

NURSING PRACTICE IN HEALTHY YOUTH FROM THE PERSPECTIVE OF THE TRANSCULTURAL THEORY OF LEININGER

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ABSTRACT

An ethnographic study of a qualitative approach, which aimed to analyze and discuss how the nursing contributes to the healthy adolescent community on the outskirts of Teresina city, Piauí state with the perspective of Leininger Transcultural theory. To collect data, a semi-structured interview technique was used with 15 adolescents aged 10 to 19 years old, from May to December 2012, assisted by the Basic Health Unit, whose results were analyzed according to Leininger Transcultural theory. It was found that the nursing actions aimed at adolescents, although considered important, are only guidance through lectures; educational campaigns in the health centers, in communities, in schools; home visits; and the care provided in nursing consultations. There is a clear need for closer of health services to young people so that therapeutic relationships are built and trust between them. It is up to the professional nurse seeking the inclusion in the communities aimed at the reception, qualified listening and cultural care to adolescents. The model outlined by the Transcultural theory of Leininger was not only proved effective, as contributed to the application and appropriation of scientific knowledge of the area.

Keywords: Adolescent. Primary Health Care. Nursing.

INTRODUCTION

The word adolescence comes from the Latin verb “adolescere” meaning to grow, or grow to maturity, resulting in the transformation of social, psychological and physiological order. Thus, to understand it as a social phenomenon, it must consider the reality of the lives of adolescents since they can be influenced in different contexts - cultural, religious, economic and educational, in which they live. From this perspective, the adolescent process includes how the teenager lives and develops, together with knowledge and values built along their path of life⁽¹⁾.

Therefore, the process of adolescence can happen in a healthy way if individuals are assisted in their development and security needs, as this period is characterized by new relationships in the family and the society⁽¹⁾. In this sense, the Family Health Strategy (FHS) stands as the possibility of offering adolescents a primary health care focusing on

comprehensive care, considering their bio-psycho-social-spiritual dimensions, through multidisciplinary views that enable dynamic exchanges among adolescents and their different contexts, so that they can follow marked paths for health opportunities and positive development⁽²⁾.

However, there are still gaps in care practices aimed at teenagers, not meeting the peculiarities of this age period. There is no service in a systematic way, but according to the demand of the Basic Health Unit (BHU) because there are priorities to other population groups, which is why the organization of work with this age group is desired⁽³⁾.

Aware of the importance of the participation of nurses who work in FHS in actions to promote healthy adolescence from their target communities, interest in investigating emerged: What are the nursing care offered to adolescents to acquire a healthy adolescence? What other contributions could being developed by nurses to ensure better the healthy adolescence?

¹Original article from a Study due to the Master's Thesis entitled “Adolescents in the context of a community: Perspectives for Nursing Care” presented at the Program of Graduate Studies in Nursing of the Federal University of Piauí (UFPI).

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It is noteworthy that this whole issue has been raised based on the evaluation of the subject issued by the adolescents and the basement of Transcultural Theory of Madeleine Leininger, in which the center of the care provided by nurses is in their ability to recognize and understand the similarities and differences between individuals and be able to use this information for the health care happening in a positive way⁽⁴⁾. Thus, the objective was to analyze and discuss how nursing can contribute to a healthy adolescence in a community on the outskirts of Teresina, Piauí, from the perspective of Transcultural theory of Leininger.

METHODOLOGY

It is a qualitative study with the ethnographic approach, specifically the Ethno-nursing, qualitative research method developed by Madeleine Leininger⁽⁴⁾ which aims to assist nurses to document the way of life systematically, enabling the realization of the different ways of living and their experiences.

Following this method, data were collected through semi-structured interview instrument, aided by field diary records to better capture of language and nonverbal adolescents presented in the study. In turn, the interview script was structured to answering the following guiding question: What does the FHS professional nurse has done or can do to help in promoting a healthy adolescence?

