

VULNERABILITIES AND NEEDS FOR ACCESSING PRIMARY HEALTH CARE IN ADOLESCENCE

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ABSTRACT

This study analyzed the vulnerabilities and needs for accessing health care from the perspective of adolescent students. This is a research with quantitative approach carried out in the town of Contagem, Minas Gerais, Brazil, with 678 adolescent students between 14 and 15 years of age who answered to a questionnaire on vulnerabilities and health care access in adolescence. One conducted a descriptive analysis stratified by sex. Out of the total number of adolescents participating in the study, 81.7% regarded their health status as excellent/good, 33.8% defined health as well-being, 27.1% mentioned having already started their sexual life, 28.8% reported to have never/rarely used condom, 21.2% stated to use tobacco or alcohol beverage. One observed as priorities in health care access the medical (51.6%) and dentist (46.8%) consultations, followed by actions usually performed by nursing, such as weight/height evaluation (41.9%), vaccination (37.9%), and education groups (26.4%). The results demonstrate that there's a need for expanding the actions undertaken in Primary Health Care, so that greater adoption of protective practices among adolescents is encouraged in face of the health vulnerability contexts prevailing in this age group.

Keywords: Adolescent Health. Vulnerability. Health Services Accessibility.

INTRODUCTION

Vulnerability comprises the exposure chance of the individual and collectivity to possible harms to their health. In adolescence, vulnerabilities worsen in face of the barriers to an adequate access of adolescents to the technologies, services, and knowledge needed for the recognition and proposition of actions to deal with issues related to their health⁽¹⁾.

It's worth stressing that the concept of health care access is based not only on the dimensions related to the geographical and financial aspects, but the cultural, educational, and socioeconomic aspects, as well as incorporating information and the individual's acceptability for decision-making in health care. Furthermore, one understands that health care access is closely related to empowerment, so that the population itself perceives its health care need⁽²⁾.

Health promotion, in turn, is a process through which people become able to improve

their health and increase control over it⁽²⁾. In this line, one believe that the development and implementation of public policies for health promotion, based on actions, approaches, and inter-sector connections, strengthening the community action, developing personal skills, and re-directing the health systems and services are strategies which favor health care access and coping with vulnerabilities.

Within Primary Health Care (PHC), the Family Health Strategy (FHS) and the recent School Health Program (SHP) are committed, at the local level, to planning and developing actions which aim to reduce or overcome the vulnerabilities prevailing in adolescence, for instance, actions for preventing drug use, sexually transmitted diseases, early and unwanted pregnancy, violence, and avoidable accidents. However, these initiatives still seem to prioritize the biological aspect to the detriment of actions seeking to develop the cognitive, affective, and social relation competences in interrelated ways which are also

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crucial for proper strengthening of decision-making and the possible autonomy of adolescents in face of situations which represent exposure to risks to their health⁽³⁻⁶⁾.

A study carried out with students from the 9th grade of Primary Education in public and private schools of Brazil, aiming to map risk and protection factors in adolescence, portrayed the vulnerabilities in this group, once it identified significant ratios of adolescents exposed to tobacco, alcohol, drugs, unhealthy diet, and sedentary lifestyle. The study also pointed out the need for implementing public policies and actions to minimize the exposure of Brazilian adolescents to risk factors⁽⁷⁾.

Faced with this problem, it's regarded as important the participation of adolescents in identifying vulnerabilities to their health, at the local level, in order to propose actions more consistent with the needs of this group. This way, this study aims to analyze the vulnerabilities and needs for accessing health care from the perspective of adolescents. One expects that this study can contribute to support the health care reflections and actions in adolescence by FHS/SHP at the municipal level.

