde. *Rev bras cineantropom desempenho Hum* [Internet]. 2011 [cited 2013 June 20];13(3): 163-69. Available from:

<http://www.scielo.br/pdf/rbcdh/v13n3/01.pdf>

24. Santos MS, Hino AAF, Reis RS, Rodriguez-Añez CR. Prevalência de barreiras para a prática de atividade física em adolescentes. *Rev bras epidemiol* [Internet]. 2010 [cited 2013 June 20];13(1):94-104. Available from:

<http://www.scielo.br/pdf/rbepid/v13n1/09.pdf>

Duarte SJrH, Urel DR, Zorman IBS et al.

Self-healthcare practice from...

Submission: 2013/10/10  
Accepted: 2014/04/04  
Publishing: 2014/05/01

**Corresponding Address**

Sebastião Junior Henrique Duarte  
Universidade Federal de Mato Grosso do Sul  
Curso de Enfermagem  
Avenida Capitão Olinto Mancini, 1662, Cidade  
Universitária  
CEP: 79603-011 – Três Lagoas (MS), Brazil