Data collection took place between the months of May to December 2012, in the Health Center of Porto Alegre under the jurisdiction of the Regional Coordination of Health (RCH) - South in Teresina - Piauí, Brazil. This unit has three FHS teams, one in the morning shift and two in the afternoon shift. The study was developed in FHS No. 031, whose operating area households located in District Allotment Porto Alegre I and part of the Barrio Santa Clara, which had, in the family records by April 2012, the period prior to collection stage data from this study, 541 families registered and 36 families to register, distributed in five micro areas, with 414

adolescents aged 10 to 19 years old, but only 254 of them have been treated at the unit.

With the researcher approach goals with the universe of these adolescents and carrying out a care plan to the health of FHS 031 aimed at young people in their area, eight workshops were held which were held in various locations (BHU, community schools, public spaces like squares and churches) and at different times. There were important issues addressed in this phase, such as teen pregnancy, violence, STD/AIDS, prevention of drug use, bullying, healthy eating, among others. However, to ensure their participation, invitations through home visits were carried out, in which the collaboration of CHW is highlighted (Community Health Workers). Also, meetings were held through two moments of celebration: Christmas Celebration and Breakfast, where we had the massive participation of parents of teenagers being entirely possible to pick up the fulfillment of terms of authorization for engagement of the first teenagers study to start the data collection stage.

However, by such contact with the population of the study and following the sample selection criteria, (being registered in the FHS 031, being between 10 and 19 years old) and still have part of the above Thematic Workshops, 15 adolescents were randomly selected to participate in a meeting held later at the Health Centre or home, according to their preferences, when, a semi-structured interview was applied individually for half an hour, which sought to capture verbal expressions and their life contexts.

It should be mentioned that the data collection was stopped at number 15 interview, converging with the application of the eight procedural steps for determining the "saturation point" in the survey, drawn by the method of Fontanelle et al.⁽⁵⁾. It was checked in the 12th interviewed when there was no increase in issues addressed, so the last three collections only were for reliable verification of data saturation.

Primary data from this study were analyzed by OPR model guidance (Primary Observation and Active Listening; Primary Observation with Limited Participation; Primary Participation with Continuous Observation, and Primary Reflection

and Findings Confirmation with the Informants), proposed by Madeleine Leininger⁽⁴⁾. It consists of a guide with four phases that help the researcher to enter gradually and remain in the natural context of his informants to facilitate nurses to the recognition of a cultural world with different forces and influences that must be considered in promoting holistic care that will satisfy and be meaningful to individuals or groups.

The OPR model is based on the anthropological assumptions, consisted of four stages: observation with listening activity, observation with limited participation, continued participation, participation with continued observation and reflection and reassessment of the results with the informant. The layout of the theoretical model of Leininger has been the applicability in the practice of nursing care in the various population groups, among them teenagers who experience physical, emotional and social transformations based on cultural values and beliefs of the communities to which they belong. Thus, the analysis of the data also permeated the Ethno-nursing model proposed by Leininger⁽⁴⁾, using four phases: List of collected, described and documented data; Identification and classification of components descriptors; Analysis of contextual standard and main themes.

For a more reliable collection of primary study data, the process of the interviews was recorded by smartphone device and the lines were later transcribed and added to the records of the field diary. To meet the requirements of the National Health Council regarding the implementation of human beings research appointed by Resolution 466/12⁽⁶⁾, the study was approved by the Ethics of Teresina Municipal Health Foundation Board and Research Ethics Committee of the Federal University of Piauí, by opinion 0363.0.045.000-11. To ensure the preservation of the identities of the participants, adolescents were identified by the name of countries.

RESULTS AND DISCUSSIONS

The dip in the daily lives universe of teenagers, through the interpretation of

statements/information collected in the interviews, allowed the construction of the cultural category "Contribution of Nursing in Promoting Healthy Adolescence" exposing the results of this study. Thus, adolescence was approached as a phenomenon that has many nuances when it comes to individuality, and it is presented as a population that shows full of own knowledge, values and beliefs that for them are unquestionable; then, they should be seen as unique and diverse phenomenon, for the needs of adolescents who depend on their social, cultural, economic and psychological environment⁽⁷⁾.