METHODOLOGY

This is a cross-sectional study with a quantitative approach, exploratory and descriptive, seeking an outline of the reality perceived by the adolescents on the vulnerabilities and needs for accessing health care in adolescence. The research was conducted in the town of Contagem, Minas Gerais, Brazil, regarded as the second largest one, in population terms, in the metropolitan area of Belo Horizonte, with a population estimated in 603,442 inhabitants. Out of this total, 16.46% (N = 99,344) were adolescents aged from 10 to 19 years (IBGE, 2010). In 2011, when the study was conducted, there were 50 municipal Primary Education public schools distributed into 6 regional education centers, and 54% (N = 27) of them had implemented SHP. According to Municipal Health Council, in that same year, the population coverage by FHS corresponded to 48% of the population, assisted by 88 teams.

The sample was calculated taking into account a prevalence of 50%, due to the

variability of the event under investigation, with an error margin of 10%, a significance level of 5%, and a proportional number of schools and students among the 6 regional education centers in the town. For the eligible population of 5,074 students from 9th grade of Primary Education in public schools, the estimated sample was 715 students. There were 37 (5.2%) losses related to refusal to participate or the adolescent didn't present the free and informed consent term (FICT) signed by the parent/guardian or the questionnaire wasn't fully completed. The final study population consisted of 678 adolescents, aged between 14 and 15 years. The choice to work with this age group and education level was due to the imminence of the entry of these students in High School, which seems to increase the exposure of adolescents to vulnerabilities, besides, they have already acquired the skills needed to answer to the self-applicable questionnaire⁽⁷⁾.

Data collection took place between September and November 2011. The approach to adolescents occurred at two moments. Initially, the researchers met with the participants informing them of the research objectives, the confidentiality of information, their participation and possibility of refusing at any time. At the second moment, the adolescents who agreed to participate presented the FICT duly signed by them and their guardians and answered to a semi-structured and self-applicable questionnaire, based on the questionnaire of the World Health Organization for the health programs at school⁽⁸⁾, and adapted by researchers for measuring other health vulnerability situations related to the social exclusion processes, the differences in health care access opportunity, the self-reported health perception, and the environmental and collective problems of the location where they live.

For this study, one took into account variables measuring the vulnerability situations, the adolescent's conception and self-reported health condition, the self-perception with regard to their body image (weight and height), information on nutrition, drug use, physical activity practice, experience in accessing and using health services, knowledge on sexually transmitted diseases (STD), AIDS, and sexuality. For data analysis one used the

software *Statistical Package for the Social Sciences* (SPSS), version 18.0, with a descriptive investigation stratified by sex.

The project was approved by the Ethics Committee of Universidade Federal de Minas Gerais, under the Opinion 0091.0.203.000-11. The limitations of the study may be attributed to the sample, since one worked only with adolescent students, without taking into account the individuals in this age group outside the school environment. The option for working with the 9th grade of the Primary Education, which concentrates the ages between 14 and 15 years, also may not portray in a more fully way the event under investigation, since adolescence covers the ages between 12 and 18 years.

RESULTS AND DISCUSSION

Out of the total 678 adolescents who answered to the questionnaire, 51.5% were males and 59.6% were 14 years of age. Regarding the self-perception of body image, concerning height, 56.5% reported having normal height, 24.8% and 18.7% regard themselves as being high or below the standard height expected for age, respectively. One noticed a higher proportion of reports of height regarded as high among male respondents (27.5%). The results on self-perception of body weight showed that about 58% of adolescents perceived their weight as normal. However, it was observed that the female respondents perceived, to a greater extent, their weight as being above normal (22.5%) and the male respondents perceived it as being below normal (24.9%) (Table 1).

These results showed alarming percentages, especially among female adolescents, who regarded these parameters as being outside "normality". In fact, this perception may be related to gender, since studies reveal that both among female adolescents, who tend to overestimate their body weight, and male adolescents, who underestimate it, often, the parameters guiding this bodily representation are influenced by the media⁽⁹⁻¹⁰⁾.

The concern with body image, generally, starts in adolescence, and it's a relevant theme for debate with individuals from this age group. It's at this biopsychosocial maturation stage that

individuals, of both sexes, seek to achieve satisfaction through body image, as a requirement both for their self-acceptance and for their social integration. This search for an ideal aesthetics can generate distortions and dissatisfactions, creating vulnerability situations which may compromise these subjects' health⁽⁹⁻¹¹⁾.