In turn, the testimony of Portugal became clear that the understanding of health, from the participants, differs from what we develop and guide in our daily practices of care, facing the disease, forgetting "inorganic" pathologies that are strongly present in this population group, such as suicides, homicides, traffic accidents and related causes depression, so common at this stage of life. Moreover, India shows the need for social and family life as determinants in health promotion process, supporting the idea that the health service should be attentive to the needs of not only the treatment of diseases but the maintenance of health, through a closer relationship with their patients.

So... I participated in some contest, health workers did them to advise... and also if they could visit from house to house each, it would be better, they already do, but I think it should be more. It was also on TV... since... the sexual part... very good... and that helped a lot. I also think they could talk about full health. (PORTUGAL)

I think if I have a friend who live with the family, I'll want to be with him, I'll get interested and from there I would have interest in activity at the health center. (INDIA)

Ratifying the literature that the care process is still stratified, since many times it views the individual as being affected by a health problem or a disease and forget of subjectivity, forget that he has a life story, which is also determinant of his health and disease process⁽⁸⁾. This approach still rooted to the Biomedical Model of Health, showing that there are still gaps in care practices aimed at

teenagers, so as not to meet peculiarities of this age period. There is a call in a systematic way, but according to the unit demand, as there are priorities to other population groups, which is why the organization of work with this age group is desired⁽⁹⁾.

The classical model of work with adolescents shows to be inadequate because the aspects of social life, work, the psycho-emotional situation of vulnerabilities or risks for violence, accidents, abuse of alcohol and drugs, among others are not considered. They should avoid this type of methodology that favors the gap between the professional and adolescents⁽¹⁰⁾.

However, the testimony of participants express the main actions that are being developed to assist their health, for example:

Uh ... it {referring to Health Service} has done lectures, activities ... and me too ... I do not know what it was bullying, then after I went to a lecture there, so I knew what it was bullying ... then I'll never do this thing, not practice bullying because I smiled a lot of other people when they were doing something "funny"... However, now I do not "laugh" anymore because I know that is a bullying. (FRANCE)

I remember the last time I was there... I do not remember, long ago, in the PSF, they were guiding on a lecture talking about AIDS, helping young people to prevent, using condoms, to prevent communicable diseases. Not only prevent AIDS, but other type diseases... you know, other diseases as well... also consultation with the nurse, I've been there. I received the teen's book; It is very important, it helps... and the book has all about the woman, it has the schedule to follow her monthly period... this helps in healthy living. (CHINA)

I think the service {Referring to Nursing Consultation} was also very good... it's like a good education, speak well to people, these things. (GANA)

Featuring the actions of the FHS Health Team and specifically nursing aimed at teenagers, although considered important, there is guidance through lectures; educational campaigns in the health centers, the Communities in Schools; home visits; and the care provided in nursing consultation.

It is realized the implementation of specific interventions and displaced the daily routine of

BHU since the teenager was not a steady demand in the patients of the institution. This fact was corroborated by a study in primary care of adolescents showing that the number of teenagers who sought care for the basic units represented a small portion of total daily users who enjoyed the services offered. Thus, it is suggested that this level of assistance should have an action plan subsidized by the practice of receptiveness and bond that motivate them to participate, as well as full staff, supplies, and equipment suitable for the care of this population⁽¹¹⁾.

Moreover, it was clear the standardization and generalization of the approach of adolescence by nursing professionals, which in addition to not prioritize individual actions that promote effective and adequate assistance to personal, social, cultural and economic characteristics of each adolescent; usually follows the guidelines arising from Policies and Programs implemented vertically, as the School Health Program (SHP) and AHP (Adolescent Health Program), as India states:

When delivering the certifications (referring to the Adolescent Health Record), I found it important, we had to regularize our vaccination because we were not worried, we took some vaccines, and it was even better, we took care to go there {at} health center and see how it was. (INDIA)

In the work process of primary care teams, nurses develop actions that prioritize adolescents in vulnerable situations and clinical and behavioral and/or environmental factors to prevent the onset of avoidable harm. They stress that their activities are organized by the needs of service to this group, which takes place sporadically over the teenager's visit to the health unit or visiting schools⁽³⁾. Even in the testimonies, it was observed that adolescents require a greater conviviality both familiar, and social. When approached about their search for the health care of the community or their family relationships, it has become clear in the speech of Liberia.

I have attended some meetings as well. At home, I have no interest in the family, it is that I have no time, it is all outside, I arrive at night. (LIBERIA)

On the other hand, when we asked the young people about what nursing could do to improve

the care of healthy adolescent, the words of Sweden and Japan presented as alternatives:

Lectures, speeches. I just went to the consultations on how to preserve what the teen should not do. It would be nice if there were more lectures and was a way to call it, almost forcing. (SWEDEN)

Instructing the teen to do things that are good for them, interesting things, show them that what is right will put him in a better life. A better way of life. Also the health book, a book that is to inform the development on vaccines I also think it is good for people, it helps to remember things. (JAPAN)

Given this fact, there is a need to make the health service a space to receive the young patients, with a differentiated approach where there is the possibility to discuss their needs and share experiences, participating as subject and aware of their process protagonist health/disease, focusing attention on the overall health and quality of life and not to treat the infection, centered in the biomedical models^(12,13).

We understand that nursing needs to build reorganization strategies of assistance to adolescent health, in line with the emerging needs of the reality they lived. The capture of this teenager to the health service can be possible through innovative strategies developed in health facilities or community spaces, according to the organizational model of each health service and in each municipality where this population is inserted and always consider the differences and similarities present in each of them⁽¹⁴⁾.

Thus, attention to adolescent health should not be limited to the walls of the health unit. It is imperative that nursing has permanent contact with social agencies available in the community, which facilitates greatly, disclosure and access to services offered by the health service. Another factor that became clear in the testimonies of teenagers was the importance attached by them to actions offered by the community health service.

Therefore, the adolescents in this study demonstrated the need to be involved in specific health actions for young people, as well as health education practices, pointing out the lecture and the book as an important tool for clarification to a healthy adolescence.

While young people are people built according to their context of life, since they require others, enjoy being in a group and need room to discuss what they may articulate their reality to the world in which they live⁽¹⁵⁾. In this way, they can view their place in the family and community as well as their role in these spaces. In their daily relationships, they build care with health, though not always successfully.

Thus, the speeches of young persons and situations experienced by the author in dealing with them were also able to organize indication nursing care to improve the promotion of a healthy adolescence based on assumptions of Leininger's theory, as described in Table 1.

In this sense, we realized that in a change of perspective with cultural focus, the nurse should have primacy for a scientifically grounded behavior, but mostly approach to the way of life of teenagers, both when they attend the service as at meetings outside the walls of Health services, perfecting the information provided to them and their families. Thus, the nursing active in primary care should seek means to a practical addition to assistance with educational activities involving young people in their environment, favoring the knowledge, discussing doubts and emphasizing the importance of caring for them to have a healthy adolescence established based on socio-cultural aspects⁽³⁾.

In cross-cultural dimension, nursing care intends to consider the person in the diversity of the process of living and being healthy and the ways of care. Its intention is to recognize that this is an eminently human phenomenon, produced by men in their relationships with each other and with the world. It means understanding that man, by nature, with a potential to "take care of himself" and "caring for others"⁽¹⁶⁾.

In every young person, we can recognize and promote opportunities to become promoters of their health. For this, it is necessary for health care and other social organisms to provide and allow teenagers to participate in the communities in decisions on how to conduct the care of their demands. In

the process, both young and families are seen as sources of funds to be developed, and along with schools and communities have powers to promote effective, healthy adolescence⁽¹⁷⁾.

Table 1. Decisions and Actions indicated by teenagers as Nursing Care in aH healthy Adolescence in the perspective of Preservation and/or Maintenance of Cultural Care; Accommodation and/or Negotiation of Cultural Care; and Re-patterning and/or Restructuring of Cultural Care, Teresina, Piauí, 2015.