In face of this, the FHS/SHP should institute measures not only for evaluating the physical growth by measuring weight and height, but by establishing activities for this group to express its distresses, satisfactions, bodily understanding, and beauty standard, aiming to decrease or overcome the vulnerabilities arising from distorted body image, such as bulimia and anorexia⁽¹²⁾.

Although most adolescents inform their vaccination status is OK (62.4%), the percentage of young people who weren't able to state this condition was a matter of concern (33.0%), especially the male adolescents (37.2%), corroborating a study which showed deficient knowledge on vaccines among adolescents⁽¹³⁾. In addition to this aspect, one knows that access to vaccination depends on the behavior and decision to seek the health service on the part of the adolescent or her/his parents/guardians, as well as the supply of surveillance health care activities developed by FHS/SHP, highlighting the monitoring of vaccination in home visits of the community health agent and the adolescent's health evaluations conducted at the schools.

When asked about the health status self-perception, over 80% of respondents regarded their health status as good or excellent, and the ratios were almost similar between sexes (Table 1). Out of the percentage of 18.3% participants who stated their health is regular/poor, 13% reported having some kind of health problem, having greater proportion (58%) respiratory diseases (asthma, rhinitis, sinusitis, allergies). Other harms mentioned at a lower percentage were diabetes (3.4%), gastritis (4.5%), neurological disorders and those related to mental health (6.8%). Generally, as observed, the adolescents tend to regard their health status as good or excellent⁽¹⁴⁾. However, this result should be interpreted with caution, because, although satisfactory, it may represent a barrier for young people in search of services and

actions for promoting health, something which needs to be further investigated.

The results on the health definition by adolescents showed that 33.8% stated health is having a healthy life and well-being. Other participants related health to happiness (10.9%) and, in the variation of responses categorized as “others”, health was defined through various adjectives, namely, “critical”, “preserved”, “good”, “excellent”, “important”, “main”, “valuable”, and “cool” (Table 1). These results are in accordance with other studies showing that adolescents relate health, especially, to healthy life, happiness, well-being, and, to a lesser percentage, to absence of disease⁽¹³⁻¹⁵⁾.

Another way of defining health identified in the participants' reports reflects the health concept as a “knowing how to live” through practices for a good nutrition and physical activity.

This way, FHS/SHP should connect to other sectors of society the proposition and incentive to actions which enable to young people not only the development of healthy life habits for preventing diseases, but that it adds value to their future life, such as, for instance, greater encouragement to practicing sports, knowledge of other languages, art, dance, music, computerization access, so, aspects related to the social, economic, and cultural enrichment of this public.

Table 1. Description of height, weight, vaccine status, condition, and health definition, according to sex, Contagem, Minas Gerais, Brazil, 2011.

Category	Sex		Total N = 678 (%)
	Male n = 349 (%)	Female n = 329 (%)	
Height			
Low	45 (12.9)	82 (24.9)	127 (18.7)
High	96 (27.5)	72 (21.9)	168 (24.8)
Normal	208 (59.6)	175 (53.2)	383 (56.5)
Weight			
Low	87 (24.9)	67 (20.4)	154 (22.7)
Over	58 (16.6)	74 (22.5)	132 (19.5)
Normal	204 (58.5)	188 (57.1)	392 (57.8)
Vaccine status			
OK	203 (58.2)	220 (66.9)	423 (62.4)
Delayed	16 (4.6)	15 (4.5)	31 (4.6)
Don't know	130 (37.2)	94 (28.6)	224 (33.0)
Health status			
Good	144 (41.3)	142 (43.2)	286 (42.2)
Excellent	147 (42.1)	121 (36.8)	268 (39.5)
Poor/regular	58 (16.6)	66 (20)	124 (18.3)
Definition of health			
Good nutrition/physical activity	20 (5.7)	40 (12.1)	60 (8.8)
Healthy life/well-being	110 (31.5)	119 (36.2)	229 (33.8)
Absence of illness/health access	27 (7.7)	27 (8.2)	54 (8.0)
Happiness	33 (9.5)	41 (12.5)	74 (10.9)
Other	71 (20.3)	66 (20.1)	137 (20.2)
Not informed	88 (25.3)	36 (10.9)	124 (18.3)

One observed that 60.5% and 52.5% of participants reported, respectively, to eat fruits and vegetables more than once a day. The fruit intake had a higher percentage of mention

among female participants (62.6%) and that of vegetables among male participants (53.9%). However, the intake of soft drinks represented a common habit among them. A significant

percentage of young people reported consuming soft drinks between 1 and 5 days a week (46.5%), and in 41.0% of answers the frequency was more than once daily (Table 2).

The intake of fruits and vegetables is regarded as a healthy feeding habit, with potential for decreasing the risk of overweight, obesity, and non-communicable chronic diseases which, more recently, have become a public health problem in adolescence. Nevertheless, the results demonstrate a moderate daily intake of fruits and vegetables and a high percentage of soft drink consumption, as it was revealed by another study, confirming that feeding is included in the cast of relevant issues to be addressed with adolescents by FHS/SHP and family⁽⁷⁾. However, this theme seems to lack innovations in collective health actions for its supersession as vulnerability of this group's health.

Thus, in this approach, the influence of culture, social representation, and subjectivity of feeding in adolescence needs to be taken into account. This is so because feeding is also related to the moments of adolescents' meeting with their social network, which there're exchanges of information and feelings, at the same time it contributes to the construction of habits and affection in this group's relation to food. The influence of society and the media is also included in this discussion, where predominates the diffusion of consumption of manufactured products, able to be rapidly prepared and those from fast-food chains, something which increases the consumption of these products, not only among young people, but also among families, causing the increase in overweight and obesity⁽¹⁶⁾.

When asked about hygiene practices, a large part of adolescents reported performing dental hygiene 2 or 3 times a day (84.1%), and this result was similar for both sexes (Table 2). Hand washing before meals and after going to the bathroom also represented an usual initiative among young people. Hygiene practices are factors which interfere with the adolescents' health, the observed results corroborate another study which pointed out good hygiene practices among students, especially with regard to oral hygiene⁽¹⁷⁾. In fact, there's a historical trend, arising from sanitarianism, of ranking in a higher

position the hygiene practices, as a central action to be developed by the health care teams⁽¹⁸⁾, with children and adolescents, emphasizing the areas regarded as at social risk ones. However, the health care actions should go beyond the hygienist conception and advance in promoting higher levels of autonomy and co-responsibility, so that the adolescents identify and intervene with health and environment issues.

Regarding the physical activity practice, a large part of respondents stated performing physical activities at school at least 1 to 2 times a week (83.3%). Moreover, many of them reported practicing physical activity outside of school (55.0%), especially the males (68.5%). These results demonstrate that there's a higher prevalence of physical activity practice at school, since it's a mandatory activity. Outside of school, male adolescents are those who more frequently reported practicing some kind of activity, such as soccer, something which demonstrates that our culture poses differential patterns of leisure and sport practices according to gender, for instance, the greater tendency of sport playing among male adolescents⁽⁷⁾.

Therefore, one realizes that there remains the challenge for public policies to connect the health care, education, leisure, and sport sectors aiming to increase investments for the promotion of sport practice among adolescents, like the squares with sport equipment and the initiative of opening the school on weekends, especially in the current context where the adolescent seems to spend an increasingly growing time in front of the television, video games, and connected to the internet⁽⁷⁾.

In this study, one observed alarming percentages of adolescents who reported drug use, 21.2% reported alcohol or cigarette use, and this percentage is higher among female adolescents (23.1%). Regarding marijuana, crack, cocaine, and ecstasy the percentage of use of one or more of these drugs was 6.3%, higher among male adolescents (8.3%).