Preservation and/or Maintenance of Cultural Care	
Strengthening the maintenance of sports practices;	
Guiding to introduce and/or maintain on the menu and easy access healthy food;	
To support growing religious practices considering the creed of each;	
Alerting to the importance of continuity in school attendance and vocational courses;	
Offering moments of discussion on interest topics to teens (lectures, competitions, etc.) within the social spaces of the community;	
Monitor the systematic visit of the Community Health Agent for this people;	
Encouraging individual consultations with nurses and other health medical professionals, nutritionist, psychologist, dentist;	
Promoting the encounter between young people and social movements of the community to work together on the subject of family and relationships;	
Promoting through planning, a set of actions for young people to be protagonists to adopt healthy lifestyle;	
Exchanging successful experiences with young people with teachers in community schools.	
Accommodation and/or Negotiation of Cultural Care	
Discuss other forms of leisure, according to the will and possibilities of each;	
Investigating the group's interests about their daily lives, trying to socialize them;	
Seeking social facilities in the community that enable the systematic practice of physical activity;	
Encouraging participation in the school and extracurricular activities;	
Talking to parents about where and with whom will be in the leisure time in the community or elsewhere;	
Giving voice to adolescents so that they can express their concerns, their life projects, their needs and their fears;	
Discussing together with teenagers and with community leaders, schools and other government segments on violence in the community and measures to be adopted by all;	
Working together with the school, church and/or community a space guaranteed for young people to get together for activities of interest;	
Discussing young people's access to the internet with the school and with other government segments;	
Adding the discussion about being healthy and quality of life through play activities with young people.	
Re-patterning and/or Restructuring of Cultural Care	
Discussing the different ways to care, redefining the perception that adolescents have about their practices;	
Encouraging the teenager to talk to the family of seeking a closer relationship;	
Discussing with families about the characteristics of youth people emphasizing the respect for the pace of maturity of each;	
Helping the teenagers to become aware of their personal potential to increase their self-esteem;	
Alerting for all forms of discrimination and prejudice, trying to the teenagers perceiving the differences between people as a positive factor;	
Seeking alternative forms of coexistence with the existing conflict and violence in the community, seeking to redefine values and behavior patterns;	
Reviewing with the young people practicing unsafe sex between them;	
Making young people reflect on the use of alcohol and other drugs through play activities and in collaboration with the school and other community segments as churches;	
Systematically monitoring home visits in the homes of these young people;	
Taking with the other members of the health team the epidemiological profile of community teenagers developing joint strategies aimed at their health promotion.	

Thus, the nursing care may be culturally satisfactory, contributing to the well-being of individuals, families, groups and communities within the environmental context. However, if

patients receive inconsistent care to their beliefs, values, and way of life, they may show signs of cultural conflicts, stresses and ethical and moral concerns⁽¹⁸⁾. It is up to the nurses, often through health education practices, the primary task of optimizing the potential of families, so that they participate and are responsible for the complex task of caring⁽¹⁹⁾.

FINAL CONSIDERATIONS

The study confirmed the fragility of actions offered in Health Care by the nursing staff to the adolescent population, realizing that understanding the health of young people is opposed to the transferred actions in health contexts. It is evidenced a practice still focused on the biomedical model that often minimizes the real health needs of adolescence, especially the prevention of injuries from external causes.

Moreover, in the speeches of the interviewees, it was clear the need for greater alignment of Health Services, through its professionals, especially represented by the nurse, doctors, and community health agents, with young people to build therapeutic relationships and trust between them. It is up to the professional nurse seeking the inclusion in the communities aimed at the reception, qualified listening and cultural care to

adolescents who demand and expect that care for quality. They recognize that cultural care can arise from actions in partnership with families, churches, schools, associations, media and other social organizations, representatives of the main spaces of adolescents.

Thinking about the possibility of proposing strategies of adolescents care, with the central focus on the congruence of care, the following suggestions emerged: Implementation of systematic actions of skilled care to adolescents; Thematic workshops aimed at teenagers that address content of interest; Use of Adolescent Health Handbook as a tool leading to the awakening of citizenship; Teenagers Groups in the areas FHS operations in the city of Teresina; and Training/updating of nurses in the Basic Care focused on the care actions to adolescents, with an emphasis on cultural care.