The results showed that 27.1% of adolescents reported to have already had sexual intercourse, and the percentage was higher among male adolescents (33.2%). It was also evidenced that 28.8% of those sexually active reported never/rarely using condom, as well as there was a high percentage of young people (73.4%) who

reported never using the oral or injectable contraceptive method (Table 2). In some situations, the adolescents' affective and emotional immaturity contributes to non-use of condom and other contraceptive methods,

although condom is the most widely used contraceptive method among the adolescents who reported being sexually active in this study⁽¹⁹⁾.

Table 2 - Sexual behavior and drug use, according to sex, Contagem, Minas Gerais, Brazil, 2011.

Category	Sex		Total N = 678 (%)
	Male n = 349 (%)	Female n = 329 (%)	
Started sexual life			
Yes	116 (33.2)	68 (20.7)	184 (27.1)
No	233 (66.8)	261 (79.3)	494 (72.9)
Frequency of condom use*			
Never/rarely	26 (22.4)	27 (39.7)	53 (28.8)
Always	90 (77.6)	41 (60.3)	131 (71.2)
Contraceptive use (oral/injectable)*			
Yes	22 (18.9)	27 (39.7)	49 (26.6)
No	94 (81.1)	41 (60.3)	135 (73.4)
Drug use (alcohol, tobacco)**			
Yes	68 (19.5)	76 (23.1)	144 (21.2)
No	281 (80.5)	253 (76.9)	534 (78.8)
Drug use (marijuana, crack, cocaine, ecstasy)**			
Yes	29 (8.3)	14 (4.3)	43 (6.3)
No	320 (91.7)	315 (95.7)	635 (93.7)

*Only for those who reported being sexually active.

**One or more than one kind of answer was computed for each participant.

It's worth emphasizing, in this study, the poor adolescents' knowledge on STD. Except for AIDS, in which 87.5% of adolescents reported knowing it, one observed a low percentage of young people who reported other kinds of STD. Both sexes reported not knowing syphilis (15.3%), gonorrhea (21.4%), genital herpes (6.8%), hepatitis, condyloma, and chancroid (3.5%).

Despite the importance of the family planning theme and the prevention of STD/AIDS in adolescence, health professionals, educators, and the adolescents' family itself have difficulties for addressing these vulnerabilities due to sociocultural and religious issues⁽¹⁹⁾. This highlights the need for creating communication technologies between social actors and adolescents for overcoming this difficulty.

Data with regard to the access and the need for using health services by adolescents demonstrated that in individual consultations predominated, in descending order, for both sexes, medical (51.6%), odontological (46.8%),

psychological (27.4%), and nursing (12.5%) consultations. Despite consultation with the nurse has presented the lowest demand percentage, there was a considerable proportion of adolescents who reported activities which, generally, are performed by nursing, such as weight/height evaluation (41.9%), vaccination (37.9%), and adolescents' group (26.4%). It's worth mentioning the low percentage of adolescents who reported the need for seeking the health service for acquiring contraceptives (16.7%) and condoms (23.7%). This may indicate the need for Public Power to review the supplying way and the process for distributing these devices in public services. There's also a need for taking into account the barriers associated to the adolescent's adherence to condom use⁽²⁰⁾.

Although there're laws ensuring the adolescents' right to health care, one realizes a need for greater investment in integral health care, because the results show demands which often aren't regularly offered or have access

difficulties, e.g. acne treatment identified by 30.2% of participants.

This whole scenario evidences the challenge of expanding access to health care and creating new effective communication technologies between social actors and adolescents. The latter ones should seek to overcome the purely informative dimension, foster genuine dialogue, be attractive and consistent with the vulnerabilities and demands of this group, stimulate creativity, the social expression, and the protective attitudes by adolescents in face of the health and environment issues in their daily life.

CONSIDERAÇÕES FINAIS

One found out that the investigation and analysis of the adolescents' perception on their body image, the self-reported vaccine status, the health condition, knowledge on STD/AIDS, feeding habits, physical activity, hygiene, and sexual activity practice, as well as their health conception, use of and access to health services, are key aspects which may help FHS/SHP in planning, at the local and municipal level, of health care in adolescence.

One observed that the vulnerabilities associated to the perception of body self-image, sedentary lifestyle, and sexuality in adolescence may be influenced by gender, something which requires further investigation. The adolescents have a health concept which goes beyond the biologicist view, associating it to well-being and happiness, however, the demands for using health services among the study participants remain anchored in a curative health view. It's seen that the social public policies could create social integration mechanisms, at the municipal level, to implement actions which foster the proper development of adolescence, something which requires overcoming of the vulnerability contexts.

Finally, in terms of recommendation, one suggests increasing the adolescence health care at school through systematized actions and periodical evaluations by FHS/SHP. The creation of a committee of children and adolescents' health care at school with participation of the social area sectors and representatives of the students' parents/guardians can contribute so that the actions are consistent with the local reality.

VULNERABILIDADES E NECESSIDADES DE ACESSO À ATENÇÃO PRIMÁRIA À SAÚDE NA ADOLESCÊNCIA

RESUMO

Este estudo analisou as vulnerabilidades e as necessidades de acesso à saúde sob a perspectiva de adolescentes escolares. Trata-se de pesquisa de abordagem quantitativa desenvolvida no município de Contagem-MG, com 678 adolescentes escolares entre 14 e 15 anos de idade que responderam a um questionário sobre vulnerabilidades e acesso em saúde na adolescência. Realizou-se análise descritiva estratificada por sexo. Do total de adolescentes participantes do estudo, 81,7% consideraram seu estado de saúde ótimo/bom, 33,8% definiram saúde como bem-estar, 27,1% mencionaram já ter iniciado sua vida sexual, 28,8% informaram nunca/raramente utilizar preservativo, 21,2% declararam utilização de tabaco ou bebida alcoólica. Figuraram como prioridades de acesso à saúde as consultas médica (51,6%) e odontológica (46,8%), seguidas das ações geralmente realizadas pela enfermagem, como avaliação de peso/altura (41,9%), vacinação (37,9%) e grupos educativos (26,4%). Os resultados demonstram a necessidade de ampliar as ações realizadas na Atenção Primária à Saúde, para que seja favorecida uma maior adoção de práticas protetoras entre os adolescentes diante dos contextos de vulnerabilidades à saúde prevalentes nessa faixa etária.

Palavras-chave: Saúde do Adolescente. Vulnerabilidade. Acesso aos Serviços de Saúde.

VULNERABILIDADES Y NECESIDADES DE ACCESO A LA ATENCIÓN PRIMARIA DE SALUD EN LA ADOLESCENCIA

RESUMEN

Este estudio analizó las vulnerabilidades y las necesidades de acceso a la salud desde la perspectiva de estudiantes adolescentes. Esta es una investigación con abordaje cuantitativa desarrollada en el municipio de Contagem, Minas Gerais, Brasil, con 678 estudiantes adolescentes entre 14 y 15 años de edad que respondieron a un cuestionario acerca de las vulnerabilidades y del acceso a la salud en la adolescencia. Se realizó un análisis descriptivo estratificado por sexo. Del total de adolescentes participantes en el estudio, 81,7% consideraron su estado de salud óptimo/bueno, 33,8% definieron salud como bienestar, 27,1% mencionaron ya haber iniciado su

vida sexual, 28,8% informaram nunca/raramente utilizar preservativo, 21,2% declararam la utilización de tabaco o bebida alcohólica. Figuraron como prioridades de acceso a la salud las consultas médica (51,6%) y odontológica (46,8%), seguidas de las acciones generalmente realizadas por la enfermería, como evaluación de peso/altura (41,9%), vacunación (37,9%) y grupos educativos (26,4%). Los resultados demuestran la necesidad de ampliar las acciones llevadas a cabo en la Atención Primaria de Salud, para que sea favorecida una mayor adopción de prácticas protectoras entre los adolescentes delante de los contextos de vulnerabilidades a la salud prevalentes en esta franja etaria.

Palabras clave: Salud del Adolescente. Vulnerabilidad. Accesibilidad a los Servicios de Salud.

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Submitted: 19/09/2012

Accepted: 18/12/2012