It is believed to be important to develop a job in the cultural sphere with this population because the adolescent process is so complex in their daily lives that directly involves cultural aspects that need to be understood by health professionals so that we can support them. The recognition of the model outlined by the Transcultural nursing theory Leininger was not only proved effective, as contributed to the application and appropriation of scientific knowledge of the area.

A ATUAÇÃO DE ENFERMAGEM NO ADOLESCER SAUDÁVEL SOB A ÓTICA DA TEORIA TRANSCULTURAL DE LEININGER

RESUMO

Estudo Etnográfico, de abordagem qualitativa, que teve como objetivo analisar e discutir como a enfermagem contribui no adolescer saudável de jovens de uma comunidade da periferia de Teresina, Piauí, sob a ótica da Teoria Transcultural de Leininger. Para a coleta de dados, utilizou-se a técnica de entrevista semi estruturada com 15 adolescentes com idade entre 10 e 19 anos, no período de maio a dezembro de 2012, assistidos pela Unidade Básica de Saúde, cujos resultados foram submetidos à análise conforme o Modelo de Teoria Transcultural de Leininger. Constatou-se que as ações de Enfermagem destinadas aos adolescentes, embora apontadas como importantes, resumem-se a orientações através de palestras; campanhas educativas nos centros de saúde, nas comunidades, nas escolas; visitas domiciliares; e os cuidados desenvolvidos na consulta de Enfermagem. Ficou clara a necessidade de maior aproximação dos serviços de saúde com os jovens para que sejam construídas relações terapêuticas e de confiança entre eles. Cabendo ao profissional Enfermeiro buscar a inserção nas comunidades objetivando o acolhimento, a escuta qualificada e o cuidado cultural aos adolescentes. O Modelo traçado pela Teoria Transcultural de Leininger não só se mostrou eficaz, como contribuiu para a aplicação e apropriação do conhecimento científico da área.

Palavras-chave: Adolescente. Atenção Primária de Saúde. Enfermagem.

LA PRÁCTICA DE ENFERMERÍA EN JUVENTUD SALUDABLE DESDE LA PERSPECTIVA DE LA TEORÍA DE LA TRANSCULTURAL LEININGER

RESUMEN

Estudio etnográfico de enfoque cualitativo, cuyo objetivo fue analizar y discutir cómo la enfermería contribuye con el crecer saludable de jóvenes en las afueras de Teresina, Piauí, Brasil, desde la perspectiva de la Teoría Transcultural de Madeleine Leininger. Para la recolección de los datos, se utilizó la técnica de entrevista semiestructurada con 15 adolescentes de 10 a 19 años, de mayo a diciembre de 2012, asistidos por la Unidad Básica de Salud, cuyos resultados fueron sometidos al análisis de acuerdo al Modelo de Teoría Transcultural de Leininger. Se constató que las acciones de Enfermería dirigidas a los adolescentes, aunque señaladas como importantes, se reducen a orientaciones a través de conferencias; campañas educativas en los centros de salud, en las comunidades, en las escuelas; visitas domiciliarias; y a la atención recibida en las consultas de Enfermería. Se hizo evidente que hay una necesidad de que los servicios de salud estén más próximos a los jóvenes de manera que se construyan relaciones terapéuticas y de confianza entre ellos. El profesional de Enfermería debe buscar la inserción en las comunidades, teniendo como objetivo el acogimiento, la atención calificada y el cuidado cultural a los adolescentes. El modelo trazado por la Teoría Transcultural de Leininger no solo se ha demostrado eficaz, sino también ha contribuido para la aplicación y apropiación del conocimiento científico del área.

Palabras clave: Adolescente. Atención Primaria de Salud. Enfermería.

REFERENCES

1. Ferreira MMSRS; Torgal MCLFPR. Estilos de vida na adolescência: comportamento sexual dos adolescentes portugueses. *Rev Esc Enferm USP*. 2011 jun; 45(3): 589-595.
2. Oliveira FM, Faria CCC. Atuação de Enfermeiros e Equipes de Saúde da Família na Assistência à Saúde dos Adolescentes. *Revista Perquirere*. 2015 jul; 12(1): 124-136.
3. Silva AB, Oliveira JL, Magalhães JM, Sales MCV. A assistência do enfermeiro da atenção básica ao adolescente com dependência química. *R. Interd*. 2014 out/nov; 7(4): 61-71.
4. Leininger MM. *Culture care diversity & universality: a theory of nursing*. New York (USA): National League for Nursing; 1991.
5. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DG. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. *Cad Saúde Pública*. 2011; 27(2): 389-94.
6. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Diretrizes e normas reguladoras de pesquisa envolvendo seres humanos. Resolução Nº. 466 de 12 de dezembro de 2012. Brasília: Diário Oficial da União nº. 112; 2012.
7. Costa SMB, Machado MTC. O corpo e a imagem corporal em adolescentes: perspectivas a partir do cuidado integral à saúde. *Adolesc Saúde*. 2014; 11(2): 19-24.
8. Domingos CM, Nunes EFPA, Carvalho BG. Potencialidades da Residência Multiprofissional em Saúde da Família: o olhar do trabalhador de saúde. *Comunicação Saúde Educação*. 2015; 19(55): 1221-32
9. Costa RF, Queiroz MVO, Zeitoune RCG. Cuidado aos Adolescentes na Atenção Primária: Perspectivas de Integralidade. *Esc Anna Nery*. 2012 jul/set; 16(3): 466-472.
10. Higarashi IH, Baratieri T, Roecker, Marcon SS. Atuação do enfermeiro junto aos adolescentes: identificando dificuldades e perspectivas de transformação. *Rev Enferm. UERJ*. 2011; 19(3): 375-380.
11. Queiroz MVO, Lucena NBF, Brasil EGM, Gomes ILV. Cuidado ao adolescente na atenção primária: discurso dos profissionais sobre o enfoque da integralidade. *Rev Rene*. 2011; 12(n esp): 1036-1044.
12. Paiva V, Ayres JRCM, Segurado AC, Lacerda R, Silva NG, Silva MH, Galano E, Gutierrez PL, Marques HHS, Negra MD, França-Jr I. A sexualidade de adolescentes vivendo com HIV: direitos e desafios para o cuidado. *Cienc saude colet*. 2011; 16(10): 4199-4210.
13. Ferreira DC, Favoreto CAO. A análise da narrativa dos pacientes com HIV na construção da adesão terapêutica. *Physis*. 2011; 21(3): 917-936.
14. Moura JRA, Figueiredo IGA, Santos TNC, Sousa EC, Vieira TF, Lima SEA. Conversas de adolescentes sobre drogas e sexualidade: um relato de experiência. *Revista Intertox-Eco Advisor de Toxicologia Risco Ambiental e Sociedade*. 2015 jun; 8(2): 117-130.
15. Costa AC, Araújo MF, Araújo TM, Gubert FA, Vieira NF. Protagonismo de adolescentes na prevenção de doenças sexualmente transmissíveis. *Acta Paul Enferm*. 2015; 28(5): 482-7.
16. Leininger MM, Wills EM. *Bases Teóricas para a Enfermagem*. 2ª ed. Porto Alegre: Artmed; 2009.
17. Koerich C, Santos FC, Meirelles BHS, Erdmann AL. Gestão do cuidado de enfermagem ao adolescente que vive com HIV/AIDS. *Esc Anna Nery*. 2015 jan/mar; 19(1): 115-123.
18. Betiolli SE, Neu DKM, Meier MJ, Wall ML, Lenardt MH. Decisões e ações de cuidados em enfermagem alicerçadas em Madeleine Leininger. *Cogitare Enferm*. 2013 out/dez; 18(4): 775-81.

19. Kebian LVA, Oliveira AS. Práticas de cuidado de enfermeiros e agentes comunitários de saúde da estratégia saúde da família. Cienc cuid saude. 2015 jan/mar; 14(1): 893-900.

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Submitted: 01/03/2015

Accepted: 21/12/2015